

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. THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Taxpayer identification number (TIN) 58-1694820
	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 30501-3899**

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 Amended return Application pending	C Name of organization THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN		D Employer identification number 58-1694820
	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 \$ 9,582,072.
	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	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	0
	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 6,247,758.	Current Year 8,463,595.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	557,995.	1,042,391.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-85,643.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,805,753.	9,420,343.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,249,724.
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)		1,332,879.	1,460,642.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,192,028.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		495,474.	436,843.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,078,077.	9,967,503.
19 Revenue less expenses. Subtract line 18 from line 12	-272,324.	-547,160.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 39,439,884.	End of Year 41,852,654.
	21 Total liabilities (Part X, line 26)	275,660.	6,056,250.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,164,224.	35,796,404.

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	<p>CLIENT COPY Signature of officer</p>		Date		
	<p>BRIAN D. STEINES, CFO Type or print name and title</p>				
Paid Preparer Use Only	Print/Type preparer's name DEBORAH O. ERNSBERGER	Preparer's signature	Date 8/4/23	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

1 Briefly describe the organization's mission:
THE MEDICAL CENTER FOUNDATION, INC., ALSO KNOWN AS THE NGHS
FOUNDATION, IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM (NGHS)
AND IS ON A MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE
DO. NGHS IS A NOT-FOR-PROFIT ORGANIZATION SUPPORTED BY THE NGHS

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 8,077,316. including grants of \$ 8,070,018.) (Revenue \$ _____)
AS A PART OF NORTHEAST GEORGIA HEALTH SYSTEM, THE MEDICAL CENTER
FOUNDATION 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 ▶ 8,077,316.

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?		
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	

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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	1a 0	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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	19	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	17	
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?		
10b			
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	
12c			
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?		
16b			

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 30501-3899

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) STACI TUNKEL DIRECTOR - FOUNDATION OPER	40.00				X		0.	136,865.	25,255.	
(2) MARGARET JAMES SR. MAJOR GIFTS OFFICER	40.00				X		0.	110,096.	9,189.	
(3) WILLIAM LANGSTON, MD MEMBER	1.00	X					0.	0.	0.	
(4) CARYN MCGARITY MEMBER	1.00	X					0.	0.	0.	
(5) CHAUNTELLE STEINES MEMBER	1.00	X					0.	0.	0.	
(6) CRYSTAL SCHLIEMAN MEMBER	1.00	X					0.	0.	0.	
(7) DEBBIE DAVIS MEMBER	1.00	X					0.	0.	0.	
(8) JON HORN MEMBER	1.00	X					0.	0.	0.	
(9) JOSH SCHLIEMAN MEMBER	1.00	X					0.	0.	0.	
(10) KAREN BASTON MEMBER	1.00	X					0.	0.	0.	
(11) KATIE CRUMLEY MEMBER	1.00	X					0.	0.	0.	
(12) NEAL BOOTH MEMBER	1.00	X					0.	0.	0.	
(13) PIERPONT BROWN CHAIR - PHYSICIAN - NGPG	1.00 40.00	X					0.	521,102.	40,489.	
(14) RHONDA ROGERS MEMBER, MANAGER SOCIAL SERVICES, HOS	1.00 40.00	X					0.	102,489.	35,468.	
(15) RICKY PUGH VICE CHAIR	1.00	X					0.	0.	0.	
(16) RUSSELL SMITH MEMBER	1.00	X					0.	0.	0.	
(17) SCOTT MCGARITY MEMBER	1.00	X					0.	0.	0.	

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

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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) TONY FUNARI MEMBER	1.00	X						0.	0.	0.
(19) UGOCHUKWU EGOLUM MEMBER - PHYSICIAN - NGHS (GHI)	1.00 40.00	X						0.	756,792.	40,046.
(21) ZACH TUMLIN MEMBER	1.00	X						0.	0.	0.
(22) CAROL BURRELL PRESIDENT & CEO, MEMBER - NV	1.00 40.00			X				0.	1,657,752.	100,844.
(23) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	1.00 40.00			X				0.	974,462.	116,683.
(24) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	1.00 40.00			X				0.	327,437.	57,204.
(25) MICHAEL COVERT CHIEF OPERATING OFFICER	1.00 40.00			X				0.	1,214,072.	130,192.
(26) CHRISTOPHER BRAY MEMBER, PRES. & CHIEF DEVELOPMENT	40.00			X				0.	331,174.	70,335.
(27) LUISA GUTMAN CHIEF HR OFFICER - NGHS	1.00 40.00				X			0.	476,483.	47,234.
1b Subtotal								0.	6,608,724.	672,939.
c Total from continuation sheets to Part VII, Section A								0.	965,823.	180,998.
d Total (add lines 1b and 1c)								0.	7,574,547.	853,937.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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
WILLIS INVESTMENT COUNCIL 710 GREEN STREET, GAINESVILLE, GA 30501	INVESTMENT SERVICES	193,968.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

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	360,620.			
	d	Related organizations	1d	2,081,131.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,021,844.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 108,822.			
	h Total. Add lines 1a-1f			8,463,595.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	g Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,042,391.		1042391.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
d Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ 360,620. of contributions reported on line 1c). See Part IV, line 18		76,086.				
		8a					
8 b	Less: direct expenses	8b	161,729.				
c Net income or (loss) from fundraising events				-85,643.		-85,643.	
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
9 b	Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances						
		10a					
10 b	Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d	All other revenue					
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				9,420,343.	0.	0.	956,748.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,021,565.	8,021,565.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	48,453.	48,453.		
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	1,225,875.	4,715.	451,047.	770,113.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	150,406.	579.	55,340.	94,487.
9 Other employee benefits				
10 Payroll taxes	84,361.	324.	31,040.	52,997.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	179,435.	690.	66,021.	112,724.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	152,444.	586.	56,090.	95,768.
12 Advertising and promotion	22.		8.	14.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	802.	3.	295.	504.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,221.	82.	7,808.	13,331.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,582.	195.	18,611.	31,776.
23 Insurance				
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 SUPPLIES	71,095.	273.	26,160.	44,662.
b DUES & SUBSCRIPTIONS	59,004.	227.	21,710.	37,067.
c DONOR RECOGNITION	43,845.	169.	16,132.	27,544.
d PRINTING	512.	2.	188.	322.
e All other expenses	-142,119.	-547.	-52,291.	-89,281.
25 Total functional expenses. Add lines 1 through 24e	9,967,503.	8,077,316.	698,159.	1,192,028.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,998,208.	2	4,368,650.
	3 Pledges and grants receivable, net	1,901,738.	3	4,622,669.
	4 Accounts receivable, net		4	
	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	
	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		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,843,941.		
	b Less: accumulated depreciation	10b 422,380.	3,472,143.	10c 3,421,561.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	20,891,660.	13	19,653,356.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,176,135.	15	9,786,418.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,439,884.	16	41,852,654.	
Liabilities	17 Accounts payable and accrued expenses	105,242.	17	6,056,250.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	170,418.	25	0.
	26 Total liabilities. Add lines 17 through 25	275,660.	26	6,056,250.
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	13,941,217.	27	6,288,667.
	28 Net assets with donor restrictions	25,223,007.	28	29,507,737.
	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	39,164,224.	32	35,796,404.
	33 Total liabilities and net assets/fund balances	39,439,884.	33	41,852,654.

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	9,420,343.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,967,503.
3	Revenue less expenses. Subtract line 2 from line 1	3	-547,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,164,224.
5	Net unrealized gains (losses) on investments	5	-964,611.
6	Donated services and use of facilities	6	199,350.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,055,399.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,796,404.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	X	
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?		X
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		

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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.")	6595912.	5365182.	5127245.	6247758.	8463595.	31799692.
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	6595912.	5365182.	5127245.	6247758.	8463595.	31799692.
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)						9565178.
6 Public support. Subtract line 5 from line 4.						22234514.

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	6595912.	5365182.	5127245.	6247758.	8463595.	31799692.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-832,861.	2359276.	381,461.	557,995.	1042391.	3508262.
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						35307954.
12 Gross receipts from related activities, etc. (see instructions)					12	178,972.
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	62.97 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	60.66 %
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 checked="" 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>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input 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>		
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>		
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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 (<i>explain in detail in Part VI</i>):		
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		

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.)

Multiple horizontal lines for supplemental information.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization, Employer identification number. Row 1: THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN, 58-1694820

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 2 columns: Name of organization, Employer identification number. Row 1: THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN, 58-1694820

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? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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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					

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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		134.
j Total. Add lines 1c through 1i			134.
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:

THE MEDICAL CENTER FOUNDATION, INC. PAYS MEMBERSHIP DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY AND THE GEORGIA HOSPITAL ASSOCIATION. 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 THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN Employer identification number 58-1694820

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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	25,223,007.	23,676,482.	21,656,841.	20,784,579.	19,765,400.
b Contributions	6,849,840.	4,433,267.	3,457,050.	3,238,108.	4,000,666.
c Net investment earnings, gains, and losses	-211,627.	507,097.	-100,742.	98,280.	113,308.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,111,709.	3,276,227.	1,265,325.	2,665,485.	3,737,972.
f Administrative expenses	241,775.	117,612.	71,342.	-201,359.	-643,177.
g End of year balance	29,507,736.	25,223,007.	23,676,482.	21,656,841.	20,784,579.

- 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 21.5100 %
 - c Term endowment 78.4900 %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,304,750.			3,304,750.
b Buildings		415,886.	328,845.	87,041.
c Leasehold improvements		5,635.	5,635.	0.
d Equipment		117,670.	87,900.	29,770.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,421,561.

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) INVESTMENT IN LIMITED		
(2) PARTNERSHIP	19,653,356.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	19,653,356.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	9,420,705.
(2) DUE FROM AFFILIATES	365,713.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,786,418.

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

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	6,582,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-964,611.	
b	Donated services and use of facilities	2b	199,350.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	161,379.	
e	Add lines 2a through 2d	2e	-603,882.	
3	Subtract line 2e from line 1	3	7,185,917.	
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	179,435.	
b	Other (Describe in Part XIII.)	4b	2,054,991.	
c	Add lines 4a and 4b	4c	2,234,426.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,420,343.	

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	9,951,000.
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	162,932.	
e	Add lines 2a through 2d	2e	162,932.	
3	Subtract line 2e from line 1	3	9,788,068.	
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	179,435.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	179,435.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,967,503.	

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 V, LINE 4:

ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), A RELATED TAX-EXEMPT ENTITY. SPECIFICALLY, ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS, NGMC EXPENSES AND INDIGENT CARE.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A GEORGIA NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AT SEPTEMBER 30, 2022 AND 2021, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION

Part XIII Supplemental Information (continued)

OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	161,729.
ROUNDING	-350.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	161,379.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARTNERSHIP INCOME NOT ON RETURN	1,891,670.
OTHER CHANGES	163,321.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,054,991.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING	1,203.
SPECIAL EVENT EXPENSE	161,729.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	162,932.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT 1 (event type)	GOLF TOURNAMENT 2 (event type)	NONE (total number)	
Revenue	1	Gross receipts	256,655.	180,051.	436,706.
	2	Less: Contributions	239,300.	121,320.	360,620.
	3	Gross income (line 1 minus line 2)	17,355.	58,731.	76,086.
Direct Expenses	4	Cash prizes	5,000.		5,000.
	5	Noncash prizes	7,995.	23,176.	31,171.
	6	Rent/facility costs	22,395.	24,389.	46,784.
	7	Food and beverages	15,592.	10,717.	26,309.
	8	Entertainment			
	9	Other direct expenses	25,490.	26,975.	52,465.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			161,729.
11	Net income summary. Subtract line 10 from line 3, column (d)			-85,643.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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 **THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number
58-1694820

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 1685 ATLANTA, GA 30301	13-1788491	501(C)(3)	13,000.	0.			RELAY FOR LIFE
AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES, IA 50340	13-5613797	501(C)(3)	25,000.	0.			HEART WALK SPONORSHIPS
UNITED WAY OF HALL COUNTY PO BOX 2656 GAINESVILLE, GA 30503	58-6011393	501(C)(3)	350,000.	0.			PLEDGE
MARCH OF DIMES 1550 CRYSTAL DRIVE ARLINGTON, VA 22202	13-1846366	501(C)(3)	6,500.	0.			SPONSORSHIP
NORTHEAST GEORGIA MEDICAL CENTER 743 SPRING STREET GAINESVILLE, GA 30501	58-1694098	501(C)(3)	2,116,574.	0.			SUPPORT FOR OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

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

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

Schedule I (Form 990) 2021

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

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
SCHOLARSHIPS	29	48,453.	0.		

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 **THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

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

Only 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
1a		
1b		
2		
3		
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

THE MEDICAL CENTER FOUNDATION, INC. DBA
 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820

Schedule J (Form 990) 2021

Page 2

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) STACI TUNKEL DIRECTOR - FOUNDATION OPER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	122,541.	13,928.	396.	4,957.	20,298.	162,120.	0.
(2) PIERPONT BROWN CHAIR - PHYSICIAN - NGPG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	370,314.	123,734.	27,054.	10,150.	30,339.	561,591.	0.
(3) UGOCHUKWU EGOLUM MEMBER - PHYSICIAN - NGHS (GHI)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	492,665.	243,571.	20,556.	10,150.	29,896.	796,838.	0.
(4) CAROL BURRELL PRESIDENT & CEO, MEMBER - NV	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,132,808.	472,030.	52,914.	75,452.	25,392.	1,758,596.	0.
(5) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	626,308.	298,270.	49,884.	87,593.	29,090.	1,091,145.	73,497.
(6) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	226,602.	80,017.	20,818.	39,957.	17,247.	384,641.	27,934.
(7) MICHAEL COVERT CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	796,904.	374,154.	43,014.	105,863.	24,329.	1,344,264.	95,713.
(8) CHRISTOPHER BRAY MEMBER, PRES. & CHIEF DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	248,221.	80,908.	2,045.	40,463.	29,872.	401,509.	26,999.
(9) LUISA GUTMAN CHIEF HR OFFICER - NGHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	173,265.	74,219.	228,999.	38,267.	8,967.	523,717.	62,791.
(10) MELISSA TYMCHUK CHIEF OF STAFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	272,797.	84,863.	31,879.	49,499.	31,952.	470,990.	27,862.
(11) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	373,629.	178,223.	24,432.	73,507.	26,040.	675,831.	40,422.
	(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**

LUISA GUTMAN RECEIVED A SEVERANCE PAYMENT IN ACCORDANCE WITH AN EMPLOYMENT
ARRANGEMENT IN THE AMOUNT OF \$225,816.

EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN

BRIAN D. STEINES	\$ 77,443
CHRISTOPHER BRAY	\$ 30,313
LUISA GUTMAN	\$ 32,097
MELISSA TYMCHUK	\$ 31,718
MICHAEL COVERT	\$ 95,713
STEPHEN KELLY	\$ 29,807
TRACY VARDEMAN	\$ 46,373

CAROL H. BURRELL, PRESIDENT AND CEO: BEGINNING IN DECEMBER 2017, NORTHEAST
GEORGIA HEALTH SYSTEM (A RELATED ORGANIZATION) INVESTED IN A JOINTLY-OWNED
SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS. BURRELL. THE ASSET VALUE AS OF

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.

SEPTEMBER 30, 2022 WAS \$6,013,878.

EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY
REPORTED COMPENSATION):

BRIAN D. STEINES \$ 76,992

MICHAEL COVERT \$ 95,713

LUISA GUTMAN \$ 63,083

TRACY VARDEMAN \$ 42,344

STEPHEN KELLY \$ 29,262

MELISSA TYMCHUK \$ 29,187

CHRISTOPHER BRAY \$ 28,283

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	19	38,177.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,400.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	12	7,824.	FMV
20 Drugs and medical supplies	X	6	34,936.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GOLF TOURNAME</u>)	X	30	23,426.	FMV
26 Other ▶ (<u>OTHER</u>)	X	5	2,059.	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 FOUNDATION'S FUNDRAISING ACTIVITIES AND IS THE PARENT COMPANY FOR THE
 FOLLOWING AFFILIATES:

- NORTHEAST GEORGIA MEDICAL CENTER, INC. (GAINESVILLE AND BRASELTON
CAMPUSES)
- NORTHEAST GEORGIA MEDICAL CENTER BARROW
- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
- THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)
- NORTHEAST GEORGIA PHYSICIANS GROUP
- GEORGIA HEART INSTITUTE

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

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.

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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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 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

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THE STATE, IN ADDITION TO NEARLY 9,000 EMPLOYEES THE SYSTEM DIRECTLY EMPLOYED.

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

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LOW-INCOME AND UNINSURED PATIENT PROGRAMS: NGMC HOSPITALS ARE KEY PARTICIPANTS AND FISCAL SPONSORS IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS, THE LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. 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,

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REGARDLESS OF THEIR ABILITY TO PAY:

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;

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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.

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.

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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 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

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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 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

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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 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

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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 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

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INTERVENTION TRAINING, NOW ENABLES OFFICERS TO RESPOND MORE EFFECTIVELY
TO REAL-LIFE SITUATIONS.

AWARDS AND RECOGNITION

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

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COUNTY, GEORGIA.

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

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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.

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.

NGMC GAINESVILLE AND BRASELTON

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

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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 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."

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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 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.

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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 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.

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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 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

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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 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.

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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 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

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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, 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

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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 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

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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 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

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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.

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.

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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 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

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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 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

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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).

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

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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 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

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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 HIGH SCHOOL. THIS EDUCATION BENEFITED 210 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

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

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FY22.

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

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

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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
\$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

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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.

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

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\$15,810 IN FY22.

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

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DESIGNED TO ENCOURAGE CHILDREN OF ALL AGES TO DEVELOP THEIR FULL POTENTIAL THROUGH EXCITING HANDS-ON LEARNING EXPERIENCES AND TO PROMOTE 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

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TO THE AMERICAN RED CROSS IN FY22 AT A VALUE OF \$105,765.

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.

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

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SPEECHES, AND EMERGENCY COVERAGE AT COMMUNITY EVENTS. THIS SUPPORT CAME AT A COST OF OVER \$277,000 IN FY22.

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

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TOTALED A COST OF \$1,350 FOR NGMC IN FY22.

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

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MULTIDISCIPLINARY PATIENT-CENTERED CARE, ITS ONGOING QUALITY

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 NORSE 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

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HOSPICE PROVIDER IN THE REGION TO RECEIVE THE 2021 HOSPICE HONORS ELITE 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 NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS 0 TO 150

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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

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TREATMENT OR ARE SIX MONTHS POST-TREATMENT. THIS SUPPORT CAME AT A COST 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 IMPLEMENT "TAR WARS" FOR 1,655 FOURTH AND FIFTH-GRADE STUDENTS. "TAR

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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 STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BY UNABLE TO PAY MEDICAL

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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 OF \$3,396 FOR FY22.

ALLIED HEALTH STUDENT EDUCATION: NGMC PROVIDED CLINICAL ROTATIONS FOR

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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.

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

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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 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.

Name of the organization THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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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.

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

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IMPROVING ACCESS

ENHANCING POPULATION HEALTH

ADVANCING GENERALIZABLE KNOWLEDGE

RELIEVING THE GOVERNMENT BURDEN ON IMPROVING HEALTH

THE PROGRAM OR ACTIVITY MUST:

PRIMARYLY 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 A, LINE 2:

CARYN MCGARITY, BOARD MEMBER, IS THE SISTER-IN-LAW OF SCOTT MCGARITY, BOARD MEMBER. JOSH SCHLIEMAN, BOARD MEMBER IS THE HUSBAND OF CRYSTAL SCHLIEMAN, BOARD MEMBER. CHAUNTELLE STEINES, BOARD MEMBER IS THE WIFE OF BRIAN STEINES, NGHS CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION A, LINE 6:

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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NORTHEAST GEORGIA HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF THE MEDICAL CENTER FOUNDATION, INC. DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF THE MEDICAL CENTER FOUNDATION, INC. DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION IS APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC. - A RELATED 501(C)(3) ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS OF THE MEDICAL CENTER FOUNDATION, INC. DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION IS APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC. - A RELATED 501(C)(3) ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

INFORMATION FOR THE FORM 990 WAS PROVIDED TO AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR PREPARATION OF THE RETURN. AFTER THE RETURN WAS PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT. THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. EMPLOYEES ATTEST TO THEIR UNDERSTANDING AND REPORTING/DISCLOSURE REQUIREMENTS AT HIRE AND ANNUALLY. COMPLIANCE IS MONITORED CONTINUOUSLY THROUGHOUT THE YEAR BY THE BOARD.

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FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD (NGHS BOARD) HAS DEVELOPED A TOTAL COMPENSATION PHILOSOPHY AND INSTALLED COMPENSATION POLICIES AND PROCEDURES THAT SEEK TO FURTHER THE PURPOSE OF NGHS AND AFFILIATES AND THE IMPORTANCE OF THESE POLICIES TO ATTRACT AND RETAIN KEY EMPLOYEES. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS AND IS FREE FROM CONFLICT OF INTEREST. ALL DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD.

THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES.

BASE SALARY

NGHS ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT TO COLLECT APPROPRIATE DATA FROM A GROUP OF PEERS SIMILAR IN SIZE AND COMPLEXITY TO NGHS. THIS COMPARABILITY DATA IS REVIEWED WITH THE COMMITTEE ALONG WITH COMPARISONS OF NGHS EXECUTIVE SALARIES COMPARED TO THE MARKET DATA. THE CEO MAKES RECOMMENDATIONS TO THE COMMITTEE FOR SALARIES WITHIN THE PEER GROUP SALARY RANGES BASED ON INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE.

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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 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 XI, LINE 9, CHANGES IN NET ASSETS:

OTHER CHANGES	-163,321.
PARTNERSHIP INCOME NOT ON RETURN	-1,891,670.
ROUNDING ADJUSTMENT	-408.

**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 **THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 58-1694098, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	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
NORTHEAST GEORGIA HEALTH SYSTEM, INC. - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - PARENT ORG	GEORGIA	501(C)(3)	LINE 12C, III-FI	N/A		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

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

