

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
NORTHSIDE HOSPITAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1000 JOHNSON FERRY ROAD NE

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 303421611

D Employer identification number
58-1954432

E Telephone number
(404) 851-8000

G Gross receipts \$ 3,759,629,362

F Name and address of principal officer:
ROBERT T QUATTROCCHI
1000 JOHNSON FERRY ROAD NE
ATLANTA, GA 303421611

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NORTHSIDE.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1991

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO BE A CENTER OF EXCELLENCE IN PROVIDING HIGH-QUALITY HEALTH CARE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	15,311
6 Total number of volunteers (estimate if necessary)	6	940
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,374,287
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,020,392	794,925
9 Program service revenue (Part VIII, line 2g)	3,252,869,985	3,707,807,833
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,815,756	11,579,713
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,106,668	39,446,891
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,317,812,801	3,759,629,362

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,075,702	2,763,605
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)	1,283,592,604	1,447,690,596
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,868,926,366	2,194,614,728
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,155,594,672	3,645,068,929
19 Revenue less expenses. Subtract line 18 from line 12	162,218,129	114,560,433

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,726,110,697	3,566,126,908
21 Total liabilities (Part X, line 26)	917,238,461	1,418,189,612
22 Net assets or fund balances. Subtract line 21 from line 20	1,808,872,236	2,147,937,296

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-06-01
SHANNON A BANNA CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN: P00364912
Firm's name ▶ PYA P C Firm's EIN ▶ 62-1517792
Firm's address ▶ 2220 SUTHERLAND AVE
KNOXVILLE, TN 37919 Phone no. (865) 673-0844

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

NORTHSIDE HOSPITAL, INC. ("NORTHSIDE") IS COMMITTED TO THE HEALTH AND WELLNESS OF OUR COMMUNITY. AS SUCH, WE DEDICATE OURSELVES TO BEING A CENTER OF EXCELLENCE IN PROVIDING HIGH-QUALITY HEALTH CARE. WE PLEDGE COMPASSIONATE SUPPORT, PERSONAL GUIDANCE AND UNCOMPROMISING STANDARDS

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 \$ 2,933,534,628 including grants of \$ 2,763,605) (Revenue \$ 3,739,775,922)
See Additional Data

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

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

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

4e Total program service expenses ▶ 2,933,534,628

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15,311			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a		No		
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	Yes			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (GA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SHANNON A BANNA 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 (404) 851-8000

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY J SALVATORE BOARD MEMBER	1.00	X					0	0	0	
(2) WILLIAM G HASTY JR BOARD MEMBER	1.00	X					0	0	0	
(3) WAYNE L AMBROZE MD BOARD MEMBER	1.00	X					0	0	0	
(4) ROBERT E WHITLEY ESQ BOARD MEMBER	1.00	X					0	0	0	
(5) K DOUGLAS SMITH MD BOARD MEMBER	1.00	X					0	0	0	
(6) MARK J SWEENEY BOARD MEMBER	1.00	X					0	0	0	
(7) DALE M BEARMAN MD BOARD MEMBER	1.00	X					0	0	0	
(8) BARBARA PARE' BOARD MEMBER	1.00	X					0	0	0	
(9) GENEVIEVE FAIRBROTHER MD BOARD MEMBER	1.00	X					0	0	0	
(10) THURBERT BAKER BOARD MEMBER	1.00	X					0	0	0	
(11) IQBAL GARCHA MD BOARD MEMBER	1.00	X					0	0	0	
(12) ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC.	40.00	X		X			4,702,123	0	38,888	
(13) SHANNON BANNA VP/CFO NSH, INC.	40.00			X			487,667	0	12,182	
(14) JORGE J HERNANDEZ VICE PRESIDENT/ASST. SECRE	40.00			X			669,078	0	16,700	
(15) JANIS DUBOW VICE PRESIDENT	40.00				X		536,267	0	15,015	
(16) WILLIAM HAYES CEO, NORTHSIDE HOSPITAL-CH	40.00				X		559,504	0	36,916	
(17) ROBERT PUTNAM VICE PRESIDENT	40.00				X		906,086	0	24,028	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TINA WAKIM VICE PRESIDENT/COO	40.00				X			972,323	0	13,867
(19) CHARLES DECOOK MD ORTHOPEDIC SURGEON	40.00					X		1,832,612	0	36,045
(20) WILLIAM EARLY MD GASTROENTEROLOGY/INTERNAL	40.00					X		821,994	0	21,425
(21) GERALD FEUER MD GYNECOLOGIST/SURGEON	40.00					X		922,889	0	37,471
(22) JIMMY JIANG MD ORTHOPEDIC SURGEON	40.00					X		866,076	0	15,061
(23) KENNETH KRESS MD ORTHOPEDIC SURGEON	40.00					X		1,193,455	0	23,031
(24) DEBORAH S MITCHAM FORMER VP/CFO NSH, INC.	40.00 1.00						X	497,372	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								14,967,446	0	290,629

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	▶ 1,939
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	Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GEORGIA CANCER SPECIALISTS I PC 1835 SAVOY DRIVE STE 300 ATLANTA, GA 30342	SEE SCHEDULE O	45,544,161
BAKER & HOSTETLER LLP 1170 PEACHTREE STREET NE STE 2400 ATLANTA, GA 30309 AGA LLC	LEGAL SERVICES	30,133,262
550 PEACHTREE ST STE 1620 ATLANTA, GA 30308	SEE SCHEDULE O	26,107,215
ATLANTA CANCER CARE PC 1100 JOHNSON FERRY ROAD STE 150 SANDY SPRINGS, GA 30342 GE HEALTHCARE INC	SEE SCHEDULE O	19,581,575
1575 NORTHSIDE DR NW 305 ATLANTA, GA 30318	BIOMEDICAL SERVICES	14,829,429

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	▶ 366
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Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for various contributions and 1h Total.

Table for Program Service Revenue with 6 columns: Description, Business Code, and revenue amounts. Rows include 2a-2f for various services and 2g Total.

Table for Other Revenue with 5 columns: Description, Business Code, and revenue amounts. Rows include 3-12 for investment income, royalties, rents, gaming, and miscellaneous revenue.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,751,045	2,751,045		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,560	12,560		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,772,365	10,545,627	3,226,738	
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	1,152,288,873	882,318,211	269,970,662	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	48,626,932	37,234,090	11,392,842	
9 Other employee benefits	154,953,805	118,649,557	36,304,248	
10 Payroll taxes	78,048,621	59,762,549	18,286,072	
11 Fees for services (non-employees):				
a Management	18,018,969	18,018,969		
b Legal	39,343,072		39,343,072	
c Accounting	1,557,449		1,557,449	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,943,493		1,943,493	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	528,369,961	451,085,876	77,284,085	
12 Advertising and promotion	14,637,767	6,930,225	7,707,542	
13 Office expenses	63,930,516	30,267,790	33,662,726	
14 Information technology	34,272,500	16,226,255	18,046,245	
15 Royalties				
16 Occupancy	95,525,854	45,226,547	50,299,307	
17 Travel	2,483,312	1,175,720	1,307,592	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,778,309	841,937	936,372	
20 Interest	10,334,693		10,334,693	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	171,546,646	101,786,806	69,759,840	
23 Insurance	36,234,422	17,155,123	19,079,299	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	912,771,668	905,512,874	7,258,794	
b BAD DEBT EXPENSE	197,611,769	197,611,769		
c MINOR EQUIPMENT PURCHAS	16,977,050	8,037,754	8,939,296	
d RECRUITMENT	4,060,440	1,922,408	2,138,032	
e All other expenses	43,216,838	20,460,936	22,755,902	
25 Total functional expenses. Add lines 1 through 24e	3,645,068,929	2,933,534,628	711,534,301	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	61,314	1	82,399	
	2 Savings and temporary cash investments	473,740,545	2	358,235,119	
	3 Pledges and grants receivable, net	309,315	3	1,330,748	
	4 Accounts receivable, net	218,774,559	4	353,006,270	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net	159,474	7	239,265	
	8 Inventories for sale or use	53,149,179	8	70,193,814	
	9 Prepaid expenses and deferred charges	36,074,069	9	66,664,152	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,175,760,155			
	b Less: accumulated depreciation	1,434,296,743	1,264,857,785	10c	1,741,463,412
	11 Investments—publicly traded securities	324,565,957	11	610,655,791	
	12 Investments—other securities. See Part IV, line 11			12	
	13 Investments—program-related. See Part IV, line 11			13	
	14 Intangible assets	282,050,766	14	295,418,364	
	15 Other assets. See Part IV, line 11	72,367,734	15	68,837,574	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,726,110,697	16	3,566,126,908		
Liabilities	17 Accounts payable and accrued expenses	488,148,491	17	582,082,338	
	18 Grants payable			18	
	19 Deferred revenue	1,986,595	19	3,043,724	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	89,491,897	23	60,011,697	
	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	337,611,478	25	773,051,853	
	26 Total liabilities. Add lines 17 through 25	917,238,461	26	1,418,189,612	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,808,872,236	27	2,147,937,296	
	28 Temporarily restricted net assets			28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	1,808,872,236	33	2,147,937,296		
34 Total liabilities and net assets/fund balances	2,726,110,697	34	3,566,126,908		

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	3,759,629,362
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,645,068,929
3	Revenue less expenses. Subtract line 2 from line 1	3	114,560,433
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,808,872,236
5	Net unrealized gains (losses) on investments	5	13,106,241
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	211,398,386
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,147,937,296

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-1954432

Name: NORTHSIDE HOSPITAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

AS NOTED IN ITS MISSION, NORTHSIDE IS DEDICATED TO MAINTAINING OUR POSITION AS REGIONAL LEADERS IN SELECT MEDICAL SPECIALTIES. THESE SELECT SPECIALTIES, OR PROGRAM SERVICES, INCLUDE EMERGENCY SERVICES, ONCOLOGY SERVICES, RADIOLOGY SERVICES, SURGICAL SERVICES, AND WOMEN'S SERVICES. IN FURTHERANCE OF ITS CHARITABLE MISSION, NORTHSIDE INVESTED IN THE CONTINUED GROWTH, EXPANSION, AND INCREASED ACCESS TO THESE VITAL PROGRAM SERVICES.SEE SCHEDULE O FOR CONTINUATION

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Employer identification number
58-1954432

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 58-1954432

Name: NORTHSIDE HOSPITAL INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of the organization NORTHSIDE HOSPITAL INC	Employer identification number 58-1954432
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		528,480
j Total. Add lines 1c through 1i			528,480
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	NORTHSIDE HOSPITAL, INC. PAYS MEMBERSHIP DUES TO PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS THE AMERICAN HOSPITAL ASSOCIATION, GEORGIA HOSPITAL ASSOCIATION, AND THE GEORGIA ALLIANCE FOR COMMUNITY HOSPITALS. A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS. NORTHSIDE HOSPITAL, INC. DOES NOT DIRECT ANY OF THESE ORGANIZATIONS' LOBBYING ACTIVITIES. IN ADDITION, CONNECT SOUTH, A SERVICE VENDOR, IS RETAINED TO MONITOR LEGISLATION IN THE GEORGIA GENERAL ASSEMBLY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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 the latest information.

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,180,369	9,083,135	8,616,383	7,742,074	7,079,636
b Contributions	1,829,101	2,049,190	1,701,861	1,758,394	1,525,651
c Net investment earnings, gains, and losses	286,184	185,144	150,580	128,084	114,920
d Grants or scholarships					
e Other expenditures for facilities and programs	1,322,459	1,137,100	1,385,689	1,012,169	978,133
f Administrative expenses					
g End of year balance	10,973,195	10,180,369	9,083,135	8,616,383	7,742,074

- 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 ▶ 28.760 %
 - c** Temporarily restricted endowment ▶ 71,240 %
- 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 | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		381,190,549		381,190,549
b Buildings		1,695,154,906	675,060,478	1,020,094,428
c Leasehold improvements				
d Equipment		1,042,116,508	759,236,265	282,880,243
e Other		57,298,192		57,298,192
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,741,463,412

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
FAS 106 ACCRUAL	1,490,532
RESERVE FOR MALPRACTICE	254,272,274
RETIREMENT PLAN OBLIGATIONS	290,505,079
PERIODIC CAPITAL FINANCING LIABILITY	2,857,949
REAL ESTATE FINANCING LIABILITY	115,913,245
RENT/LEASE RELATED LIABILITIES	60,952,853
OTHER LIABILITIES	47,059,921
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	773,051,853

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1954432

Name: NORTHSIDE HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	NORTHSIDE HOSPITAL, INC. AND NORTHSIDE HOSPITAL FOUNDATION, INC. HAVE ENDOWMENT FUNDS THAT CONSIST OF 40 DONOR-RESTRICTED INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ORGANIZATIONS ADOPTED A POLICY REGARDING THE ENDOWMENTS WHOSE GENERAL PURPOSE IS TO PRESERVE THE CAPITAL AND PURCHASING POWER OF THE ORGANIZATIONS AND TO PRODUCE SUFFICIENT INVESTMENT EARNINGS FOR CURRENT AND FUTURE SPENDING NEEDS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	NORTHSIDE HOSPITAL, INC., AND SUBSIDIARIES CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, AND INDEPENDENT AUDITOR'S REPORT: NORTHSIDE QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2018
 Open to Public Inspection

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

Name of the organization
 NORTHSIDE HOSPITAL INC

Employer identification number
 58-1954432

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>12500.0000000000</u> % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	185,684,988	0	185,684,988	5.100 %
b Medicaid (from Worksheet 3, column a)	0	0	259,528,510	155,126,419	104,402,091	2.860 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			445,213,498	155,126,419	290,087,079	7.960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	77	290,183	2,498,305	206,361	2,291,944	0.060 %
f Health professions education (from Worksheet 5)	15	1,206	2,425,296	307,877	2,117,419	0.060 %
g Subsidized health services (from Worksheet 6)	6	0	5,353,864	4,032,485	1,321,379	0.040 %
h Research (from Worksheet 7)	1	711	715,311	0	715,311	0.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8	37,995	3,402,911	19,685	3,383,226	0.090 %
j Total. Other Benefits	107	330,095	14,395,687	4,566,408	9,829,279	0.270 %
k Total. Add lines 7d and 7j	107	330,095	459,609,185	159,692,827	299,916,358	8.230 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	2	0	134,083	100	133,983	0 %
2 Economic development	1	0	83,286	0	83,286	0 %
3 Community support	1	0	197,550	900	196,650	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1	0	585	0	585	0 %
8 Workforce development	1	98	236,368	0	236,368	0.010 %
9 Other						
10 Total	6	98	651,872	1,000	650,872	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	52,166,586
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	384,088,103
6 Enter Medicare allowable costs of care relating to payments on line 5	6	498,931,046
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-114,842,943
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	No

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 See Additional Data Table				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

5

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NORTHSIDE.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NORTHSIDE.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.NORTHSIDE.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.GWINNETTMEDICALCENTER.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.GWINNETTMEDICALCENTER.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.GWINNETTMEDICALCENTER.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 236

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

Part VI Supplemental Information

Provide the following information.

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

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Form and Line Reference	Explanation
PART I, LINE 3C:	IN ADDITION TO THE FPG THRESHOLDS, NORTHSIDE'S POLICY ALLOWS FOR MEDICAL INDIGENCY AS WELL AS AN ASSET TEST FOR AN ADDITIONAL OPPORTUNITY TO QUALIFY FOR CHARITY. AN APPLICATION IS COMPLETED BY THE PATIENT AND/OR A SCORING METHODOLOGY IS GATHERED FROM A THIRD PARTY USING ITS PROPRIETARY SOURCE TO DETERMINE PROPENSITY TO PAY. THESE TOOLS ARE USED TO DETERMINE SOMEONE'S QUALIFICATIONS FOR A CHARITY DISCOUNT OR FREE CARE IN ADDITION TO THE FPG THRESHOLDS STATED ABOVE.
PART I, LINE 7:	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 7 IS THE COST TO CHARGE RATIO CALCULATED PURSUANT TO THE IRS SCHEDULE H WORKSHEET 2 INSTRUCTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	BAD DEBT EXPENSE IN THE AMOUNT OF \$197,611,769 HAS BEEN REMOVED FROM TOTAL EXPENSE TO COMPUTE THE PERCENTAGE IN COLUMN (F).
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>AS A COMMUNITY HOSPITAL, NORTHSIDE IS ACTIVELY INVOLVED IN IMPROVING THE HEALTH STATUS OF ITS COMMUNITY EITHER THROUGH ITS COMMUNITY BENEFIT ACTIVITIES OR THROUGH ITS COMMUNITY BUILDING ACTIVITIES. THE LATTER INCLUDES ACTIVITIES LIKE PHYSICAL IMPROVEMENTS AND HOUSING; ECONOMIC DEVELOPMENT; COMMUNITY SUPPORT; ENVIRONMENTAL IMPROVEMENTS; LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS; COALITION BUILDING; COMMUNITY HEALTH IMPROVEMENT ADVOCACY; WORKFORCE DEVELOPMENT; AND OTHERS. NORTHSIDE SUPPORTED NEARLY 40 DIFFERENT COMMUNITY BUILDING ACTIVITIES OVER THE PAST YEAR INCLUDING ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND PHYSICAL IMPROVEMENTS/HOUSING. TO ILLUSTRATE OUR COMMUNITY SUPPORT, NORTHSIDE CONTRIBUTED TO THE NOT-FOR-PROFIT ATLANTA SPEECH SCHOOL. THE ATLANTA SPEECH SCHOOL IS A UNIQUE EDUCATIONAL ORGANIZATION IN THE ATLANTA COMMUNITY, SERVING STUDENTS WITH SPECIAL NEEDS INCLUDING INFANTS AND CHILDREN WHO ARE DEAF OR HARD OF HEARING, THOSE WHO STRUGGLE WITH LANGUAGE-BASED LEARNING DISABILITIES, AND THOSE WHO HAVE SIGNIFICANT SPEECH AND/OR LANGUAGE DELAYS. THE HIGHLY-TRAINED TEACHERS AND THERAPISTS HELP CHILDREN OVERCOME OBSTACLES TO LEARNING, WITH A STRONG EMPHASIS ON READING PROFICIENCY. COMPRISING FOUR SCHOOLS, FIVE CLINICS, AND AN INNOVATIVE PROFESSIONAL DEVELOPMENT CENTER, THE SPEECH SCHOOL IMPACTS THE LIVES OF MORE THAN 12,000 CHILDREN AND ADULTS ANNUALLY WITH EMPHASIS ON GIVING EACH CHILD AND ADULT THE POWER OF LANGUAGE AND LITERACY FOR A LIFETIME. NORTHSIDE RECOGNIZES THAT HOUSING IS AN IMPORTANT SOCIAL DETERMINANT OF HEALTH, AND THAT THE ATLANTA AREA HAS EXPERIENCED RAPID RESIDENTIAL GROWTH MAKING GENTRIFICATION A GROWING CONCERN. THUS, NORTHSIDE SUPPORTED THE ATLANTA HABITAT FOR HUMANITY/MARIST WOMEN BUILD'S INITIATIVE TO BUILD AFFORDABLE HOUSING FOR SINGLE MOTHERS IN NEED. ESTABLISHED IN 2001, MARIST WOMEN BUILD ("MWB") WAS THE FIRST HIGH SCHOOL ALL-WOMEN BUILD CHAPTER IN THE WORLD. MWB'S VISION OF "WOMEN BUILDING HOMES FOR WOMEN" HAS BEEN REALIZED BY PROVIDING HOMES FOR SINGLE MOTHERS AND THEIR FAMILIES. TO DATE, MWB HAS BUILT 18 HOMES FOR 18 SINGLE MOTHERS AND THEIR 44 CHILDREN. IN 2017, 72% OF ATLANTA HABITAT HOMEOWNERS SAID THEY HAD IMPROVED HEALTH AND 84% OF THEIR CHILDREN GRADUATED FROM HIGH SCHOOL.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	NORTHSIDE PROVIDES FOR ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE BY ESTABLISHING AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. NORTHSIDE ESTIMATES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORICAL AND EXPECTED COLLECTIONS, ACCOUNTS RECEIVABLE AGINGS, TRENDS IN REIMBURSEMENT, GENERAL BUSINESS AND ECONOMIC CONDITIONS, AND OTHER COLLECTION INDICATORS. COLLECTIONS ARE IMPACTED BY THE ABILITY OF PATIENTS TO PAY AND THE EFFECTIVENESS OF NORTHSIDE'S COLLECTION EFFORTS. SIGNIFICANT CHANGES IN PAYOR MIX, BUSINESS OFFICE OPERATIONS, GENERAL ECONOMIC CONDITIONS, OR TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTH CARE COVERAGE COULD AFFECT NORTHSIDE'S COLLECTION OF ACCOUNTS RECEIVABLE AND THE ESTIMATES OF THE COLLECTABILITY OF FUTURE ACCOUNTS RECEIVABLE. NORTHSIDE ALSO PERIODICALLY REVIEWS ITS OVERALL RESERVE ADEQUACY BY MONITORING HISTORICAL CASH COLLECTIONS AS A PERCENTAGE OF GROSS AND NET PATIENT SERVICE REVENUE BY PAYOR, AS WELL AS BY ANALYZING PAYOR CLASSIFICATIONS, AGED ACCOUNTS RECEIVABLE BY PAYOR, AND GENERAL BUSINESS AND ECONOMIC CONDITIONS. THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINES 2 AND 3 WAS A COST TO CHARGE RATIO APPLIED TO BAD DEBT CHARGES WRITTEN OFF, NET OF RECOVERIES. NORTHSIDE HOSPITAL PROVIDES CARE TO THE COMMUNITY, REGARDLESS OF A PATIENT'S ABILITY TO PAY. THE FORGONE CHARGES ARE AT THE EXPENSE OF NORTHSIDE HOSPITAL.
PART III, LINE 8:	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 WAS A COST TO CHARGE RATIO FROM THE FISCAL YEAR 2019 MEDICARE COST REPORT APPLIED TO MEDICARE CHARGES. THE MEDICARE PROGRAM PAYS AT AMOUNTS WHICH ARE LESS THAN THE COST OF PROVIDING SERVICES. ANY COST NOT REIMBURSED BY MEDICARE IS BORNE BY NORTHSIDE HOSPITAL WHICH EASES THE BURDEN TO THE GOVERNMENT FOR THE PROVISION OF HEALTH CARE UNDER THE MEDICARE PROGRAM. AS SUCH, THIS SHORTFALL IS REPORTED AS A COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>THE COLLECTION POLICY IS SPECIFIC TO THE TIMING AND PROTOCOLS FOLLOWED IN THE DEBT COLLECTION PROCESS. HOWEVER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY SUPERSEDES THE DEBT COLLECTION POLICY IN ANY SITUATION WHERE A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE.</p>
PART VI, LINE 2:	<p>NORTHSIDE DEVELOPED A STANDARDIZED PROCESS FOR CONDUCTING ITS COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"). IN SHORT, NORTHSIDE'S CHNA PROCESS INCLUDED: - DEFINING THE NORTHSIDE COMMUNITY. - REVIEWING NORTHSIDE INTERNAL DATA. - REVIEWING PUBLICLY AVAILABLE HEALTH DATA. - REVIEWING PROPRIETARY QUANTITATIVE CONSUMER RESEARCH DATA. - PERFORMING STAKEHOLDER INTERVIEWS. - SUMMARIZING AND PRIORITIZING THE HEALTH NEEDS IDENTIFIED WITHIN NORTHSIDE'S COMMUNITY. - DEVELOPING AN IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS. - PRESENTING THE FINALIZED CHNA REPORT AND IMPLEMENTATION STRATEGY TO THE BOARD OF DIRECTORS OF NORTHSIDE HOSPITAL, INC. FOR ADOPTION. - PROVIDING CONTINUED PUBLIC ACCESS TO NORTHSIDE'S CHNA REPORT VIA WWW.NORTHSIDE.COM/COMMUNITY AND PROVIDING AN OPPORTUNITY FOR PUBLIC FEEDBACK VIA NORTHSIDE.CHNA@NORTHSIDE.COM.NORTHSIDE UTILIZED AN EVIDENCE-BASED MODEL OF POPULATION HEALTH ADAPTED FROM THE WISCONSIN POPULATION HEALTH INSTITUTE AND ALSO UTILIZED BY COUNTY HEALTH RANKINGS AND ROADMAPS. THIS MODEL ILLUSTRATES THE COMPLEXITY OF ASSESSING A COMMUNITY'S HEALTH STATUS BY OUTLINING THE FACTORS THAT ACT IN COMBINATION TO DETERMINE THE CURRENT STATUS OF A COMMUNITY'S HEALTH. THE EVIDENCE-BASED MODEL OUTLINES THE HEALTH DETERMINANTS (DEMOGRAPHICS AND SOCIAL ENVIRONMENT, HEALTHCARE ACCESS AND QUALITY, HEALTH BEHAVIORS, AND THE PHYSICAL ENVIRONMENT) THAT LEAD TO THE HEALTH OUTCOMES IN A COMMUNITY (MORBIDITY AND MORTALITY).THE CENTERS FOR DISEASE CONTROL AND PREVENTION ("CDC") PERFORMED A SYSTEMATIC LITERATURE REVIEW TO DETERMINE A COMMON SET OF HEALTH METRICS THAT SHOULD BE USED TO MEASURE BOTH THE HEALTH DETERMINANTS AND HEALTH OUTCOMES. NORTHSIDE USED THE CDC'S LIST OF "MOST FREQUENTLY RECOMMENDED HEALTH METRICS" TO DETERMINE WHAT VARIABLES TO CONSIDER FOR NORTHSIDE'S CURRENT CHNA. NORTHSIDE UTILIZED THE CDC'S RECOMMENDED VARIABLES AND METRIC WHEN THEY WERE READILY AVAILABLE AT THE COUNTY LEVEL.FOR MORE INFORMATION ON NORTHSIDE HOSPITAL GWINNETT AND NORTHSIDE HOSPITAL DULUTH, THE COMMUNITY THEY SERVE, HOW THEY ASSESS THE NEEDS OF THAT COMMUNITY AS WELL AS PROMOTE COMMUNITY HEALTH, ADDITIONAL INFORMATION IS AVAILABLE AT HTTPS://WWW.GWINNETTMEDICALCENTER.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>NORTHSIDE INFORMS AND EDUCATES PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE AND NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM IN NUMEROUS WAYS. NORTHSIDE CONSPICUOUSLY POSTS NOTICE OF ITS FINANCIAL ASSISTANCE PROGRAM AND HOW TO ACCESS ITS FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION AT ALL MAJOR POINTS OF ACCESS TO ITS INPATIENT AND OUTPATIENT FACILITIES, THESE POINTS OF ACCESS INCLUDE THE HOSPITALS' PATIENT WAITING ROOMS AND EMERGENCY DEPARTMENTS. FOR PATIENTS THAT PRE-REGISTER OVER THE PHONE FOR HOSPITAL SERVICES, NORTHSIDE VERBALLY INFORMS PATIENTS OF ITS FINANCIAL ASSISTANCE PROGRAM AND PROVIDES PATIENTS WITH INFORMATION ON HOW TO OBTAIN A COPY OF NORTHSIDE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION VIA NORTHSIDE'S WEBSITE OR VIA MAIL. ADDITIONALLY, UPON ADMISSION TO ONE OF ITS HOSPITALS FOR SERVICES, NORTHSIDE PROVIDES EACH PATIENT A REGISTRATION PACKET THAT INCLUDES INFORMATION ON ITS FINANCIAL ASSISTANCE PROGRAM. FURTHER, A FINANCIAL COUNSELOR WILL SPEAK WITH ALL PATIENTS DURING EITHER THE PRE-REGISTRATION PROCESS OR UPON ADMISSION AND EXPLAIN NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM. IF A PATIENT INDICATES A NEED OR REQUESTS MORE INFORMATION REGARDING FINANCIAL ASSISTANCE, NORTHSIDE WILL REFER THE PATIENT TO A FINANCIAL ASSISTANCE COUNSELOR WHO WILL WORK DIRECTLY WITH THE PATIENT TO ASSIST THE PATIENT IN APPLYING FOR FINANCIAL ASSISTANCE. IN ORDER TO EXPEDITE THE FINANCIAL ASSISTANCE PROCESS, NORTHSIDE USES THIRD PARTY SOFTWARE TO HELP IDENTIFY PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE BASED ON PUBLICLY AVAILABLE INFORMATION (E.G., PARTICIPATION IN STATE FUNDED PRESCRIPTION PROGRAMS, PARTICIPATION IN THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, PARTICIPATION IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP, FORMERLY FOOD STAMPS), SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, OR ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS). PATIENTS THAT ARE IDENTIFIED BY SUCH THIRD-PARTY SOFTWARE AS ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE WILL NOT BE REQUIRED TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND INSTEAD WILL AUTOMATICALLY BE DEEMED TO QUALIFY FOR FINANCIAL ASSISTANCE. FURTHER, NORTHSIDE'S FINANCIAL COUNSELORS WILL ASSIST PATIENTS WITH APPLYING TO PROGRAMS THAT THEY ARE ELIGIBLE FOR, BUT NOT CURRENTLY ENROLLED IN, SUCH AS STATE OR FEDERAL HEALTHCARE PROGRAMS OR DRUG DISCOUNT PROGRAMS. NORTHSIDE ALSO INCLUDES A SUMMARY OF ITS FINANCIAL ASSISTANCE PROGRAM, INCLUDING HOW TO OBTAIN MORE INFORMATION AND APPLY FOR FINANCIAL ASSISTANCE, ON ALL PATIENT BILLS. LASTLY, NORTHSIDE WORKS WITH MANY COMMUNITY OUTREACH PROGRAMS TO PROVIDE FINANCIAL ASSISTANCE TO PATIENTS WHO QUALIFY FOR FREE OR DISCOUNTED SERVICES THROUGH THESE PROGRAMS. TO EXPEDITE THE FINANCIAL ASSISTANCE PROCESS FOR SUCH PATIENTS, NORTHSIDE PROVIDES A PRE-APPROVAL PROCESS FOR ALL PATIENTS WHO ARE REFERRED FOR MEDICALLY NECESSARY SERVICES VIA A COMMUNITY OUTREACH PROGRAM. THIS PROCESS ALLOWS PATIENTS TO QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO RECEIVING HOSPITAL SERVICES, THEREBY RELIEVING THE PATIENTS OF THE STRESS AND BURDEN OF THE FINANCIAL ASPECT OF THEIR CARE, AND ALLOWING THEM TO FOCUS ON THEIR HEALTH, WELL-BEING AND RECOVERY.</p>
PART VI, LINE 4:	<p>NORTHSIDE BEGAN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS BY DEFINING EACH HOSPITAL'S COMMUNITY, WHICH INCLUDED (I) DEFINING EACH FACILITY'S PRIMARY PATIENT CATCHMENT AREA; (II) MAPPING THE MEDICALLY UNDERSERVED AREAS AROUND EACH FACILITY TO ENSURE THAT NO MEDICALLY UNDERSERVED, LOW INCOME, OR MINORITY POPULATIONS WERE EXCLUDED WITHIN OR NEAR THE PRIMARY CATCHMENT AREAS; AND (III) MAPPING EACH FACILITY'S DISTRIBUTION OF OUTPATIENT SERVICES ACROSS THE REGION. THE RESULTS OF THIS PROCESS REVEALED SIGNIFICANT OVERLAP BETWEEN THE COMMUNITIES SERVED BY EACH NORTHSIDE HOSPITAL FACILITY. THUS, NORTHSIDE HOSPITAL-ATLANTA, NORTHSIDE HOSPITAL-CHEROKEE, AND NORTHSIDE HOSPITAL-FORSYTH DEVELOPED A SINGLE COMMUNITY DEFINITION IN COMPLIANCE WITH IRS SECTION 501(R) FINAL RULE. THE NORTHSIDE COMMUNITY CONSISTS OF CHEROKEE, COBB, DAWSON, DEKALB, FORSYTH, FULTON, GWINNETT, AND PICKENS COUNTIES. IN 2017, THE ESTIMATED 3.9 MILLION RESIDENTS OF THE NORTHSIDE COMMUNITY ACCOUNTED FOR 38% OF GEORGIA'S TOTAL POPULATION. THE NORTHSIDE COMMUNITY IS SLIGHTLY YOUNGER THAN GEORGIA OVERALL, WITH A MEDIAN AGE OF 35.9 COMPARED TO GEORGIA'S 36.5. OVERALL, THE 2017 NORTHSIDE COMMUNITY WAS COMPRISED OF A DIVERSE POPULATION. INDIVIDUAL COUNTIES, HOWEVER, HAVE VARYING RACIAL COMPOSITIONS, INCLUDING TWO COUNTIES THAT HAVE 90 PERCENT OF THEIR POPULATIONS BELONGING TO JUST ONE RACIAL GROUP. OVERALL, THE NORTHSIDE COMMUNITY HAS A HIGH LEVEL OF EDUCATIONAL ATTAINMENT AND AFFLUENCE WHEN COMPARED TO GEORGIA AS A WHOLE. THE MEDIAN DISPOSABLE INCOME, HOUSEHOLD INCOME, HOUSEHOLD NET WORTH, AND HOUSING UNIT VALUE IN THE NORTHSIDE COMMUNITY ARE ALL HIGHER THAN GEORGIA'S AVERAGES. DESPITE THIS GENERAL PICTURE OF AFFLUENCE, HOWEVER, DISPARITIES DO EXIST, ESPECIALLY ALONG RACIAL AND ETHNIC LINES AND BETWEEN COUNTIES THAT NORTHSIDE'S COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY AIM TO ADDRESS. FOR MORE INFORMATION ON NORTHSIDE HOSPITAL GWINNETT AND NORTHSIDE HOSPITAL DULUTH, THE COMMUNITY THEY SERVE, HOW THEY ASSESS THE NEEDS OF THAT COMMUNITY AS WELL AS PROMOTE COMMUNITY HEALTH, ADDITIONAL INFORMATION IS AVAILABLE AT HTTPS://WWW.GWINNETTMCDICALCENTER.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>NORTHSIDE HOSPITAL, INC. IS A CHARITABLE ORGANIZATION AND AS SUCH IS ENGAGED IN NUMEROUS ACTIVITIES TO PROVIDE RELIEF TO THE POOR, THE DISTRESSED, OR THE UNDERPRIVILEGED. NORTHSIDE ROUTINELY PROVIDES FINANCIAL ASSISTANCE, HEALTH PROFESSIONS EDUCATION, CASH AND IN-KIND DONATIONS, COMMUNITY HEALTH IMPROVEMENT SERVICES, RESEARCH, AND COMMUNITY-BUILDING ACTIVITIES. MANY OF THESE EFFORTS HAVE BEEN REPORTED ON THROUGHOUT THIS RETURN. IN ADDITION TO THE NUMEROUS COMMUNITY BENEFIT ACTIVITIES NORTHSIDE ENGAGES IN THROUGHOUT THE YEAR, NORTHSIDE ALSO INVESTS SURPLUS FUNDS BACK INTO EXPANDING ACCESS TO SERVICES FOR ALL PEOPLE THROUGHOUT ITS COMMUNITY. FOR EXAMPLE, NORTHSIDE COMMITTED \$8.5 MILLION TO DEVELOP A MEDICAL OFFICE BUILDING IN HALL COUNTY, GEORGIA IN ORDER TO IMPROVE ACCESS TO OUTPATIENT SERVICES AND MEDICAL SPECIALTIES FOR RESIDENTS OF THE NORTHEASTERN REGION OF ITS COMMUNITY. NORTHSIDE ALSO COMMITTED TO INVEST \$23.8 MILLION TO DEVELOP A FREESTANDING, MULTI-SPECIALTY AMBULATORY SURGERY CENTER TO BE LOCATED IN THE AFOREMENTIONED MEDICAL OFFICE BUILDING. AS PART OF ITS SURGERY CENTER PROPOSAL, NORTHSIDE COMMITTED TO SERVING THE REGION'S MOST VULNERABLE POPULATION THROUGH A PROPRIETARY PROGRAM CALLED THE BRASELTON CHARITABLE OUTPATIENT SURGERY PROGRAM WHEREBY NORTHSIDE WILL PARTNER WITH COMMUNITY SAFETY NET CLINICS TO PROVIDE MEDICALLY-NECESSARY OUTPATIENT SURGERY AND ALL RELATED ANCILLARY SUPPORT SERVICES AT NO COST TO UNINSURED OR FINANCIALLY-INDIGENT PATIENTS. PRESENTLY, THIS PROJECT IS DELAYED AS IT WINDS ITS WAY THROUGH GEORGIA'S CERTIFICATE-OF-NEED APPEALS PROCESS; HOWEVER, NORTHSIDE REMAINS COMMITTED TO THE PROJECT. NORTHSIDE IS PROCEEDING WITH A \$39.8 MILLION EXPANSION OF ITS CHEROKEE COUNTY HOSPITAL. THROUGH THIS PROJECT, NORTHSIDE CHEROKEE WILL INCREASE ITS INPATIENT BED CAPACITY FROM 158 TO 211 BEDS AND WILL INCREASE THE NUMBER OF SHARED OPERATING ROOMS FROM 11 TO 15 IN ORDER TO MEET THE NEEDS OF THE COMMUNITY. FOR MORE INFORMATION ON NORTHSIDE HOSPITAL GWINNETT AND NORTHSIDE HOSPITAL DULUTH, THE COMMUNITY THEY SERVE, HOW THEY ASSESS THE NEEDS OF THAT COMMUNITY AS WELL AS PROMOTE COMMUNITY HEALTH, ADDITIONAL INFORMATION IS AVAILABLE AT HTTPS://WWW.GWINNETTMEDICALCENTER.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/.</p>
PART VI, LINE 6:	<p>THE NORTHSIDE HOSPITAL SYSTEM PROVIDES A NUMBER OF COMMUNITY-BASED SERVICES, DESIGNED TO IMPROVE THE HEALTH OF AREA RESIDENTS. WORKING WITH VARIOUS ORGANIZATIONS, HOSPITAL EMPLOYEES AND MEDICAL STAFF, THE NORTHSIDE HOSPITAL SYSTEM PARTICIPATES IN HEALTH EDUCATION AND SCREENINGS, AS WELL AS PROVIDES SUPPORT ACTIVITIES FOR INDIVIDUALS IN THE COMMUNITY LIVING WITH A SERIOUS OR CHRONIC HEALTH CONDITION. IN ADDITION TO THE EXCELLENT MEDICAL CARE AND EDUCATIONAL PROGRAMS WE PROVIDE TO THE COMMUNITY, THE HOSPITAL ALSO PROVIDES FINANCIAL SUPPORT TO A NUMBER OF OTHER NON-PROFIT, COMMUNITY AND CIVIC CAUSES WHOSE MISSIONS AND OBJECTIVES COMPLEMENT NORTHSIDE HOSPITAL'S MISSION AND VALUES. NORTHSIDE HOSPITAL GIVES BACK A SIGNIFICANT AMOUNT TO THE COMMUNITY. WE MEASURE THE SUCCESS OF OUR EFFORTS BY THE NUMBER OF RESIDENTS WE REACH WITH OUR MESSAGES RELATED TO HEALTH AND WELLNESS. OUR MISSION IS TO WORK TO POSITIVELY IMPACT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. CLEARLY, EDUCATION, OUTREACH AND COMMUNITY SERVICE ALLOW US TO BROADEN OUR IMPACT BEYOND THE WALLS OF OUR FACILITIES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	<p>NORTHSIDE HOSPITAL, INC. IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT UNDER GEORGIA LAW; HOWEVER, IT DOES PREPARE AN ANNUAL COMMUNITY BENEFIT REPORT, AVAILABLE ON OUR WEBSITE: NORTHSIDE HOSPITAL ATLANTA, CHEROKEE AND FORSYTH HTTPS://WWW.NORTHSIDE.COM/COMMUNITY-BENEFITS-REPORT THE FOLLOWING COMMUNITY BENEFITS REPORT WAS PREPARED FOR THE YEAR ENDED JUNE 30, 2019 FOR THE FACILITIES FORMERLY KNOWN AS GWINNETT MEDICAL CENTER - LAWRENCEVILLE AND GWINNETT MEDICAL CENTER - DULUTH. A COMMUNITY BENEFITS REPORT WAS NOT PREPARED FOR THESE HOSPITAL FACILITIES POST-MERGER UNDER NORTHSIDE FOR THE YEAR ENDED SEPTEMBER 30, 2019. HTTPS://WWW.GWINNETTMEDICALCENTER.ORG/ABOUT-US/COMMUNITY-BENEFITS-REPORT</p>

Additional Data**Software ID:****Software Version:****EIN:** 58-1954432**Name:** NORTHSIDE HOSPITAL INC**Form 990 Schedule H, Part IV - Management Companies and Joint Ventures (see instructions)**

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 GWINNETT ENDOSCOPY CENTER PC	OUTPATIENT CENTER	15.000 %		85.000 %
2 2 MIDTOWN ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		85.000 %
3 3 NORTHERN CRESCENT ENDOSCOPY SUITE LLC	OUTPATIENT CENTER	70.000 %		30.000 %
4 4 NORTHWEST ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		85.000 %
5 5 SOUTHERN CRESCENT ENDOSCOPY CENTER SUITE PC	OUTPATIENT CENTER	15.000 %		85.000 %
6 6 WOODSTOCK ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	70.000 %		30.000 %
7 7 WEST METRO ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		85.000 %
8 8 ENT SURGERY CENTER OF ATLANTA LLC	AMBULATORY SURGERY	64.330 %		35.670 %
9 9 PEACHTREE ORTHOPAEDIC SURGERY CENTER AT PERIMETER LLC	AMBULATORY SURGERY	15.000 %		71.260 %
10 10 UROLOGY SURGICAL PARTNERS LLC	AMBULATORY SURGERY	70.000 %		30.000 %
11 11 THE HAND & UPPER EXTREMITY SURGERY CENTER OF GA LLC	AMBULATORY SURGERY	51.000 %		19.000 %
12 12 NASA SURGERY CENTER LLC	AMBULATORY SURGERY	70.000 %		30.000 %
13 13 SOVEREIGN REHABILITATION OF GEORGIA LLC	REHABILITATION CENTER	88.000 %		12.000 %
14 14 PANOLA ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		85.000 %
15 15 AOA AMC LLC	ONCOLOGY CLINIC	49.000 %		51.000 %
16 16 ADVANCED CENTER FOR JOINT SURGERY LLC	ORTHOPEDIC SURGERY	51.000 %		49.000 %
17 17 THOMAS EYE SURGERY CENTER LLC	EYE SURGERY	49.000 %		51.000 %
18 18 NORTHSIDE ATLANTA ORTHOPEDICS & SPORTS MEDICINE HOLDINGS LLC	ORTHOPEDIC & SPORTS MEDICINE	10.000 %		90.000 %
19 19 GWINNETT SURGERY CENTER LLC	SURGERY CENTER	51.000 %		49.000 %

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5											
Name, address, primary website address, and state license number											
1	NORTHSIDE HOSPITAL 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 060-604	X	X					X			A
2	NORTHSIDE HOSPITAL GWINNETT 1000 MEDICAL CENTER BOULEVARD LAWRENCEVILLE, GA 30046 067-460	X	X		X			X			B
3	NORTHSIDE HOSPITAL - FORSYTH 1200 NORTHSIDE FORSYTH DRIVE CUMMING, GA 30041 058-604	X	X					X			A
4	NORTHSIDE HOSPITAL - CHEROKEE 450 NORTHSIDE CHEROKEE BLVD CANTON, GA 30115 028-552	X	X					X			A
5	NORTHSIDE HOSPITAL DULUTH 3620 HOWELL FERRY ROAD DULUTH, GA 30096 067-628	X	X		X			X			B

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: NORTHSIDE HOSPITAL, - FACILITY 3: NORTHSIDE HOSPITAL - FORSYTH, - FACILITY 4: NORTHSIDE HOSPITAL - CHEROKEE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 3J:	NORTHSIDE HOSPITAL, INC. ("NORTHSIDE") COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR EACH OF ITS HOSPITAL FACILITIES IDENTIFIED IN REPORTING GROUP A. IN COMPLETING THE CHNAS FOR ITS HOSPITAL FACILITIES, NORTHSIDE DID NOT ENCOUNTER ANY INFORMATION GAPS THAT LIMITED ITS ABILITY TO ASSESS EACH HOSPITAL FACILITY'S COMMUNITY NEED. IN ADDITION TO THE INFORMATION LISTED ABOVE, NORTHSIDE DESCRIBES IN THE CHNAS EACH COMMUNITY'S ACCESS TO HEALTH CARE AND PROVIDES AN OVERVIEW OF EACH HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY.
GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 5:	NORTHSIDE IDENTIFIED AND REACHED OUT TO A TOTAL OF 44 COMMUNITY STAKEHOLDERS WHO BROADLY REPRESENTED THE INTERESTS OF NORTHSIDE'S COMMUNITY, INCLUDING STAKEHOLDERS WHO REPRESENT MEDICALLY UNDERSERVED, UNINSURED, AND DISPARATE POPULATIONS, UNDERSTAND THE HEALTH NEEDS OF THE COMMUNITY AND WHO HAVE A SPECIAL KNOWLEDGE OF, OR EXPERTISE IN, PUBLIC HEALTH. NORTHSIDE THEN DEVELOPED THE STAKEHOLDER ASSESSMENT DISCUSSION GUIDE TO LEARN ABOUT THE NEEDS AND RESOURCES WITHIN THE COMMUNITY (A COPY OF WHICH IS INCLUDED AS APPENDIX A TO NORTHSIDE'S CHNA) AND CONDUCTED IN-PERSON AND TELEPHONE INTERVIEWS WITH A QUALIFIED REPRESENTATIVE OF EACH IDENTIFIED STAKEHOLDER. IN TOTAL, NORTHSIDE COMPLETED INTERVIEWS WITH THE FOLLOWING 19 OF THE 44 STAKEHOLDERS IDENTIFIED: (1) CHEROKEE COUNTY HEALTH DEPARTMENT, (2) COBB/DOUGLAS HEALTH DEPARTMENT, (3) PICKENS COUNTY HEALTH DEPARTMENT, (4) BETHESDA COMMUNITY CLINIC, (5) GOOD SAMARITAN ATLANTA, (6) GOOD SAMARITAN COBB, (7) GOOD SAMARITAN GWINNETT, (8) CENTER FOR BLACK WOMEN'S WELLNESS, (9) COMMUNITY ADVANCED PRACTICE NURSES, (10) URBAN HEALTH AND WELLNESS, (11) GOOD SHEPHERD OF DAWSON COUNTY, (12) NORTH FULTON COMMUNITY CHARITIES, (13) UNITED WAY - FORSYTH, (14) LIFELINK, (15) CHEROKEE COUNTY SCHOOLS, (16) LA AMISTAD, (17) HEALTHY MOTHERS HEALTHY BABIES COALITION OF GEORGIA, (18) CHEROKEE COUNTY CHAMBER OF COMMERCE, AND (19) CUMMING/FORSYTH CHAMBER OF COMMERCE.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 6A:	THE NORTHSIDE HOSPITAL, INC. SYSTEM COMPRISES THREE HOSPITAL FACILITIES: (1) NORTHSIDE HOSPITAL-ATLANTA, (2) NORTHSIDE HOSPITAL-CHEROKEE AND (3) NORTHSIDE HOSPITAL-FORSYTH. GIVEN THE SIGNIFICANT OVERLAP IN SERVICE AREAS AMONG ITS THREE FACILITIES, NORTHSIDE CONDUCTED A JOINT CHNA (OR SYSTEM-LEVEL CHNA).
GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 11:	BASED ON THE RESULTS OF NORTHSIDE'S 2019 CHNA, NORTHSIDE HOSPITAL, INC. ADOPTED AN IMPLEMENTATION STRATEGY WHICH OUTLINED SEVERAL INITIATIVES TO HELP ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE COMMUNITY. AS SET FORTH IN THE 2019 CHNA, NORTHSIDE IS UNABLE TO ADDRESS EACH IDENTIFIED COMMUNITY NEED DUE TO AVAILABILITY OF RESOURCES, MAGNITUDE/SEVERITY OF THE ISSUES IDENTIFIED, AND EXISTING RESOURCES ALREADY AVAILABLE TO MEET SUCH NEEDS. THE NEEDS THAT WILL NOT BE ADDRESSED DIRECTLY FOLLOW: (1) RESPIRATORY DISEASE & SMOKING, (2) TRANSPORTATION, (3) HIV/AIDS, (4) AFFORDABLE/ADEQUATE HOUSING/HOMELESSNESS, AND (5) CULTURALLY COMPETENT SERVICES. A DETAILED ANALYSIS OF WHY EACH OF THESE NEEDS WILL NOT BE ADDRESSED IS INCLUDED IN NORTHSIDE'S CHNA.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 13B:	IN ADDITION TO FPG NORTHSIDE ALSO USES MEDICAL INDIGENCY AS WELL AS PROPENSITY TO PAY TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE.
GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 20E:	NORTHSIDE FOLLOWS A VERY DETAILED AND ROBUST PROCESS PRIOR TO INITIATING ECAS. AS INDICATED IN RESPONSE TO QUESTION 20, NORTHSIDE (1) PROVIDES A WRITTEN NOTICE ABOUT UPCOMING ECAS AND A PLAIN LANGUAGE SUMMARY OF THE FAP AT LEAST 30 DAYS BEFORE INITIATING ANY ECAS, (2) NORTHSIDE MAKES REASONABLE EFFORTS TO ORALLY (AND VIA OTHER MEANS) NOTIFY INDIVIDUALS ABOUT THE FAP AND FAP APPLICATION PROCESS, AND (3) NORTHSIDE MAKES PRESUMPTIVE ELIGIBILITY DETERMINATIONS TO QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE. NORTHSIDE PROMPTLY PROCESSES ALL COMPLETE FAP APPLICATIONS. NORTHSIDE ALSO EVALUATES ALL INCOMPLETE FAP APPLICATIONS, AND IN CONNECTION WITH SUCH INCOMPLETE APPLICATIONS, TAKES THE FOLLOWING STEPS: IF NORTHSIDE DETERMINES THAT A PATIENT HAS SUBMITTED AN INCOMPLETE FAP APPLICATION, NORTHSIDE WILL (A) IMMEDIATELY SUSPEND ANY ECAS THAT MAY HAVE BEEN INITIATED AGAINST THE PATIENT AFTER THE EXPIRATION OF THE NOTIFICATION PERIOD BUT BEFORE THE EXPIRATION OF THE APPLICATION PERIOD; (B) PROVIDE THE PATIENT WITH WRITTEN NOTICE THAT DESCRIBES THE ADDITIONAL INFORMATION AND/OR DOCUMENTATION THE INDIVIDUAL MUST SUBMIT TO COMPLETE THE FAP APPLICATION AND INCLUDE A COPY OF THE FAP WITH THE WRITTEN NOTICE; AND (C) MAKE A NOTE IN THE BILLING SYSTEM INDICATING THAT ECAS SHOULD NOT BE INITIATED (OR RE-INITIATED) ON THE PATIENT'S ACCOUNT UNTIL THE EXPIRATION OF THE APPLICATION PERIOD, AND ONLY IF AT THAT POINT THE PATIENT HAS NOT SUBMITTED THE NECESSARY INFORMATION TO COMPLETE THE FAP APPLICATION. NORTHSIDE DEFINES THE NOTIFICATION PERIOD" TO MEAN THE PERIOD DURING WHICH IT MUST NOTIFY AN INDIVIDUAL ABOUT THE FAP AND BEGINS ON THE DATE THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE WAS PROVIDED TO THE PATIENT AND ENDS ON THE 120TH DAY AFTER THE PATIENT WAS PROVIDED WITH THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE. NORTHSIDE DEFINES THE "APPLICATION PERIOD" TO MEAN THE PERIOD DURING WHICH NORTHSIDE MUST ACCEPT AND PROCESS A FAP APPLICATION SUBMITTED BY A PATIENT. THE "APPLICATION PERIOD" BEGINS ON THE DATE CARE IS PROVIDED TO THE PATIENT AND ENDS ON THE LATER OF THE 240TH DAY AFTER THE DATE THAT THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE IS PROVIDED OR EITHER (I) IN THE CASE OF INDIVIDUAL WHO NORTHSIDE HAS PROVIDED A NOTICE OF AT LEAST 30 DAYS PRIOR TO INITIATING ONE OR MORE ECAS, THE 30TH DAY AFTER THE DATE SUCH NOTICE IS PROVIDED, OR (II) IN THE CASE OF A PATIENT WHO NORTHSIDE HAS PRESUMPTIVELY DETERMINED TO BE ELIGIBLE FOR LESS THAN THE MOST GENEROUS ASSISTANCE AVAILABLE UNDER NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM, A REASONABLE TIME AFTER THE PATIENT HAS HAD A CHANCE TO APPLY FOR MORE GENEROUS FINANCIAL ASSISTANCE.

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B
FACILITY REPORTING GROUP B CONSISTS OF:	- FACILITY 2: NORTHSIDE HOSPITAL GWINNETT, - FACILITY 5: NORTHSIDE HOSPITAL DULUTH

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 2:	IN AUGUST 2019, NORTHSIDE AND GWINNETT HEALTH SYSTEM, INC. ("GWINNETT") EXECUTED AN AFFILIATION AND MERGER AGREEMENT WHEREBY GWINNETT AND CERTAIN SUBSIDIARIES AND AFFILIATES WERE MERGED INTO NORTHSIDE, AND NORTHSIDE WAS THE SURVIVING ENTITY. THE GWINNETT HEALTH SYSTEM COMPRISED OF TWO LICENSED HOSPITAL FACILITIES IN LAWRENCEVILLE AND DULUTH, GEORGIA. GWINNETT COMPLETED A COMBINED CHNA IN AUGUST 2018, FOR ITS TWO HOSPITAL FACILITIES DURING ITS YEAR ENDING JUNE 30, 2019. A CHNA WAS NOT REQUIRED FOR THE PERIOD ENDING SEPTEMBER 30, 2019 FOR THE GWINNETT HOSPITAL FACILITIES POST-MERGER.
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 3J:	GWINNETT HEALTH SYSTEM COMPLETED A COMBINED CHNA FOR ITS TWO HOSPITAL FACILITIES DURING ITS FISCAL YEAR ENDING JUNE 30, 2019. IN ADDITION TO THE INFORMATION LISTED ABOVE, THE CHNA DESCRIBES THE GWINNETT COMMUNITY'S ACCESS TO HEALTH CARE AND PROVIDES AN OVERVIEW OF THE TWO HOSPITALS' COMBINED IMPLEMENTATION STRATEGIES AND HEALTH IMPROVEMENT PLAN GOALS.

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 5:	GWINNETT COMPLETED A COMBINED CHNA IN AUGUST 2018, FOR ITS TWO HOSPITAL FACILITIES DURING ITS YEAR ENDING JUNE 30, 2019. A CHNA WAS NOT REQUIRED FOR THE PERIOD ENDING SEPTEMBER 30, 2019 FOR THE GWINNETT HOSPITAL FACILITIES POST-MERGER. DURING THIS TIME, THE GWINNETT HEALTH SYSTEM COLLABORATED WITH THE GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES AND THE GWINNETT COUNTY HEALTH DEPARTMENT TO COORDINATE VARIOUS FOCUS GROUP MEETINGS INVOLVING THE DEMOGRAPHICS REPRESENTATIVE OF THE COMMUNITY TO DISCUSS COMMUNITY RELATIONS AND ENGAGEMENT, ECONOMIC AND FINANCIAL STABILITY, EDUCATION, SAFETY, AGE FOCUS, AND HEALTH AND WELLNESS. ADDITIONAL INFORMATION IS PROVIDED WITHIN GWINNETT HEALTH SYSTEM'S 2018 FORM 990 FOR THE YEAR ENDED JUNE 30, 2019.
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 6A:	NORTHSIDE HOSPITAL GWINNETT (FORMERLY GWINNETT MEDICAL CENTER - LAWRENCEVILLE) AND NORTHSIDE HOSPITAL DULUTH (FORMERLY GWINNETT MEDICAL CENTER - DULUTH) ARE NORTHSIDE HOSPITAL FACILITIES BOTH LOCATED IN GWINNETT COUNTY. AS THE TWO HOSPITAL FACILITIES ARE LOCATED WITHIN 10 MILES OF EACH OTHER, THE CHNA REPRESENTS THE COMBINED RESULTS OF EACH FACILITY.

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 6B:	THE CHNA WAS CONDUCTED THROUGH COLLABORATIONS WITH THE GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES AND THE GWINNETT COUNTY HEALTH DEPARTMENT.
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 11:	BASED ON THE RESULTS OF THE 2019 CHNA THE TOP OPPORTUNITIES LIE IN THE FOLLOWING AREAS:-MANAGING HEALTH CONDITIONS AND CHRONIC DISEASE TREATMENTS-IMPROVING ACCESS TO CARE-PREVENTING CHRONIC DISEASES AND INCREASING WELLNESSIMPLEMENTATION STRATEGIES IN 2019 WERE UPDATED TO ADDRESS HEART DISEASE, STROKE, CANCER, EMERGENCY AND TRAUMA SERVICES, CHRONIC LOWER RESPIRATORY DISEASE, DIABETES, MATERNAL/INFANT HEALTH, INJURY PREVENTION AND WELLNESS PROGRAMS. COMMUNITY NEEDS OUTSIDE THE HOSPITAL'S SCOPE AS A HEALTHCARE PROVIDER WERE NOT ADDRESSED SUCH AS TRANSPORTATION, COMMUNITY COMMUNICATION AND ENGAGEMENT, HOMELESSNESS/UNEMPLOYMENT, CRIME, LACK OF DIVERSITY IN COMMUNITY LEADERSHIP AND RESIDENTS WITHOUT ADEQUATE HEALTH INSURANCE.ADDITIONAL INFORMATION IS PROVIDED WITHIN GWINNETT HEALTH SYSTEM'S 2018 FORM 990 FOR THE YEAR ENDED JUNE 30, 2019.

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 13B:	IN ADDITION TO FPG NORTHSIDE ALSO USES MEDICAL INDIGENCY AS WELL AS PROPENSITY TO PAY TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE.
GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH PART V, SECTION B, LINE 20E:	NORTHSIDE FOLLOWS A VERY DETAILED AND ROBUST PROCESS PRIOR TO INITIATING ECAS. AS INDICATED IN RESPONSE TO QUESTION 20, NORTHSIDE (1) PROVIDES A WRITTEN NOTICE ABOUT UPCOMING ECAS AND A PLAIN LANGUAGE SUMMARY OF THE FAP AT LEAST 30 DAYS BEFORE INITIATING ANY ECAS, (2) NORTHSIDE MAKES REASONABLE EFFORTS TO ORALLY (AND VIA OTHER MEANS) NOTIFY INDIVIDUALS ABOUT THE FAP AND FAP APPLICATION PROCESS, AND (3) NORTHSIDE MAKES PRESUMPTIVE ELIGIBILITY DETERMINATIONS TO QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE. NORTHSIDE PROMPTLY PROCESSES ALL COMPLETE FAP APPLICATIONS. NORTHSIDE ALSO EVALUATES ALL INCOMPLETE FAP APPLICATIONS, AND IN CONNECTION WITH SUCH INCOMPLETE APPLICATIONS, TAKES THE FOLLOWING STEPS: IF NORTHSIDE DETERMINES THAT A PATIENT HAS SUBMITTED AN INCOMPLETE FAP APPLICATION, NORTHSIDE WILL (A) IMMEDIATELY SUSPEND ANY ECAS THAT MAY HAVE BEEN INITIATED AGAINST THE PATIENT AFTER THE EXPIRATION OF THE NOTIFICATION PERIOD BUT BEFORE THE EXPIRATION OF THE APPLICATION PERIOD; (B) PROVIDE THE PATIENT WITH WRITTEN NOTICE THAT DESCRIBES THE ADDITIONAL INFORMATION AND/OR DOCUMENTATION THE INDIVIDUAL MUST SUBMIT TO COMPLETE THE FAP APPLICATION AND INCLUDE A COPY OF THE FAP WITH THE WRITTEN NOTICE; AND (C) MAKE A NOTE IN THE BILLING SYSTEM INDICATING THAT ECAS SHOULD NOT BE INITIATED (OR RE-INITIATED) ON THE PATIENT'S ACCOUNT UNTIL THE EXPIRATION OF THE APPLICATION PERIOD, AND ONLY IF AT THAT POINT THE PATIENT HAS NOT SUBMITTED THE NECESSARY INFORMATION TO COMPLETE THE FAP APPLICATION. NORTHSIDE DEFINES THE NOTIFICATION PERIOD" TO MEAN THE PERIOD DURING WHICH IT MUST NOTIFY AN INDIVIDUAL ABOUT THE FAP AND BEGINS ON THE DATE THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE WAS PROVIDED TO THE PATIENT AND ENDS ON THE 120TH DAY AFTER THE PATIENT WAS PROVIDED WITH THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE. NORTHSIDE DEFINES THE "APPLICATION PERIOD" TO MEAN THE PERIOD DURING WHICH NORTHSIDE MUST ACCEPT AND PROCESS A FAP APPLICATION SUBMITTED BY A PATIENT. THE "APPLICATION PERIOD" BEGINS ON THE DATE CARE IS PROVIDED TO THE PATIENT AND ENDS ON THE LATER OF THE 240TH DAY AFTER THE DATE THAT THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE IS PROVIDED OR EITHER (I) IN THE CASE OF INDIVIDUAL WHO NORTHSIDE HAS PROVIDED A NOTICE OF AT LEAST 30 DAYS PRIOR TO INITIATING ONE OR MORE ECAS, THE 30TH DAY AFTER THE DATE SUCH NOTICE IS PROVIDED, OR (II) IN THE CASE OF A PATIENT WHO NORTHSIDE HAS PRESUMPTIVELY DETERMINED TO BE ELIGIBLE FOR LESS THAN THE MOST GENEROUS ASSISTANCE AVAILABLE UNDER NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM, A REASONABLE TIME AFTER THE PATIENT HAS HAD A CHANCE TO APPLY FOR MORE GENEROUS FINANCIAL ASSISTANCE.

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 1 - NORTHSIDE HOSPITAL CANCER INSTITUTE -MACON 308 COLISEUM DRIVE STE 120 MACON, GA 31217	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
1 2 - NORTHSIDE HOSPITAL CANCER INSTITUTE -MILLE 624 MARTIN LUTHER KING JR DRIVE MILLEDGEVILLE, GA 31061	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
2 3 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC -GAINE 1250 JESSE JEWELL PARKWAY STE 400 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
3 4 - NORTHSIDE HOSPITAL CANCER INSTITUTE -BLUE 101 RIVERSTONE VISTA STE 102 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
4 5 - NORTHSIDE HOSPITAL CANCER INSTITUTE -BLAIR 308 DEEP SOUTH FARM ROAD STE 200 BLAIRSVILLE, GA 30512	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
5 6 - NORTHSIDE HOSPITAL CANCER INSTITUTE -GRIFF 747 SOUTH 8TH STREET STE C GRIFFIN, GA 30224	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
6 7 - LAUREATE MEDICAL GROUP -ATLANTA 6135 BARFIELD ROAD STE 110 ATLANTA, GA 30328	PHYSICIAN SERVICES
7 8 - NORTHSIDE HOSPITAL CANCER INSTITUTE -GREEN 1000 COWLES CLINIC WAY STE 102 GREENSBORO, GA 30642	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
8 9 - MEDICAL ASSOCIATES OF NORTH GEORGIA -CANTO 320 HOSPITAL ROAD STE A CANTON, GA 30114	PHYSICIAN SERVICES
9 10 - ARTHRITIS AND TOTAL JOINT SPECIALIST -CUMM 3400 OLD MILTON PARKWAY SUITE 290 CUMMING, GA 30041	PHYSICIAN SERVICES
10 11 - NORTHSIDE HEART -ATLANTA 1110 WEST PEACHTREE STREET STE 920C ATLANTA, GA 30309	PHYSICIAN SERVICES
11 12 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC -BRASE 1515 RIVER PLACE STE 150 BRASELTON, GA 30517	PHYSICIAN SERVICES
12 13 - NORTHSIDE HOSPITAL CANCER INSTITUTE -HAWKI 214 PERRY HIGHWAY HAWKINSVILLE, GA 31036	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
13 14 - NORTHSIDE VASCULAR SURGERY -ATLANTA 980 JOHNSON FERRY ROAD SUITE 1040 ATLANTA, GA 30342	PHYSICIAN SERVICES
14 15 - ATLANTA CLINICAL CARE 5673 PEACHTREE DUNWOODY RD STE 330 ATLANTA, GA 30342	PHYSICIAN SERVICES

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 16 - NORTHSIDE HEART -BLUE RIDGE 2855 OLD HIGHWAY 5 STE 103 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES
1 17 - SOUTHEASTERN PRIMARY CARE SPECIALISTS -STO 1035 SOUTHCREST DRIVE STE 200 STOCKBRIDGE, GA 30281	PHYSICIAN SERVICES
2 18 - NHCI RADIATION ONCOLOGY - MACON 308 COLISEUM DRIVE STE 100 MACON, GA 31217	RADIATION THERAPY CENTER AND PHYSICIAN SERVICES
3 19 - THE IMAGING CENTER OF WARNER ROBINS 2706 WATSON BOULEVARD STE D WARNER ROBINS, GA 31093	OUTPATIENT CENTER
4 20 - NORTH GEORGIA OBGYN SPECIALISTS -WOODSTOC 900 TOWNE LAKE PARKWAY STE 404 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
5 21 - GWINNETT ADVANCED SURGERY CENTER 2131 FOUNTAIN DRIVE STE 100 SNELLVILLE, GA 30078	AMBULATORY SURGERY
6 22 - UROLOGY SPECIALISTS OF ATLANTA -ATLANTA 5673 PEACHTREE DUNWOODY RD STE 905 ATLANTA, GA 30342	PHYSICIAN SERVICES
7 23 - LAUREATE MEDICAL GROUP -ATLANTA 1110 WEST PEACHTREE STREET STE 1100 ATLANTA, GA 30309	PHYSICIAN SERVICES
8 24 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS -CU 980 JOHNSON FERRY ROAD SUITE 490 ATLANTA, GA 30342	PHYSICIAN SERVICES
9 25 - PERIMETER ADVANCED SURGERY CENTER 1100 JOHNSON FERRY ROAD STE 300 ATLANTA, GA 30342	AMBULATORY SURGERY
10 26 - PREMIER CARE FOR WOMEN 960 JOHNSON FERRY ROAD STE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
11 27 - CHEROKEE LUNG AND SLEEP -BLAIRSVILLE 308 DEEP SOUTH FARM ROAD STE 102 BLAIRSVILLE, GA 30512	PHYSICIAN SERVICES
12 28 - ENDOCRINE SPECIALISTS OF ATLANTA 975 JOHNSON FERRY ROAD STE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
13 29 - WINDERMERE MEDICAL CLINIC -CANTON 3850 WINDERMERE PARKWAY SUITE 105 CUMMING, GA 30041	PHYSICIAN SERVICES
14 30 - MEDICAL ASSOCIATES OF NORTH GEORGIA -CANTO 460 NORTHSIDE CHEROKEE BLVD STE 300 CANTON, GA 30115	PHYSICIAN SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
31 31 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 470 NORTHSIDE CHEROKEE BLVD STE 160 CANTON, GA 30115	PHYSICIAN SERVICES
1 32 - MOUNT VERNON INTERNAL MEDICINE -ATLANTA 755 MT VERNON HIGHWAY STE 400 ATLANTA, GA 30328	PHYSICIAN SERVICES
2 33 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 5610 BETHELVIEW ROAD STE 500 CUMMING, GA 30040	PHYSICIAN SERVICES
3 34 - INTERNAL MEDICINE ASSOCIATES OF JOHNS CREE 3380 PADDOCKS PARKWAY STE 100 SUWANEE, GA 30024	PHYSICIAN SERVICES
4 35 - NORTH POINT PULMONARY ASSOCIATES 1400 NORTHSIDE FORSYTH DR STE 240 CUMMING, GA 30041	PHYSICIAN SERVICES
5 36 - CHATTAHOOCHEE SURGICAL GROUP -ALPHARETTA 3400 OLD MILTON PARKWAY STE 210A ALPHARETTA, GA 30005	PHYSICIAN SERVICES
6 37 - UNIVERSITY GYNECOLOGIC ONCOLOGY -CUMMING 960 JOHNSON FERRY ROAD SUITE 130 ATLANTA, GA 30342	PHYSICIAN SERVICES
7 38 - NORTHSIDE PULMONARY AND SLEEP MEDICINE -CU 1400 NORTHSIDE FORSYTH DR STE 210 CUMMING, GA 30041	PHYSICIAN SERVICES
8 39 - CUMMING FAMILY MEDICINE -CUMMING 765 LANIER 400 PARKWAY STE A CUMMING, GA 30040	PHYSICIAN SERVICES
9 40 - PEACHTREE DUNWOODY MEDICAL ASSOCIATES 875 JOHNSON FERRY ROAD STE 200 ATLANTA, GA 30342	PHYSICIAN SERVICES
10 41 - MRI & IMAGING OF ATHENS 845 PRINCE AVENUE ATHENS, GA 30606	OUTPATIENT CENTER
11 42 - JOHNS CREEK SPECIALIST CENTER 3340 PADDOCKS PARKWAY STE 100 SUWANEE, GA 30024	PHYSICIAN SERVICES
12 43 - ATLANTA COLON AND RECTAL SURGERY -ATLANTA 5667 PEACHTREE DUNWOODY RD STE 330 ATLANTA, GA 30342	PHYSICIAN SERVICES
13 44 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 960 JOHNSON FERRY ROAD STE 415 ATLANTA, GA 30342	PHYSICIAN SERVICES
14 45 - NORTHSIDE HEART -CUMMING 1505 NORTHSIDE FORSYTH DR STE 3600 CUMMING, GA 30041	PHYSICIAN SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
46 46 - PERIMETER NORTH MEDICAL ASSOCIATES 900 TOWNE LAKE PARKWAY STE 210 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
1 47 - NORTHSIDE NEUROLOGY -CUMMING 1400 NORTHSIDE FORSYTH DR STE 220 CUMMING, GA 30041	PHYSICIAN SERVICES
2 48 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS -JA 49 GORDON ROAD STE 100 JASPER, GA 30143	PHYSICIAN SERVICES
3 49 - NORTHSIDE FAMILY PRACTICE 960 WOODSTOCK PARKWAY STE 300 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
4 50 - NORTHSIDE HOSPITAL CARDIOVASCULAR CARE 980 JOHNSON FERRY ROAD STE 520 ATLANTA, GA 30342	PHYSICIAN SERVICES
5 51 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 3400 OLD MILTON PARKWAY SUITE 190 CUMMING, GA 30041	PHYSICIAN SERVICES
6 52 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 684 SIXES ROAD STE 125 CANTON, GA 30115	PHYSICIAN SERVICES
7 53 - PERIMETER NORTH MEDICAL ASSOCIATES 3400 OLD MILTON PARKWAY STE 130 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
8 54 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 960 JOHNSON FERRY ROAD SUITE 100 ATLANTA, GA 30342	PHYSICIAN SERVICES
9 55 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 4800 OLDE TOWNE PARKWAY STE 150 MARIETTA, GA 30068	PHYSICIAN SERVICES
10 56 - CUMMING FAMILY MEDICINE -CUMMING 303 PIRKLE FERRY ROAD STE A CUMMING, GA 30040	PHYSICIAN SERVICES
11 57 - PERIMETER NORTH MEDICAL ASSOCIATES 960 JOHNSON FERRY ROAD STE 300 ATLANTA, GA 30342	PHYSICIAN SERVICES
12 58 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 5277 PEACHTREE PARKWAY NORCROSS, GA 30092	PHYSICIAN SERVICES
13 59 - NORTHSIDE CHEROKEE PEDIATRICS -CANTON 684 SIXES ROAD STE 130 CANTON, GA 30115	PHYSICIAN SERVICES
14 60 - ATLANTA COLON AND RECTAL SURGERY -CANTON 460 NORTHSIDE CHEROKEE BLVD STE 140A CANTON, GA 30115	PHYSICIAN SERVICES

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Name and address	Type of Facility (describe)
61 61 - ATLANTA GYNECOLOGIC ONCOLOGY -ATLANTA 980 JOHNSON FERRY ROAD STE 900 ATLANTA, GA 30342	PHYSICIAN SERVICES
1 62 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 5445 MERIDIAN MARK ROAD STE 180 ATLANTA, GA 30342	PHYSICIAN SERVICES
2 63 - LAUREATE MEDICAL GROUP -ALPHARETTA 3400 OLD MILTON PARKWAY STE 500 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
3 64 - NORTH GEORGIA DIABETES AND ENDOCRINOLOGY - 1505 NORTHSIDE FORSYTH DR STE 2800 CUMMING, GA 30041	PHYSICIAN SERVICES
4 65 - GENERAL SURGEONS OF GWINNETT -SUWANEE 3890 JOHNS CREEK PARKWAY STE 240D SUWANEE, GA 30024	PHYSICIAN SERVICES
5 66 - LAUREATE MEDICAL GROUP -JONESBORO 7823 SPIVEY STATION BLVD STE 310 JONESBORO, GA 30236	PHYSICIAN SERVICES
6 67 - PERIMETER NORTH MEDICAL ASSOCIATES -CUMMIN 1505 NORTHSIDE FORSYTH DR STE 4400 CUMMING, GA 30041	PHYSICIAN SERVICES
7 68 - MRI & IMAGING OF HABERSHAM 638 HISTORIC HIGHWAY 441 N STE D DEMOREST, GA 30535	OUTPATIENT CENTER
8 69 - MIDTOWN MEDICAL ASSOCIATES 1110 WEST PEACHTREE STREET STE 1040 ATLANTA, GA 30309	PHYSICIAN SERVICES
9 70 - NEUROSURGERY ANSWER 1100 NORTHSIDE FORSYTH DR STE 310 CUMMING, GA 30041	PHYSICIAN SERVICES
10 71 - PERIMETER NORTH MEDICAL ASSOCIATES 3890 JOHNS CREEK PARKWAY STE 230 SUWANEE, GA 30024	PHYSICIAN SERVICES
11 72 - GEORGIA GYNECOLOGIC ONCOLOGY -LAWRENCEVILL 759 OLD NORCROSS ROAD STE 100 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
12 73 - NORTHSIDE CHEROKEE SURGICAL ASSOCIATES -CA 470 NORTHSIDE CHEROKEE BLVD STE 230 CANTON, GA 30115	PHYSICIAN SERVICES
13 74 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 1260 HIGHWAY 54 WEST STE 100 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
14 75 - NORTH GEORGIA DIABETES AND ENDOCRINOLOGY - 3350 PADDOCKS PARKWAY STE 100 SUWANEE, GA 30024	PHYSICIAN SERVICES

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

Name and address	Type of Facility (describe)
76 76 - GOYCO INTERNAL MEDICINE 900 SANDERS ROAD STE B CUMMING, GA 30041	PHYSICIAN SERVICES
1 77 - NORTH ATLANTA PULMONARY AND SLEEP 993C JOHNSON FERRY ROAD STE 300 ATLANTA, GA 30342	PHYSICIAN SERVICES
2 78 - NORTHSIDE CHEROKEE PEDIATRICS -WOODSTOCK 900 TOWNE LAKE PARKWAY STE 306 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
3 79 - MARTHA M BOONE MD 3400 OLD MILTON PARKWAY STE 560 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
4 80 - ATLANTA LIVER AND PANCREAS SURGICAL SPECIA 980 JOHNSON FERRY ROAD STE 170 ATLANTA, GA 30342	PHYSICIAN SERVICES
5 81 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 721 WELLNESS WAY STE 200 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
6 82 - ALPHARETTA FOOT AND ANKLE SPECIALISTS -CUM 2000 HOWARD FARM DRIVE STE 340A CUMMING, GA 30041	PHYSICIAN SERVICES
7 83 - LAUREATE MEDICAL GROUP -MARIETTA 4800 OLDE TOWNE PARKWAY STE 400 MARIETTA, GA 30068	PHYSICIAN SERVICES
8 84 - BARIATRIC INNOVATIONS OF ATLANTA -ATLANTA 1110 WEST PEACHTREE ST STE 1050A ATLANTA, GA 30309	PHYSICIAN SERVICES
9 85 - TOWN LAKE PRIMARY CARE -WOODSTOCK 900 TOWNE LAKE PARKWAY STE 408 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
10 86 - MEDICAL ASSOCIATES OF NORTH GEORGIA -BALL 470 VALLEY STREET STE 200 BALL GROUND, GA 30107	PHYSICIAN SERVICES
11 87 - NORTH ATLANTA BREAST CARE -CUMMING 1400 NORTHSIDE FORSYTH DR STE 280 CUMMING, GA 30041	PHYSICIAN SERVICES
12 88 - ATLANTA COLON AND RECTAL SURGERY -ROSWELL 1380 UPPER HEMBREE ROAD STE A ROSWELL, GA 30076	PHYSICIAN SERVICES
13 89 - MELANOMA AND SARCOMA SPECIALISTS OF GEORGI 980 JOHNSON FERRY ROAD STE 940 ATLANTA, GA 30342	PHYSICIAN SERVICES
14 90 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 1505 NORTHSIDE FORSYTH DR STE 2900 CUMMING, GA 30041	PHYSICIAN SERVICES

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Name and address	Type of Facility (describe)
91 91 - ANKLE AND FOOT CENTERS OF NORTH GEORGIA - B 1255 FRIENDSHIP ROAD STE 200 BRASELTON, GA 30517	PHYSICIAN SERVICES
1 92 - INTERNAL MEDICINE PRACTICE OF NORTHSIDE -A 10745 WESTSIDE WAY STE 125 ALPHARETTA, GA 30009	PHYSICIAN SERVICES
2 93 - LAUREATE MEDICAL GROUP -CANTON 684 SIXES ROAD STE 250 CANTON, GA 30115	PHYSICIAN SERVICES
3 94 - RAVRY MEDICAL GROUP 5505 PEACHTREE DUNWOODY RD STE 650 ATLANTA, GA 30342	PHYSICIAN SERVICES
4 95 - EAST COBB FAMILY MEDICINE -MARIETTA 1121 JOHNSON FERRY ROAD STE 305 MARIETTA, GA 30068	PHYSICIAN SERVICES
5 96 - ROSWELL INTERNAL MEDICINE SPECIALISTS 1357 HEMBREE ROAD STE 130 ROSWELL, GA 30076	PHYSICIAN SERVICES
6 97 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 1110 WEST PEACHTREE STREET STE P200 ATLANTA, GA 30309	PHYSICIAN SERVICES
7 98 - CUMMING FAMILY MEDICINE -DAWSONVILLE 133 PROMINENCE COURT STE 230 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
8 99 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 4800 OLDE TOWNE PARKWAY STE 430 MARIETTA, GA 30068	PHYSICIAN SERVICES
9 100 - SURGICAL SPECIALISTS OF ATLANTA -ATLANTA 1110 WEST PEACHTREE STREET STE 1010 ATLANTA, GA 30309	PHYSICIAN SERVICES
10 101 - REPRODUCTIVE SURGICAL SPECIALISTS 1800 NORTHSIDE FORSYTH DR STE 380 CUMMING, GA 30041	PHYSICIAN SERVICES
11 102 - CUMMING FAMILY MEDICINE -MARBLE HILL 25 FOOTHILLS PARKWAY STE 108 MARBLE HILL, GA 30148	PHYSICIAN SERVICES
12 103 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 1110 WEST PEACHTREE STREET STE 950 ATLANTA, GA 30309	PHYSICIAN SERVICES
13 104 - NORTH POINT PRIMARY CARE 3180 NORTH POINT PARKWAY STE 201 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
14 105 - NEUROSURGERY AND SPINE ASSOCIATES 631 PROFESSIONAL DRIVE STE 360 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES

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

Name and address	Type of Facility (describe)
106 106 - ANDERSON FAMILY MEDICINE 81 NORTHSIDE DAWSON DRIVE STE 205 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
1 107 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 11685 ALPHARETTA HWY STE 150 ROSWELL, GA 30076	PHYSICIAN SERVICES
2 108 - NEWTOWN MEDICAL 3400 OLD MILTON PARKWAY STE 200 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
3 109 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 1839 BUFORD HIGHWAY NE STE 100 BUFORD, GA 30518	PHYSICIAN SERVICES
4 110 - KENNESAW FAMILY MEDICINE 6110 PINE MOUNTAIN ROAD KENNESAW, GA 30152	PHYSICIAN SERVICES
5 111 - GEORGIA ORTHOPEDIC SPECIALISTS -CANTON 460 NORTHSIDE CHEROKEE BLVD STE 430C CANTON, GA 30115	PHYSICIAN SERVICES
6 112 - NORTHSIDE MEDICAL SPECIALISTS 145 RIVERSTONE TERRACE STE 100 CANTON, GA 30114	PHYSICIAN SERVICES
7 113 - GEORGIA GYNECOLOGIC ONCOLOGY -ATLANTA 1110 WEST PEACHTREE ST STE 1050B ATLANTA, GA 30309	PHYSICIAN SERVICES
8 114 - PRIMARY CARE OF BROOKHAVEN -ATLANTA 4062 PEACHTREE ROAD STE C ATLANTA, GA 30319	PHYSICIAN SERVICES
9 115 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 5555 PEACHTREE DUNWOODY RD STE 101 ATLANTA, GA 30342	PHYSICIAN SERVICES
10 116 - LANIER FAMILY PRACTICE 1080 SANDERS ROAD STE 100 CUMMING, GA 30041	PHYSICIAN SERVICES
11 117 - CHEROKEE LUNG AND SLEEP -WOODSTOCK 900 TOWNE LAKE PARKWAY STE 206 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
12 118 - SLEEP DISORDERS CENTER OF GEORGIA 993C JOHNSON FERRY ROAD STE 301 ATLANTA, GA 30342	PHYSICIAN SERVICES
13 119 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 11685 ALPHARETTA HWY STE 170 ROSWELL, GA 30076	PHYSICIAN SERVICES
14 120 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 1110 WEST PEACHTREE STREET STE 1030 ATLANTA, GA 30309	PHYSICIAN SERVICES

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

Name and address	Type of Facility (describe)
121 121 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 3400 OLD MILTON PARKWAY STE 440 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
1 122 - VASCULAR MEDICINE AND SURGERY SPECIALISTS 2675 N DECATUR ROAD STE 701 DECATUR, GA 30033	PHYSICIAN SERVICES
2 123 - NORTH GEORGIA OBGYN SPECIALISTS -BLUE RID 2855 OLD HIGHWAY 5 STE 110 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES
3 124 - LAUREATE MEDICAL GROUP -CANTON 460 NORTHSIDE CHEROKEE BLVD STE 170 CANTON, GA 30115	PHYSICIAN SERVICES
4 125 - COMPLETE CARDIOLOGY 1100 JOHNSON FERRY ROAD STE 450 ATLANTA, GA 30342	PHYSICIAN SERVICES
5 126 - NORTH GEORGIA OBGYN SPECIALISTS -EAST ELL 433 HIGHLAND CROSSING STE 203 EAST ELLIJAY, GA 30540	PHYSICIAN SERVICES
6 127 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 2801 N DECATUR ROAD STE 120 DECATUR, GA 30033	PHYSICIAN SERVICES
7 128 - CHEROKEE BREAST CARE -CANTON 460 NORTHSIDE CHEROKEE BLVD STE 420 CANTON, GA 30115	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
8 129 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC -BRASE 1270 FRIENDSHIP ROAD STE 100C BRASELTON, GA 30517	PHYSICIAN SERVICES
9 130 - INTERNAL MEDICINE SPECIALIST OF ROSWELL 11685 ALPHARETTA HWY STE 270 ROSWELL, GA 30076	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
10 131 - MASON PEDIATRICS 665 DULUTH HIGHWAY STE 920 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
11 132 - NORTHSIDE CARDIAC SURGERY 631 PROFESSIONAL DRIVE STE 200 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
12 133 - JOHN ATTOKAREN MD 11600 ATLANTIS PLACE STE B ALPHARETTA, GA 30022	PHYSICIAN SERVICES
13 134 - GWINNETT PHYSICIANS GROUP OBGYN 1942 ATKINSON ROAD STE 100 LAWRENCEVILLE, GA 30043	PHYSICIAN SERVICES
14 135 - PRIMARY CARE OF MILTON 980 BIRMINGHAM ROAD STE 304 MILTON, GA 30004	PHYSICIAN SERVICES

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Name and address	Type of Facility (describe)
136 136 - PERIMETER NORTH MEDICAL ASSOCIATES 10515 BELLS FERRY ROAD STE 200 CANTON, GA 30114	PHYSICIAN SERVICES
1 137 - NORTHSIDE CHEROKEE SURGICAL ASSOCIATES -CA 460 NORTHSIDE CHEROKEE BLVD STE 140D CANTON, GA 30115	PHYSICIAN SERVICES
2 138 - ATLANTA GYNECOLOGIC ONCOLOGY -MARIETTA 780 CANTON ROAD STE 405 MARIETTA, GA 30060	PHYSICIAN SERVICES
3 139 - WINDERMERE MEDICAL CLINIC -BALDWIN 386 HIGHWAY 441 BYPASS BALDWIN, GA 30551	PHYSICIAN SERVICES
4 140 - HARPER AND ASSOC FAMILY MEDICINE 6000 HILLANDALE DRIVE STE 100 LITHONIA, GA 30058	PHYSICIAN SERVICES
5 141 - GWINNETT CONSULTANTS IN CARDIOLOGY 755 WALTHER ROAD LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
6 142 - GEORGIA PULMONARY AND CRITICAL CARE CONSUL 1505 NORTHSIDE BOULEVARD STE 3000 CUMMING, GA 30041	PHYSICIAN SERVICES
7 143 - GWINNETT INTERNAL MEDICINE ASSOCIATES -BUF 2850 HOG MOUNTAIN ROAD STE 101 BUFORD, GA 30019	PHYSICIAN SERVICES
8 144 - GROFF FAMILY MEDICINE 115 LEE BYRD ROAD LOGANVILLE, GA 30052	PHYSICIAN SERVICES
9 145 - ADULT PRIMARY CARE 575 PROFESSIONAL DRIVE STE 510 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
10 146 - MEDICAL ASSOCIATES OF NORTH GEORGIA -CANTO 470 NORTHSIDE CHEROKEE BLVD STE 380 CANTON, GA 30115	PHYSICIAN SERVICES
11 147 - GWINNETT SURGERY CENTER 631 PROFESSIONAL DRIVE STE 360 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
12 148 - SURGICAL SPECIALISTS OF ATLANTA -ALPHARETT 3400 OLD MILTON PARKWAY STE 440 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
13 149 - GWINNETT FAMILY MEDICAL CARE 2835 CENTERVILLE HIGHWAY BUILDNG ONE SNELLVILLE, GA 30078	PHYSICIAN SERVICES
14 150 - COVENANT FAMILY MEDICINE 2069 TERON TRACE STE 100 BUFORD, GA 30019	PHYSICIAN SERVICES

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Name and address	Type of Facility (describe)
151 151 - CHEROKEE LUNG AND SLEEP -EAST ELLIJAY 433 HIGHLAND CROSSING STE 203B EAST ELLIJAY, GA 30540	PHYSICIAN SERVICES
1 152 - BOSTOCK FAMILY MEDICINE 771 OLD NORCROSS ROAD STE 255 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
2 153 - GWINNETT EAR NOSE AND THROAT 3855 PLEASANT HILL ROAD STE 280 DULUTH, GA 30096	PHYSICIAN SERVICES
3 154 - ACADEMIC INTERNAL MEDICINE 500 MEDICAL CENTER BLVD STE 310 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
4 155 - DACULA FAMILY MEDICINE 2850 HOG MOUNTAIN ROAD STE 102 BUFORD, GA 30019	PHYSICIAN SERVICES
5 156 - SUWANEE PRIMARY CARE -SUWANEE 1120 PEACHTREE INDUSTRIAL BLVD STE 208 SUWANEE, GA 30024	PHYSICIAN SERVICES
6 157 - NORTH ATLANTA MEDICAL ASSOCIATES -JOHNS CR 10700 MEDLOCK BRIDGE ROAD STE 201 JOHNS CREEK, GA 30097	PHYSICIAN SERVICES
7 158 - GORDON J AZAR SR MD INTERNAL MEDICINE 960 JOHNSON FERRY ROAD STE 235 ATLANTA, GA 30342	PHYSICIAN SERVICES
8 159 - NORTH FULTON RHEUMATOLOGY 1300 UPPER HEMBREE ROAD BUILDING 100 STE ROSWELL, GA 30076	PHYSICIAN SERVICES
9 160 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 3280 PEACHTREE ROAD NE STE 160 ATLANTA, GA 30305	PHYSICIAN SERVICES
10 161 - GWINNETT PHYSICIAN GROUP CONCUSSION 3855 PLEASANT HILL ROAD STE 130 DULUTH, GA 30096	PHYSICIAN SERVICES
11 162 - NORTH ATLANTA MEDICAL ASSOCIATES -STONE MO 809 MAIN STREET STONE MOUNTAIN, GA 30083	PHYSICIAN SERVICES
12 163 - PEACHTREE CORNERS INTERNAL MEDICINE 5277 PEACHTREE PARKWAY NORCROSS, GA 30092	PHYSICIAN SERVICES
13 164 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 1110 WEST PEACHTREE STREET STE 1010 ATLANTA, GA 30309	PHYSICIAN SERVICES
14 165 - STRICKLAND FAMILY MEDICINE 655 DULUTH HIGHWAY STE 501 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES

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

Name and address	Type of Facility (describe)
166 166 - WOUND TREATMENT CENTER 100 MEDICAL CENTER BLVD STE 165 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
1 167 - GLANCY REHABILITATION CENTER 3215 MCCLURE BRIDGE ROAD DULUTH, GA 30096	PHYSICIAN SERVICES
2 168 - GWINNETT EXTENDED CARE CENTER -LAWRENCEVI 650 PROFESSIONAL DRIVE LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
3 169 - GWINNETT EXTENDED CARE CENTER -LAWRENCEVIL 650 PROFESSIONAL DRIVE LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
4 170 - ARTHRITIS AND TOTAL JOINT SPECIALIST -CUMM 2000 HOWARD FARM DRIVE STE T110 CUMMING, GA 30041	PHYSICIAN SERVICES
5 171 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC -GAIN 1276 JESSE JEWELL PARKWAY STE B-C2 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
6 172 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 1366 WELLBROOK COURT NE STE B CONYERS, GA 30012	PHYSICIAN SERVICES
7 173 - GWINNETT INTERNAL MEDICINE ASSOCIATES -LAW 601 OLD NORCROSS ROAD STE A LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
8 174 - UNIVERSITY GYNCOLOGIC ONCOLOGY -ATLANTA 1110 WEST PEACHTREE STREET STE 810C ATLANTA, GA 30309	PHYSICIAN SERVICES
9 175 - ARTHRITIS AND TOTAL JOINT SPECIALIST -MARI 4800 OLDE TOWNE PARKWAY STE 430A MARIETTA, GA 30068	PHYSICIAN SERVICES
10 176 - GEORGIA GYNCOLOGIC ONCOLOGY -CUMMING 1505 NORTHSIDE FORSYTH DR STE 3800B CUMMING, GA 30041	PHYSICIAN SERVICES
11 177 - NORTHSIDE HEART -ALPHARETTA 3400 OLD MILTON PARKWAY STE 360B ALPHARETTA, GA 30005	PHYSICIAN SERVICES
12 178 - ANKLE AND FOOT CENTERS OF NORTH GEORGIA -C 2000 HOWARD FARM DRIVE STE 340B CUMMING, GA 30041	PHYSICIAN SERVICES
13 179 - NORTHSIDE PULMONARY AND SLEEP MEDICINE -DA 81 NORTHSIDE DAWSON DRIVE STE 315B DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
14 180 - CHATTAHOOCHEE SURGICAL GROUP -DAWSONVILLE 81 NORTHSIDE DAWSON DRIVE STE 305D DAWSONVILLE, GA 30534	PHYSICIAN SERVICES

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

Name and address	Type of Facility (describe)
181 181 - GEORGIA GYNECOLOGIC ONCOLOGY -WOODSTOCK 900 TOWNE LAKE PARKWAY STE 302F WOODSTOCK, GA 30189	PHYSICIAN SERVICES
1 182 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS -AL 3400 OLD MILTON PARKWAY STE 210D ALPHARETTA, GA 30005	PHYSICIAN SERVICES
2 183 - CHEROKEE LUNG AND SLEEP -EAST ELLIJAY 433 HIGHLAND CROSSING STE 203A EAST ELLIJAY, GA 30540	PHYSICIAN SERVICES
3 184 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS -WO 900 TOWNE LAKE PARKWAY STE 202B WOODSTOCK, GA 30189	PHYSICIAN SERVICES
4 185 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 460 NORTHSIDE CHEROKEE BLVD STE 140B CANTON, GA 30115	PHYSICIAN SERVICES
5 186 - ARTHRITIS AND TOTAL JOINT SPECIALIST -ATLA 5670 PEACHTREE DUNWOODY RD STE 1230-SUB ATLANTA, GA 30342	PHYSICIAN SERVICES
6 187 - SURGICAL SPECIALISTS OF ATLANTA -MARIETTA 4800 OLDE TOWNE PARKWAY STE 110B MARIETTA, GA 30068	PHYSICIAN SERVICES
7 188 - ARTHRITIS AND TOTAL JOINT SPECIALIST -CUMM 1505 NORTHSIDE FORSYTH DR STE 3500 CUMMING, GA 30041	PHYSICIAN SERVICES
8 189 - NORTH GEORGIA DIABETES AND ENDOCRINOLOGY - 1505 NORTHSIDE FORSYTH DR STE 2850 CUMMING, GA 30041	PHYSICIAN SERVICES
9 190 - NORTHSIDE VASCULAR SURGERY -CUMMING 1505 NORTHSIDE FORSYTH DRIVE SUITE 2400 CUMMING, GA 30041	PHYSICIAN SERVICES
10 191 - ARTHRITIS AND TOTAL JOINT SPECIALIST -ATLA 1110 WEST PEACHTREE STREET STE 940 ATLANTA, GA 30309	PHYSICIAN SERVICES
11 192 - SURGICAL SPECIALISTS OF ATLANTA -ATLANTA 5670 PEACHTREE DUNWOODY RD STE 920 ATLANTA, GA 30342	PHYSICIAN SERVICES
12 193 - GEORGIA GYNECOLOGIC ONCOLOGY -ATLANTA 980 JOHNSON FERRY ROAD STE 910 ATLANTA, GA 30342	PHYSICIAN SERVICES
13 194 - NORTHSIDE HEART -ATLANTA 5670 PEACHTREE DUNWOODY RD STE 880 ATLANTA, GA 30342	PHYSICIAN SERVICES
14 195 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS -AT 2001 PEACHTREE ROAD STE 670 ATLANTA, GA 30309	PHYSICIAN SERVICES

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
196 196 - ALPHARETTA FOOT AND ANKLE SPECIALISTS -ALP 3400 OLD MILTON PARKWAY STE 500 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
1 197 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS -AT 1100 NORTHSIDE FORSYTH DRIVE SUITE 360B CUMMING, GA 30041	PHYSICIAN SERVICES
2 198 - GENERAL SURGEONS OF GWINNETT -LAWRENCEVILL 631 PROFESSIONAL DRIVE STE 470 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
3 199 - NORTHSIDE HEART -MARIETTA 4800 OLDE TOWNE PARKWAY STE 420 MARIETTA, GA 30068	PHYSICIAN SERVICES
4 200 - NORTHSIDE CHEROKEE SURGICAL ASSOCIATES -WO 900 TOWNE LAKE PARKWAY STE 412 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
5 201 - ATLANTA GYNECOLOGIC ONCOLOGY -CANTON 460 NORTHSIDE CHEROKEE BLVD STE 400 CANTON, GA 30115	PHYSICIAN SERVICES
6 202 - NORTHSIDE HEART -WOODSTOCK 900 TOWNE LAKE PARKWAY STE 400 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
7 203 - NORTH GEORGIA DIABETES AND ENDOCRINOLOGY - 3890 JOHNS CREEK PARKWAY STE 360 SUWANEE, GA 30024	PHYSICIAN SERVICES
8 204 - NORTHSIDE HEART -ALPHARETTA 3400 OLD MILTON PARKWAY STE 360 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
9 205 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 900 TOWNE LAKE PARKWAY STE 320 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
10 206 - ARTHRITIS AND TOTAL JOINT SPECIALIST -BRAS 1255 FRIENDSHIP ROAD STE 310 BRASELTON, GA 30517	PHYSICIAN SERVICES
11 207 - ARTHRITIS AND TOTAL JOINT SPECIALIST -GAIN 1475 JESSE JEWELL PKWY NE STE 310 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
12 208 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 2000 HOWARD FARM DRIVE STE 300 CUMMING, GA 30041	PHYSICIAN SERVICES
13 209 - ARTHRITIS AND TOTAL JOINT SPECIALIST -ALPH 3400 OLD MILTON PARKWAY STE 290 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
14 210 - NORTHSIDE NEUROLOGY -CUMMING 1400 NORTHSIDE FORSYTH DR STE 250 CUMMING, GA 30041	PHYSICIAN SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
211 211 - CHEROKEE BREAST CARE -CANTON 684 SIXES ROAD STE 230 CANTON, GA 30115	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
1 212 - ANKLE AND FOOT CENTERS OF NORTH GEORGIA -D 81 NORTHSIDE DAWSON DRIVE STE 204 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
2 213 - ARTHRITIS AND TOTAL JOINT SPECIALIST -WOOD 960 WOODSTOCK PARKWAY STE 200 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
3 214 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 308 DEEP SOUTH FARM ROAD STE 200 BLAIRSVILLE, GA 30512	PHYSICIAN SERVICES
4 215 - NORTH ATLANTA MEDICAL ASSOCIATES -DECATUR 2545 LAWRENCEVILLE HIGHWAY STE 200 DECATUR, GA 30033	PHYSICIAN SERVICES
5 216 - ARTHRITIS AND TOTAL JOINT SPECIALIST -CANT 470 NORTHSIDE CHEROKEE BLVD STE 160 CANTON, GA 30115	PHYSICIAN SERVICES
6 217 - BARIATRIC INNOVATIONS OF ATLANTA -ATLANTA 6135 BARFIELD ROAD STE 150 ATLANTA, GA 30328	PHYSICIAN SERVICES
7 218 - ARTHRITIS AND TOTAL JOINT SPECIALIST -LAWR 771 OLD NORCROSS ROAD STE 135 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
8 219 - CHEROKEE LUNG AND SLEEP -CANTON 460 NORTHSIDE CHEROKEE BLVD STE 130 CANTON, GA 30115	PHYSICIAN SERVICES
9 220 - UNIVERSITY GYNECOLOGIC ONCOLOGY -ATLANTA 960 JOHNSON FERRY ROAD STE 130 ATLANTA, GA 30342	PHYSICIAN SERVICES
10 221 - NORTHSIDE PULMONARY AND SLEEP MEDICINE -BU 4700 NELSON BROGDON BLVD STE 125 BUFORD, GA 30019	PHYSICIAN SERVICES
11 222 - GEORGIA ORTHOPEDIC SPECIALISTS -CARTERSVIL 970 JOE FRANK HARRIS PKWY STE 120 CARTERSVILLE, GA 30120	PHYSICIAN SERVICES
12 223 - SOUTHEASTERN PRIMARY CARE SPECIALISTS -FAY 105 CARNEGIE PLACE STE 111 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
13 224 - WINDERMERE MEDICAL CLINIC -CUMMING 200 EAGLES NEST DRIVE SUITE 300 CANTON, GA 30115	PHYSICIAN SERVICES
14 225 - SOUTHEASTERN PRIMARY CARE SPECIALISTS -FAY 105 CARNEGIE PLACE STE 103 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
226 226 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 1100 NORTHSIDE FORSYTH DRIVE SUITE 410 CUMMING, GA 30041	PHYSICIAN SERVICES
1 227 - CHATTAHOOCHEE SURGICAL GROUP -CUMMING 980 SANDERS ROAD STE 100 CUMMING, GA 30042	PHYSICIAN SERVICES
2 228 - MOUNT VERNON INTERNAL MEDICINE -DAWSONVILL 81 NORTHSIDE DAWSON DRIVE STE 100 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
3 229 - NORTH GEORGIA DIABETES AND ENDOCRINOLOGY - 4310 JOHNS CREEK PARKWAY STE 100 SUWANEE, GA 30024	PHYSICIAN SERVICES
4 230 - NORTHSIDE VASCULAR SURGERY -CANTON 460 NORTHSIDE CHEROKEE BLVD STE 100 CANTON, GA 30115	PHYSICIAN SERVICES
5 231 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS -MA 631 CAMPBELL HILL STREET STE 100 MARIETTA, GA 30060	PHYSICIAN SERVICES
6 232 - NORTHSIDE CARDIOVASCULAR INSTITUTE 684 SIXES ROAD STE 230 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
7 233 - NORTHSIDE CARDIOVASCULAR INSTITUTE 6135 BARFIELD ROAD STE 100 ATLANTA, GA 30328	PHYSICIAN SERVICES
8 234 - NORTHSIDE CARDIOVASCULAR INSTITUTE 1150 HAMMOND DRIVE STE 520 SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
9 235 - NORTHSIDE GWINNETT SURGICAL ASSOCIATES 631 PROFESSIONAL DRIVE STE 300 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
10 236 - NORTHSIDE CARDIOVASCULAR INSTITUTE 1110 WEST PEACHTREE STREET STE 920E ATLANTA, GA 30309	PHYSICIAN SERVICES

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTHSIDE HOSPITAL INC

Employer identification number

58-1954432

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34
3 Enter total number of other organizations listed in the line 1 table 6

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP / EDUCATIONAL ASSISTANCE	2	12,560			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEEES. ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL.

Additional Data

Software ID:
Software Version:
EIN: 58-1954432
Name: NORTHSIDE HOSPITAL INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 1275 MAMORONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	375,025				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC 1101 NORTHCHASE PKWY SUITE 1 MARIETTA, GA 30067	13-5613797	501(C)(3)	252,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA TRACK CLUB INC 3097 E SHADOWLAWN AVE NE ATLANTA, GA 30305	58-1367422	501(C)(3)	190,000				GENERAL SUPPORT
OVARIAN CANCER INSTITUTE 960 JOHNSON FERRY RD STE 130 ATLANTA, GA 30342	58-2445245	501(C)(3)	175,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 56566 ATLANTA, GA 30343	13-1788491	501(C)(3)	174,500				GENERAL SUPPORT
MUST MINISTRIES INC PO BOX 1717 MARIETTA, GA 30061	58-2034725	501(C)(3)	125,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION INC PO BOX 78423 ATLANTA, GA 30357	58-1341679	501(C)(3)	103,320				GENERAL SUPPORT
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 303101495	58-1438873	501(C)(3)	100,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATTAHOOCHEE NATURE CENTER INC PO BOX 769769 ROSWELL, GA 30076	58-1275604	501(C)(3)	90,000				GENERAL SUPPORT
PIEDMONT PARK CONSERVANCY INC 400 PARK DRIVE NE ATLANTA, GA 30306	58-1551369	501(C)(3)	90,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE PO BOX 361969 DECATUR, GA 30036	82-3295945	501(C)(3)	75,000				GENERAL SUPPORT
BICYCLE RIDE ACROSS GEORGIA PO BOX 871111 STONE MOUNTAIN, GA 30087	58-1576748	501(C)(4)	75,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
247 GATEWAY LLC 275 PRYOR STREET SW ATLANTA, GA 30303	26-1193832	501(C)(3)	65,000				GENERAL SUPPORT
AMERICAN RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	53-0196605	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIETTA COBB MUSEUM OF ART 30 ATLANTA ST SE MARIETTA, GA 30060	58-1528144	501(C)(3)	50,000				GENERAL SUPPORT
ATLANTA BELTLINE PARTNERSHIP INC 112 KROG STREET SUITE 14 ATLANTA, GA 30307	56-2464486	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAVELER'S AID OF METRO ATLANTA 75 MARIETTA STREET SUITE 400 ATLANTA, GA 30303	58-0566247	501(C)(3)	50,000				GENERAL SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 934048 ATLANTA, GA 311934048	58-1959763	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NORTH FULTON CHAMBER OF COMMERCE 11605 HAYNES BRIDGE RD ALPHARETTA, GA 30004	58-1157316	501(C)(6)	48,200				GENERAL SUPPORT
ARCS FOUNDATION INC PO BOX 52124 ATLANTA, GA 30355	58-2004368	501(C)(3)	47,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS 12100 SUNSET HILLS ROAD SUITE 130 RESTON, VA 201903221	58-1431500	501(C)(6)	40,000				GENERAL SUPPORT
GEORGIA OVARIAN CANCER ALLIANCE 6065 ROSWELL ROAD SUITE 512 ATLANTA, GA 30328	58-2424106	501(C)(3)	30,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY 3715 NORTHSIDE PARKWAY NW NORTHCREE 400 SUITE 300 ATLANTA, GA 30327	13-5644916	501(C)(3)	30,000				GENERAL SUPPORT
NORTH FULTON COMMUNITY CHARITIES INC 11270 ELKINS ROAD ROSWELL, GA 30076	58-1521088	501(C)(3)	30,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA BICYCLE COALITION 899 WYLIE STREET SE ATLANTA, GA 30316	58-1996013	501(C)(3)	30,000				GENERAL SUPPORT
ALS ASSOCIATION OF GEORGIA INC 5881 GLENRIDGE DRIVE SUITE 200 ATLANTA, GA 30328	58-1943490	501(C)(3)	30,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COBB CHAMBER OF COMMERCE PO BOX 671868 MARIETTA, GA 300060032	58-0198114	501(C)(6)	29,000				GENERAL SUPPORT
MUSEUM OF CONTEMPORARY ART OF GEORGIA 75 BENNETT STREET ATLANTA, GA 30309	58-2562811	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INMAN PARK NEIGHBORHOOD ASSOCIATION 245 N HIGHLAND AVE NE STE 230 401 ATLANTA, GA 30307	58-1869166	501(C)(4)	25,000				GENERAL SUPPORT
BE THE MATCH FOUNDATION 500 NORTH 5TH STREET MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNWOODY NATURE CENTER INC PO BOX 88070 DUNWOODY, GA 30356	58-2009823	501(C)(3)	25,000				GENERAL SUPPORT
MORTEN ANDERSEN FAMILY FOUNDATION 6495 OLD SHADBURN FERRY ROAD BUFORD, GA 30518	27-1544616	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACK & JILL LATE STAGE CANCER FOUNDATION 3282 NORTHSIDE PARKWAY NW SUITE 100 100 ATLANTA, GA 30327	20-4415512	501(C)(3)	25,000				GENERAL SUPPORT
CITY SPRINGS THEATRE COMPANY 8601 DUNWOODY PLACE SUITE 136 SANDY SPRINGS, GA 30350	82-1085513	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDY SPRINGS PERIMETER CHAMBER SIX CONCOURSE SUITE 3 SANDY SPRINGS, GA 30328	26-0677794	501(C)(6)	21,000				GENERAL SUPPORT
SANDY SPRINGS SOCIETY PO BOX 720074 ATLANTA, GA 30358	58-1868282	501(C)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR CIVIL AND HUMAN RIGHTS INC 250 WILLIAMS STREET NW SUITE 2322 ATLANTA, GA 30303	26-0813637	501(C)(3)	20,000				GENERAL SUPPORT
GEORGIA ENSEMBLE THEATER PO BOX 607 ROSWELL, GA 30076	58-2002934	501(C)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITS THE JOURNEY INC 270 CARPENTER DRIVE SUITE 515 ATLANTA, GA 31328	47-0897591	501(C)(3)	20,000				GENERAL SUPPORT
ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DRIVE GAINESVILLE, GA 30504	58-1643768	501(C)(3)	20,000				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
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 NORTHSIDE HOSPITAL INC	Employer identification number 58-1954432
--	--

Part I Questions Regarding Compensation

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

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

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

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

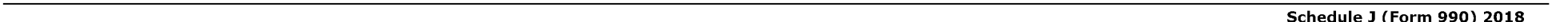
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	ON OCCASION, CERTAIN BENEFITS, SUCH AS LONG TERM DISABILITY PREMIUMS, ARE GROSSED UP FOR SELECTED EMPLOYEES.

Return Reference	Explanation
PART I, LINE 4B	<p>MR. QUATTROCCHI HAS LED THE ORGANIZATION FOR MORE THAN SIXTEEN YEARS AS CEO AND FOR SEVENTEEN YEARS AS A SENIOR EXECUTIVE PRIOR TO BECOMING CEO. AS A RESULT OF HIS LEADERSHIP AND LONGEVITY, AND TO ASSIST IN HIS RETENTION, NORTHSIDE'S BOARD OF DIRECTORS HAS PROVIDED THE CEO A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH IS DESIGNED TO PROVIDE HIM WITH A SOURCE OF FUNDS FOR USE AS SUPPLEMENTAL INCOME OVER HIS LIFE IN RETIREMENT. THE SERP VESTS AND DISBURSES INCREMENTAL FUNDING PAYOUTS EACH TWO OR THREE YEARS. THE SERP PAYMENTS ARE BASED ON A MATHEMATICAL FORMULA, PURSUANT TO A SIGNED CONTRACT, AND ARE REVIEWED AND ASSESSED PERIODICALLY FOR REASONABLENESS BY AN OUTSIDE CONSULTANT. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE FULL BOARD APPROVE EACH PAYMENT BEFORE PAYMENT IS MADE. NORTHSIDE DOES NOT CONSIDER SERP PAYMENTS TO BE DEFERRED COMPENSATION FOR TAX REPORTING PURPOSES. MR. QUATTROCCHI PARTICIPATES IN A LONG-TERM INCENTIVE PLAN THAT PROVIDES AN INCENTIVE COMPENSATION OPPORTUNITY IN THE EVENT OF THE ACHIEVEMENT OF A NUMBER OF PERFORMANCE MEASURES, INCLUDING CLINICAL QUALITY STANDARDS, MEASURED OVER PERFORMANCE PERIODS EXTENDING FROM 3 TO 5 YEARS. MR. QUATTROCCHI'S ACTIVE PARTICIPATION IN THE LONG-TERM INCENTIVE PLAN CONCLUDED WITH THE PERFORMANCE PERIOD ENDING SEPTEMBER 30, 2019.</p>



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTHSIDE HOSPITAL INC

Employer identification number

58-1954432

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1954432

Name: NORTHSIDE HOSPITAL INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NORTHSIDE ANESTHESIOLOGY CONSULTANTS LLC	K. DOUGLAS SMITH, M.D., BOARD MEMBER & NS ANESTHESIOLOGY CONS OFF./OWNER	7,407,729	K. DOUGLAS SMITH, M.D., MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, IS AN OFFICER/OWNER OF NORTHSIDE ANESTHESIOLOGY CONSULTANTS, LLC, WHICH PROVIDES MEDICAL SERVICES TO NORTHSIDE HOSPITAL, INC. TRANSACTIONS WITH THIS ENTITY ARE CONDUCTED AT ARMS-LENGTH AND ARE REPRESENTATIVE OF PAYMENTS FOR PROVISION OF ON-CALL PHYSICIAN SERVICES TO THE COMMUNITY WHICH NORTHSIDE SERVES.		No
J BRYAN WHITLEY	ROBERT E. WHITLEY, BOARD MEMBER & J. BRYAN WHITLEY FAMILY MEMBER	128,036	ROBERT E. WHITLEY, MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH J. BRYAN WHITLEY, AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC. AMOUNT REPRESENTS FAIR MARKET VALUE COMPENSATION PAID DURING CALENDAR YEAR 2018 TO J. BRYAN WHITLEY FOR SERVICES RENDERED TO THE ORGANIZATION.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MEDLOCK MEDICAL LLC	DALE M. BEARMAN, M.D., BOARD MEMBER & MEDLOCK MEDICAL, LLC OWNER	298,571	DALE M. BEARMAN, M.D., MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, HAS A GREATER THAN 5% OWNERSHIP INTEREST IN MEDLOCK MEDICAL, LLC, WHICH PROVIDES RENTAL SPACE TO NORTHSIDE HOSPITAL, INC. TRANSACTIONS WITH THIS ENTITY ARE CONDUCTED AT ARMS-LENGTH.		No
RACHEL BEARMAN	DALE M. BEARMAN, M.D., BOARD MEMBER & RACHEL BEARMAN FAMILY MEMBER	80,933	DALE M. BEARMAN, M.D., MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH RACHEL BEARMAN, AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC. AMOUNT REPRESENTS FAIR MARKET VALUE COMPENSATION PAID DURING CALENDAR YEAR 2018 TO RACHEL BEARMAN FOR SERVICES RENDERED TO THE ORGANIZATION.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JENNIFER WHITLEY	ROBERT E. WHITLEY, BOARD MEMBER & JENNIFER WHITLEY FAMILY MEMBER	36,606	ROBERT E. WHITLEY, MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH JENNIFER WHITLEY, AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC. AMOUNT REPRESENTS FAIR MARKET VALUE COMPENSATION PAID DURING CALENDAR YEAR 2018 TO JENNIFER WHITLEY FOR SERVICES RENDERED TO THE ORGANIZATION.		No
ROBERT E WHITLEY JR	ROBERT E. WHITLEY, BOARD MEMBER & ROBERT E. WHITLEY, JR. FAMILY MEMBER	88,053	ROBERT E. WHITLEY, MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH ROBERT E. WHITLEY, JR., AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC. AMOUNT REPRESENTS FAIR MARKET VALUE COMPENSATION PAID DURING CALENDAR YEAR 2018 TO ROBERT E. WHITLEY, JR. FOR SERVICES RENDERED TO THE ORGANIZATION.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
OTB	DEBORAH S. MITCHAM, FORMER OFFICER & OTB OWNER	451,000	DEBORAH S. MITCHAM, FORMER VICE PRESIDENT AND CHIEF FINANCIAL OFFICER OF NORTHSIDE HOSPITAL, INC., HAS A GREATER THAN 5% OWNERSHIP INTEREST IN OTB, WHICH, DURING THE TAX YEAR, PROVIDED CONSULTING SERVICES FOR A LIMITED PERIOD AND WAS NOT CONCURRENT WITH MS. MITCHAM'S EMPLOYMENT. TRANSACTIONS WITH THIS ENTITY WERE CONDUCTED AT ARMS-LENGTH.		No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number

58-1954432

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>TO OUR PATIENTS IN THEIR JOURNEYS TOWARD HEALTH OF BODY AND MIND. TO ENSURE INNOVATIVE AND UNSURPASSED CARE FOR OUR PATIENTS, WE ARE DEDICATED TO MAINTAINING OUR POSITION AS REGIONAL LEADERS IN SELECT MEDICAL SPECIALTIES. TO ENHANCE THE WELLNESS OF OUR COMMUNITY, WE COMMIT OURSELVES TO PROVIDING A DIVERSE ARRAY OF EDUCATIONAL AND OUTREACH PROGRAMS. IN AUGUST 2019, NORTHSIDE AND GWINNETT HEALTH SYSTEM, INC. ("GWINNETT") EXECUTED AN AFFILIATION AND MERGER AGREEMENT WHEREBY GWINNETT AND CERTAIN SUBSIDIARIES AND AFFILIATES WERE MERGED INTO NORTHSIDE, AND NORTHSIDE WAS THE SURVIVING ENTITY. MANAGEMENT OF NORTHSIDE AND GWINNETT BELIEVE THAT SUCH AN AFFILIATION BY WAY OF MERGER WILL CREATE ADDITIONAL INTEGRATION, COORDINATION, AND SYSTEMS OF HEALTH CARE, AND THAT THE JOINT RESOURCES, COLLABORATIVE NETWORKS, AND CAPABILITIES PROVIDED BY THE MERGER WILL PERMIT NORTHSIDE TO EFFECTIVELY DESIGN AND IMPLEMENT POPULATION HEALTH STRATEGIES AND OTHER INITIATIVES TO FURTHER SERVE RESIDENTS OF THE SURROUNDING COMMUNITIES.</p>

990 Schedule O, Other Information

Return Reference	Explanation
PART III, LINE 4A: PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)	<p>REINVESTING TO ENHANCE CAPACITY AND TO DELIVER HIGH-QUALITY HEALTHCARE TO THE COMMUNITIES WE SERVE. BECAUSE NORTHSIDE HOSPITAL INC. IS NOT-FOR-PROFIT AND IS NOT REQUIRED TO RETURN PROFITS TO SHAREHOLDERS LIKE TAXABLE ORGANIZATIONS, WE ROUTINELY REINVEST OUR CASH RESERVE S IN ORDER TO ENHANCE OUR CAPACITY AND ABILITY TO DELIVER HIGH-QUALITY HEALTH CARE TO THE COMMUNITIES WE SERVE. ACCORDINGLY, NORTHSIDE HOSPITAL EARMARKED NEARLY \$166 MILLION IN CAPITAL INVESTMENTS IN FY2019. NUMEROUS OF THESE ALLOCATIONS WERE DESIGNATED TO KEY SERVICE LINES SUCH AS CARDIOLOGY, ONCOLOGY AND WOMEN'S SERVICES, MANY OF WHICH OVERLAP WITH NORTHSIDE'S TOP IDENTIFIED HEALTH NEEDS IN ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. SELECT EARMARKED INVESTMENTS INCLUDE: \$1.9 MILLION FOR CARDIOLOGY SERVICES FOR DIAGNOSTIC EQUIPMENT AND TO EXPAND REHABILITATION SERVICES; \$9.2 MILLION FOR ONCOLOGY SERVICES TO REPLACE AND UPGRADE RADIATION THERAPY EQUIPMENT AND TO EXPAND AND RELOCATE INFUSION SERVICES; \$11.4 MILLION FOR WOMEN'S SERVICES TO ACQUIRE ADDITIONAL MONITORING EQUIPMENT AND INCUBATORS, RENOVATE FACILITIES AND ESTABLISH A NEW LOCATION FOR PERINATAL SERVICES; AND \$48.5 MILLION FOR SURGICAL SERVICES TO RENOVATE AND EXPAND EXISTING OPERATING ROOMS TO ACCOMMODATE DEMAND FOR HIGHER ACUITY PROCEDURES AND TO PURCHASE STATE-OF-THE-ART ROBOTIC SURGERY EQUIPMENT AMONG OTHER THINGS. PROVIDING A BROAD ARRAY OF COMMUNITY BENEFIT PROGRAM ACTIVITIES. IN FURTHERANCE OF ITS CHARITABLE MISSION AND TO MEET THE COMMUNITY'S TOP IDENTIFIED HEALTH NEEDS, NORTHSIDE HOSPITAL ENGAGES IN NUMEROUS OUTREACH AND COMMUNITY BENEFIT ACTIVITIES THROUGHOUT THE YEAR. THE CULMINATION OF THESE EFFORTS RESULTED IN NORTHSIDE HOSPITAL REACHING OVER 290,000 PERSONS, SPENDING OVER 72,000 STAFF HOURS AND PROVIDING NEARLY \$8 MILLION IN COMMUNITY BENEFIT PROGRAM ACTIVITIES. THE HIGHEST DOLLAR IMPACT CATEGORIES (I.E., BENEFIT IN EXCESS OF \$1 MILLION) INCLUDE CASH AND IN-KIND DONATIONS, COMMUNITY HEALTH IMPROVEMENT SERVICES AND HEALTH PROFESSIONS EDUCATION. THROUGH CASH AND IN-KIND DONATIONS, NORTHSIDE HOSPITAL SUPPORTED OVER 250 COMMUNITY ORGANIZATIONS WHOSE MISSIONS COMPLEMENT THE HOSPITAL'S MISSION AND WHOSE INITIATIVES ALIGN WITH THE HOSPITAL'S IDENTIFIED HEALTH NEEDS. WHILE SOME OF THE RECIPIENT ORGANIZATIONS ARE WELL-KNOWN COMMUNITY GROUPS, SUCH AS THE AMERICAN CANCER SOCIETY AND THE AMERICAN HEART ASSOCIATION, NORTHSIDE ALSO SUPPORTED SMALLER, GRASS ROOTS ORGANIZATIONS SUCH AS BOAT PEOPLE SOS. BOAT PEOPLE SOS WAS ESTABLISHED IN 2000 WITH THE MISSION TO EMPOWER, ORGANIZE, AND EQUIP VIETNAMESE INDIVIDUALS AND COMMUNITIES IN THEIR PURSUIT OF LIBERTY AND DIGNITY. THROUGH THEIR HEALTH AWARENESS AND PROMOTION PROGRAM, BOAT PEOPLE SOS HAS PROVIDED NECESSARY HEALTH SERVICES TO OVER 2,000 UNINSURED PATIENTS. NORTHSIDE'S FINANCIAL SUPPORT HELPS TO FUND THEIR LOCAL CLINIC AND TO PROVIDE COMMUNITY HEALTH IMPROVEMENT SERVICES FOR PERSONS LIVING IN POVERTY. THE SECOND HIGHEST DOLLAR IMPACT CATEGORY, COMMUNITY HEALTH IMPROV</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART III, LINE 4A: PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)</p>	<p>EMENT SERVICES, INCLUDES ALMOST FIFTY PROGRAMS WITH OVER 500 OCCURRENCES. MUCH OF THE ACTI VITY INCLUDES COMMUNITY AND CORPORATE HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION EVENTS AND COMMUNITY-BASED CANCER SCREENINGS. HOWEVER, THERE ALSO ARE A COUPLE OF UNIQUE PROGRAM S THAT MAY APPEAR SMALLER IN TERMS OF OCCURRENCES BUT HAVE A MEANINGFUL IMPACT ON THE COMM UNITY'S DISPARATE POPULATION. ONE SUCH PROGRAM IS THE FINANCIAL ACCESS SURGERY PROGRAM OR FASP. NORTHSIDE'S FASP WAS DESIGNED SPECIFICALLY TO ADDRESS AN UNMET COMMUNITY-BASED NEED FOR HIGH QUALITY, FINANCIALLY ACCESSIBLE, OUTPATIENT SURGICAL SERVICES FOR THE UNINSURED O R UNDERINSURED POPULATION. MORE SPECIFICALLY, VARIOUS CHARITY ORGANIZATIONS AND FREE CLINI CS SERVING THE METROPOLITAN ATLANTA AREA HAVE CONFIRMED DIFFICULTY SECURING ACCESS TO NEED ED OUTPATIENT SURGICAL SERVICES FOR THE POPULATIONS THEY SERVE. NORTHSIDE NOW HAS REFERRAL ARRANGEMENTS WITH APPROXIMATELY 20 CHARITABLE ORGANIZATIONS, INCLUDING SAFETY NET CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS, TO REFER PATIENTS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD OR OBTAIN MEDICALLY NECESSARY OUTPATIENT SURGERY. PATIENTS ARE PRE-SCREENED BAS ED ON FINANCIAL STATUS AND MEDICAL NECESSITY, AMONG OTHER FACTORS. THE FASP IS DESIGNED TO COVER THE ENTIRE SURGICAL EPISODE OF CARE INCLUDING PRE- AND POST-OPERATIVE SERVICES AND, AS NEEDED, RELATED SERVICES SUCH AS ANESTHESIA, RADIOLOGY, PHARMACY AND LABORATORY. THE F ASP BEGAN IN 2012 WITH ONE (1) LOCATION AND HAS GROWN TO FOUR (4) LOCATIONS BASED ON COMMU NITY DEMAND. THE FASP PROVIDED FREE OUTPATIENT SURGICAL CARE TO OVER 500 FINANCIALLY INDIG ENT PATIENTS WHOSE CONDITIONS WOULD HAVE GONE UNTREATED UNTIL THE CONDITION WORSEND LEAVI NG THE PATIENT NO CHOICE BUT TO SEEK CARE IN A LOCAL HOSPITAL'S EMERGENCY DEPARTMENT. ANOT HER UNIQUE COMMUNITY HEALTH IMPROVEMENT PROGRAM IS NORTHSIDE'S IMAGING OUTREACH PROGRAM. T HROUGH THIS PROGRAM, NORTHSIDE PROVIDES A COMPREHENSIVE RANGE OF IMAGING SERVICES TO LOW I NCOME, UNINSURED OR UNDERINSURED PATIENTS. A DEDICATED IMAGING CHARITY COORDINATOR RECEI VES REFERRALS FROM COMMUNITY SAFETY NET CLINICS AND ASSISTS PATIENTS WITH COMPLETING NORTHSI DE'S FINANCIAL ASSISTANCE POLICY APPLICATION. OVER 500 INDIGENT AND CHARITY PATIENTS RECEI VED MUCH NEEDED MEDICAL IMAGING THROUGH THIS IMPORTANT SAFETY-NET PROGRAM. IN ESSENCE, NOR THSIDE HAS ESTABLISHED A SUCCESSFUL MEDICAL HOME NETWORK MODEL OF CARE THAT IS DEDICATED T O SERVING THE COMMUNITY'S MOST VULNERABLE POPULATION. THESE ARE JUST A FEW EXAMPLES OF HOW NORTHSIDE HOSPITAL IS FULFILLING ITS CHARITABLE MISSION AND PROVIDING MEANINGFUL BENEFITS TO ITS COMMUNITY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NORTHSIDE HEALTH SERVICES, THE PARENT ENTITY, ELECTS ALL THE MEMBERS OF THE GOVERNING BODY FOR NORTHSIDE HOSPITAL, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	NORTHSIDE HEALTH SERVICES, THE PARENT ENTITY, ELECTS ALL THE MEMBERS OF THE GOVERNING BODY FOR NORTHSIDE HOSPITAL, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	NORTHSIDE HEALTH SERVICES, THE PARENT ENTITY, MUST APPROVE BYLAW REVISIONS AND REVISIONS OF THE ARTICLES OF INCORPORATION FOR NORTHSIDE HOSPITAL, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY AN UNRELATED AND INDEPENDENT ACCOUNTANT USING DETAILED FINANCIAL STATEMENTS SUPPORTED BY A CONSOLIDATED AUDIT (ALSO PREPARED BY OUTSIDE, INDEPENDENT AUDITORS). NORTHSIDE FINANCIAL LEADERSHIP, INCLUDING THE SYSTEM CONTROLLER AND CFO, PERFORM A DETAILED REVIEW OF THE 990 AND APPROVAL OF THE RETURNS BEFORE THEY ARE FILED. ADDITIONALLY, OUTSIDE COUNSEL REVIEWS SEVERAL SECTIONS OF THE FORM AT NORTHSIDE'S REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A DISCLOSURE QUESTIONNAIRE ANNUALLY, IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY. NORTHSIDE'S LEGAL SERVICES DEPARTMENT REVIEWS CONTRACTS WITH OTHER CARE PROVIDERS, EDUCATIONAL INSTITUTIONS, MANUFACTURERS AND PAYORS TO DETERMINE WHETHER CONFLICTS OF INTEREST EXIST AND WHETHER THEY ARE IN COMPLIANCE WITH SPECIFIC LAWS AND REGULATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO AND KEY EMPLOYEES, A COMPENSATION STUDY, INCLUDING PEER ORGANIZATIONS, IS COMPLETED BY AN INDEPENDENT COMPENSATION CONSULTANT. THIS INFORMATION IS SHARED WITH THE COMPENSATION COMMITTEE. INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE DELIBERATE AND DETERMINE THE COMPENSATION OF THE CEO AND APPROVE THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. RECORDS ARE RETAINED OF THESE DECISIONS. THE CEO'S FINAL WRITTEN EMPLOYMENT CONTRACT MUST BE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CORPORATE GOVERNANCE DOCUMENTS (SPECIFICALLY ALL ARTICLES OF INCORPORATION DOCUMENTS) ARE MADE AVAILABLE ON THE GEORGIA SECRETARY OF STATE WEBSITE. OUR CONFLICT OF INTEREST POLICY IS MADE AVAILABLE ON OUR INTRANET TO NORTHSIDE EMPLOYEES; HOWEVER, NEITHER OUR AUDITED FINANCIAL STATEMENTS NOR OUR CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC. WHEN AND IF APPROPRIATE REQUESTS ARE MADE BY THE PUBLIC, WE EVALUATE DISCLOSURE ON A CASE BY CASE BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	IN LIEU OF ADOPTING A WRITTEN POLICY CONCERNING JOINT VENTURE ARRANGEMENTS, THE ORGANIZATION REQUIRES AND UNDERTAKES A RIGOROUS CASE-BY-CASE EVALUATION OF ITS PARTICIPATION IN ANY PROPOSED JOINT VENTURE ARRANGEMENT UNDER APPLICABLE TAX AND OTHER LAWS AND REGULATIONS. EACH PROPOSED JOINT VENTURE WITH A TAXABLE ENTITY IS REVIEWED UNDER APPLICABLE TAX LAWS, REGULATIONS, AND GUIDELINES BY OUTSIDE LEGAL COUNSEL AND ORGANIZATION PERSONNEL TO CONFIRM THAT THE JOINT VENTURE WOULD BE FORMED, OPERATED AND MANAGED IN A MANNER THAT FURTHERS THE COMMUNITY BENEFIT AND CHARITABLE PURPOSES OF THE ORGANIZATION. JOINT VENTURES WITH TAXABLE ENTITIES ARE REQUIRED TO BE STRUCTURED, INCLUDING THROUGH FINANCIAL AND GOVERNANCE PROVISIONS AND RESERVED POWERS, IN A MANNER TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS AND ENSURE THAT THE ORGANIZATION CONTROLS ALL ASPECTS OF THE JOINT VENTURE RELATED TO ITS EXEMPT PURPOSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VII, SECTION B:</p>	<p>TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH GEORGIA CANCER SPECIALISTS I, P.C. ("GCS") TO ENSURE ONCOLOGY AND HEMATOLOGY SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY. NORTHSIDE HAS PROVIDED A BROAD RANGE OF CANCER CARE SERVICES THROUGH ITS CANCER CARE PROGRAM AT THE NORTHSIDE HOSPITAL CANCER INSTITUTE ("NHCI"). THE NHCI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONCOLOGY DIAGNOSIS, TREATMENT AND RESEARCH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEMIC-BASED PROGRAMS ALONG WITH THE PERSONALIZED AND TENTATIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL. NORTHSIDE HAS COMMITTED TO BECOMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES THE EXPANSION OF ITS GEOGRAPHIC FOOTPRINT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN INTEGRATED CANCER CARE PROGRAM THAT FACILITATES COLLABORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES. GCS HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL ONCOLOGY AND HEMATOLOGY AND THE PROVISION OF INFUSION THERAPY SERVICES AND MEDICAL AND CLINICAL RESEARCH SERVICES. IN ACCORDANCE WITH THE PSA, GCS REMAINS A PRIVATELY HELD ORGANIZATION WITHOUT OWNERSHIP OR MANAGEMENT BY NORTHSIDE. GCS MAINTAINS RESPONSIBILITY FOR PROVIDING ALL ADMINISTRATIVE OPERATIONS OF THE PRACTICE (E. G., STAFF BENEFITS, MALPRACTICE INSURANCE, ETC.). NORTHSIDE MAKES PAYMENTS TO GCS AT FAIR MARKET VALUE RATES FOR 1) PERSONALLY PERFORMED AND MODIFIER ADJUSTED PROFESSIONAL SERVICES 2) MANAGEMENT OVERSIGHT RESPONSIBILITIES AND 3) BILLING ARRANGEMENTS. GCS EMPLOYS APPROXIMATELY 103 CLINICIANS AND 116 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE. TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH AGA, LLC TO ENSURE GASTROENTEROLOGY ("GI") SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY, REGARDLESS OF THE PATIENTS' ABILITY TO PAY. AS SUCH, THIS ARRANGEMENT ALLOWS NORTHSIDE TO ESTABLISH CENTERS OF EXCELLENCE IN GI SERVICES, ESPECIALLY RELATED TO ENDOSCOPIC ULTRASOUND AND ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY. GI SERVICES ALSO HAVE A SIGNIFICANT TIE-IN TO ONCOLOGY SERVICES FOR WHICH NORTHSIDE IS A LEADER IN THE ATLANTA SERVICE AREA IN TERMS OF DIAGNOSIS AND TREATMENT. AGA, LLC HAS A LARGE COMPLEMENT OF CLINICIANS THAT PROVIDE GI SERVICES INCLUDING GI ONCOLOGY. IN ACCORDANCE WITH THE PSA, AGA, LLC REMAINS A PRIVATELY HELD ORGANIZATION WITHOUT OWNERSHIP OR MANAGEMENT BY NORTHSIDE. AGA, LLC MAINTAINS R</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B:	<p>RESPONSIBILITY FOR ALL EXPENSES TYPICALLY FOUND IN A GI CLINICIANS' PRACTICE (E.G., STAFF, BILLING, MEDICAL SUPPLIES, MEDICAL RECORDS, OCCUPANCY, MALPRACTICE INSURANCE, ETC.). UNDER THE PSA, NORTHSIDE PAYS AGA A FAIR MARKET VALUE RATE BASED ON PERSONALLY PERFORMED AND MODIFIER ADJUSTED WRVUS. AGA, LLC PROVIDES APPROXIMATELY 134 CLINICIANS TO ENSURE GI SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE. THE COMPENSATION REFLECTED ON FORM 990, PART VII, SECTION B, COLUMN (C), REPRESENTS PROFESSIONAL SERVICES UNDER THE PSA TO INCLUDE RELATED COMPENSATION AND BENEFITS. TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH ATLANTA CANCER CARE ("ACC") TO ENSURE ONCOLOGY AND HEMATOLOGY SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY. NORTHSIDE HAS PROVIDED A BROAD RANGE OF CANCER CARE SERVICES THROUGH ITS CANCER CARE PROGRAM AT THE NORTHSIDE HOSPITAL CANCER INSTITUTE ("NHCI"). THE NHCI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONCOLOGY DIAGNOSIS, TREATMENT AND RESEARCH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEMIC-BASED PROGRAMS ALONG WITH THE PERSONALIZED AND ATTENTIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL. NORTHSIDE HAS COMMITTED TO BECOMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES THE EXPANSION OF ITS GEOGRAPHIC FOOTPRINT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN INTEGRATED CANCER CARE PROGRAM THAT FACILITATES COLLABORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES. ACC HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL ONCOLOGY AND HEMATOLOGY AND THE PROVISION OF INFUSION THERAPY SERVICES AND MEDICAL AND CLINICAL RESEARCH SERVICES. IN ACCORDANCE WITH THE PSA, ACC REMAINS A PRIVATELY HELD ORGANIZATION WITHOUT OWNERSHIP BY NORTHSIDE. ACC MAINTAINS RESPONSIBILITY FOR PROVIDING ALL ADMINISTRATIVE OPERATIONS OF THE PRACTICE (E.G., STAFF BENEFITS, MALPRACTICE INSURANCE, ETC.). NORTHSIDE MAKES PAYMENTS TO ACC AT FAIR MARKET VALUE RATES FOR 1) PERSONALLY PERFORMED AND MODIFIER ADJUSTED PROFESSIONAL SERVICES 2) MANAGEMENT OVERSIGHT RESPONSIBILITIES AND 3) BILLING ARRANGEMENTS. ACC EMPLOYS APPROXIMATELY 35 CLINICIANS AND 63 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE.</p>

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Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 451,085,876. MANAGEMENT AND GENERAL EXPENSES 77,284,085. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 528,369,961.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN PENSION -190,942,817. EQUITY TRANSFER -1,474,883. INCOME FROM JOINT VENTURES NOT ON BOOKS -779,444. OTHER CHANGES IN NET ASSETS 16,355. NET ASSETS TRANSFERED VIA INHERENT CONTRIBUTION 398,354,027. NON-CONTROLLING INTEREST 3,505,444. INTERCOMPANY REVENUE 2,719,704.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9 OTHER CHANGES IN NET ASSETS	IN ACCORDANCE WITH THE AFFILIATION AND MERGER AGREEMENT BETWEEN NORTHSIDE AND GWINNETT, GWINNETT VOLUNTARILY TRANSFERRED ITS NET ASSETS TO NORTHSIDE AS THE SURVIVING ENTITY. THIS IS REPRESENTED BY THE NET ASSETS TRANSFERRED VIA INHERENT CONTRIBUTION AMOUNT \$398,354,027.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number

58-1954432

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTHSIDE HOSPITAL FOUNDATION INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1653541	RAISE & COLLECT FUNDS IN FURTHERANCE OF NORTHSIDE HOSPITAL'S EXEMPT PURPOSE	GA	501(C)(3)	LINE 7	NORTHSIDE HEALTH SERVICES INC		No
(2) NORTHSIDE HEALTH SERVICES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1917328	PARENT HOLDING COMPANY	GA	501(C)(3)	LINE 12C, III-FI	N/A		No
(3) NORTHSIDE SHARES HELP INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1458873	PUBLIC CHARITY, ORGANIZED EMPLOYEE RELIEF FUND	GA	501(C)(3)	LINE 7	NORTHSIDE HEALTH SERVICES INC		No
(4) GWINNETT HOSPITAL SYSTEM AUXILIARY INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1713644	ADMINISTRATIVE SERVICES	GA	501(C)(3)	LINE 3	N/A		No

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) NORTHSIDE VENTURES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954456	LEASING COMPANY	GA	N/A	C					No
(2) GWINNETT MANAGED CARE INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2135759	PROFESSIONAL SERVICES	GA	N/A	C					No
(3) NORTHSIDE HEALTH NETWORK INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 84-3655289	PROFESSIONAL SERVICES	GA	N/A	C					No
(4) SEQUENT HEALTH PHYSICIAN PARTNERS 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1511997	CLINICALLY INTEGRATED ORGANIZATION	GA	N/A	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

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

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART I, COLUMN D:	IN MOST INSTANCES WHERE (D) TOTAL INCOME IS ZERO, ENTITIES WERE ESTABLISHED FOR BILLING IDENTIFICATION ONLY AND NO ASSETS, INCOME OR EMPLOYEES ARE APPLICABLE TO THE EMPLOYER IDENTIFICATION NUMBER.

Additional Data

Software ID:
Software Version:
EIN: 58-1954432
Name: NORTHSIDE HOSPITAL INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) NORTH ATLANTA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-5106086	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(1) NORTHSIDE CARDIOVASCULAR PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 33-1105310	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(2) NORTHSIDE SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259671	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(3) NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259435	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(4) NORTHSIDE ATLANTA SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364531	HEALTHCARE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(5) ATLANTA ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 37-1663139	SURGERY CENTER	GA	0	0	NORTHSIDE ATLANTA SURGERY CENTERS LLC
(6) NORTHSIDE FORSYTH SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364708	SURGERY CENTER	GA	0	0	NORTHSIDE HOSPITAL INC
(7) GWINNETT ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-5067682	SURGERY CENTER	GA	2,491,003	3,011,385	NORTHSIDE HOSPITAL INC
(8) AGA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-3694469	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(9) GEORGIA PROFESSIONAL BILLING SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 26-2016143	MEDICAL BILLING SERVICES	GA	7,103,293	5,079,656	NORTHSIDE HOSPITAL INC
(10) LMG AT NORTHSIDE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1436087	PROFESSIONAL SERVICES	GA	39,110,377	16,358,777	NORTHSIDE HOSPITAL INC
(11) NSH CANCER INSTITUTE PROFESSIONAL SERVICES A LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0667707	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(12) NSH CANCER INSTITUTE PROFESSIONAL SERVICES G LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0676654	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(13) GEORGIA SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3858353	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(14) MEDICAL ASSOCIATES PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3806922	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(15) UROLOGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-5754759	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(16) PERIMETER PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1088986	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(17) CHEROKEE COUNTY INVESTORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 30-0837387	REAL ESTATE SERVICES	GA	0	0	FORREST PARK PRESERVE HOLDINGS LLC
(18) NORTHSIDE URGENT CARE HOLDING LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1625673	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(19) FORREST PARK PRESERVE HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-4363731	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) ADVANCED JOINT SURGERY SPECIALISTS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-4793694	SURGERY CENTER	GA	0	0	NORTHSIDE HOSPITAL INC
(1) UROLOGY SPECIALISTS OF ATLANTA NORTH LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-2619158	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(2) MRI & IMAGING OF GEORGIA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-3958809	RADIOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(3) ADVANCED SURGERY CENTER PERIMETER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-3080613	SURGERY CENTER	GA	2,504,370	6,051,993	NORTHSIDE HOSPITAL INC
(4) AGA CLINICAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 81-1319493	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(5) UROLOGY CLINICAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 81-3281163	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(6) NORTHSIDE HEALTH NETWORK LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-1654872	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(7) NORTHEAST GEORGIA DIAGNOSTIC ASSOCIATES AND CLINIC LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5415284	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(8) NORTHSIDE SEPC PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5334312	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(9) NORTHSIDE PEDIATRIC ORTHOPAEDIC PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5113736	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(10) NORTH ATLANTA EYE CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-3273795	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(11) NORTHSIDE GWINNETT SURGICAL ASSOCIATES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 83-4390271	SURGERY CENTER	GA	0	0	NORTHSIDE HOSPITAL INC
(12) NORTHSIDE CARDIOVASCULAR INSTITUTE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 84-1936693	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(13) GWINNETT HOSPITAL SYSTEM GME LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-5634252	GRADUATE MEDICAL EDUCATION PROGRAMS	GA	0	0	NORTHSIDE HOSPITAL INC
(14) NORTH ATLANTA ONCOLOGY SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 83-4237605	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(15) GWINNETT CARDIOLOGY SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-1977635	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(16) GWINNETT PHYSICIAN GROUP LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-4553410	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(17) CITY LINE DEVELOPERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 83-3902062	REAL ESTATE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(18) THE CENTER FOR CANCER CARE AT GWINNETT HOSPITAL SYSTEM LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-2542369	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(19) N PROPERTIES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ENT SURGERY CENTER OF ATLANTA LLC 5673 PEACHTREE DUNWOODY RD STE 945 ATLANTA, GA 30342 20-0075229	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	78,328	1,274,218		No			No	64.330 %
(1) HAND & UPPER EXTREMITY SURGERY CENTER OF GA LLC 993 JOHNSON FERRY RD ATLANTA, GA 30342 20-0147862	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	267,531	2,627,539		No			No	51.000 %
(2) SOVEREIGN REHABILITATION OF GEORGIA LLC 5555 PEACHTREE DUNWOODY RD STE 225 ATLANTA, GA 30342 20-5084665	REHABILITATION CENTER	GA	NORTHSIDE HOSPITAL INC	RELATED	-549,860	2,733,996		No		Yes		88.000 %
(3) NASA SURGERY CENTER LLC 1100 JOHNSON FERRY RD STE 180 SANDY SPRINGS, GA 30342 26-4824662	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	-197,928	643,640		No			No	70.000 %
(4) NORTHERN CRESCENT ENDOSCOPY SUITE LLC 1355 PEACHTREE ST NE STE 1600 ATLANTA, GA 30309 58-2453504	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	2,256,747	11,035,754		No			No	70.000 %
(5) UROLOGY SURGICAL PARTNERS LLC 5673 PEACHTREE DUNWOODY RD SUITE 90 ATLANTA, GA 30342 58-2622573	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	6,885	2,058,295		No			No	70.000 %
(6) WOODSTOCK ENDOSCOPY CENTER LLC 1355 PEACHTREE ST NE STE 1600 ATLANTA, GA 30309 58-2656248	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	704,847	3,684,967		No			No	70.000 %
(7) ADVANCED CENTER FOR JOINT SURGERY LLC 2000 HOWARD FARM DRIVE SUITE T100 CUMMING, GA 30041 82-0606082	ORTHOPEDIC SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	-1,213,165	768,635		No			No	51.000 %
(8) 1110 INVESTOR LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-1783922	CONSTRUCTION	GA	N/A									
(9) AOA AMC LLC 320 PARKWAY DRIVE NE ATLANTA, GA 30312 81-3018210	ONCOLOGY CLINIC	GA	NORTHSIDE HOSPITAL INC	RELATED	-132,685	8,896,537		No			No	49.000 %
(10) THOMAS EYE SURGERY CENTER LLC 5901-A PEACHTREE DUNWOODY RD SUITE ATLANTA, GA 30328 58-2464498	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	345,465	3,326,497		No			No	49.000 %