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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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 $ 3,317,812,801

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	17,601
6	Total number of volunteers (estimate if necessary)	**6**	980
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	17,604,049
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)	1,997,899	1,020,392
9	Program service revenue (Part VIII, line 2g)	3,068,195,685	3,252,869,985
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,764,887	21,815,756
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,700,814	42,106,668
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,104,659,285	3,317,812,801
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,592,059	3,075,702
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)	1,162,937,054	1,283,592,604
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)	1,733,097,975	1,868,926,366
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,898,627,088	3,155,594,672
19	Revenue less expenses Subtract line 18 from line 12	206,032,197	162,218,129

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,402,828,834	2,726,110,697
21	Total liabilities (Part X, line 26)	860,577,883	917,238,461
22	Net assets or fund balances Subtract line 21 from line 20	1,542,250,951	1,808,872,236

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

****** 2019-08-14
Signature of officer Date

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
DEBORAH O ERNSBERGER	DEBORAH O ERNSBERGER			P00364912

Firm's name ▶ PYA P C — Firm's EIN ▶ 62-1517792

Firm's address ▶ 2220 SUTHERLAND AVE KNOXVILLE, TN 37919 — Phone no (865) 673-0844

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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 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

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 $ 2,471,239,365 including grants of $ 3,075,702) (Revenue $ 3,289,872,356)

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 ▶** 2,471,239,365

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,646		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	17,601		
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? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**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? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶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 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	40 00	X						513,794	0	21,500
(4) ROBERT E WHITLEY ESQ BOARD MEMBER	1 00 1 00	X						0	0	0
(5) K DOUGLAS SMITH MD BOARD MEMBER	1 00 1 00	X						0	0	0
(6) MARK J SWEENEY BOARD MEMBER	1 00 1 00	X						0	0	0
(7) DALE M BEARMAN MD BOARD MEMBER	1 00 1 00	X						0	0	0
(8) BARBARA PARE' BOARD MEMBER	1 00 1 00	X						0	0	0
(9) GENEVIEVE FAIRBROTHER MD BOARD MEMBER	1 00	X						0	0	0
(10) IQBAL GARCHA MD BOARD MEMBER	1 00	X						0	0	0
(11) ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC	40 00 1 00	X		X				4,867,995	0	35,387
(12) JORGE J HERNANDEZ VICE PRESIDENT/ASST SECRE	40 00			X				574,173	0	15,826
(13) DEBORAH S MITCHAM VP/CFO NSH, INC (FORMER)	40 00 1 00			X				888,644	0	20,562
(14) SHANNON BANNA VP/CFO NSH, INC (CURRENT)	40 00 1 00			X				316,056	0	11,726
(15) WILLIAM HAYES CEO, NORTHSIDE HOSPITAL-CH	40 00				X			544,994	0	35,069
(16) JANIS DUBOW VICE PRESIDENT	40 00				X			501,521	0	14,534
(17) ROBERT PUTNAM VICE PRESIDENT	40 00				X			869,614	0	22,756

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			1,028,523	0	13,236
(19) WILLIAM EARLY MD GASTROENTEROLOGY/INTERNAL	40 00					X		929,505	0	26,902
(20) GERALD FEUER MD GYNECOLOGIST/SURGEON	40 00					X		868,452	0	35,369
(21) KENNETH KRESS MD ORTHOPEDIC SURGEON	40 00					X		1,196,326	0	21,913
(22) CHARLES DECOOK MD ORTHOPEDIC SURGEON	40 00					X		1,536,210	0	34,195
(23) NANCY WIGGERS MD RADIATION ONCOLOGIST	40 00					X		854,382	0	35,405
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								15,490,189	0	344,380

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 ▶ 1,536

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GEORGIA CANCER SPECIALISTS I PC 1835 SAVOY DRIVE STE 300 ATLANTA, GA 30342	SEE SCHEDULE O	46,230,884
AGA LLC 550 PEACHTREE ST STE 1620 ATLANTA, GA 30308	SEE SCHEDULE O	26,607,208
BAKER & HOSTETLER LLP 1170 PEACHTREE STREET NE STE 2400 ATLANTA, GA 30309	LEGAL SERVICES	20,652,499
ATLANTA CANCER CARE PC 1100 JOHNSON FERRY ROAD STE 150 SANDY SPRINGS, GA 30342	SEE SCHEDULE O	19,828,944
GE HEALTHCARE INC 1575 NORTHSIDE DR NW 305 ATLANTA, GA 30318	BIOMEDICAL SERVICES	11,582,248

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 ▶ 379

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	430,541			
	e Government grants (contributions)	1e	282,641			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	307,210			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		1,020,392			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621990	3,216,877,020	3,094,515,350	9,220,431	113,141,239
	b RENTAL INCOME	531120	17,472,805	17,472,805		
	c BILLING REVENUE	561000	6,434,111		3,279,321	3,154,790
	d PARKING REVENUE	812930	5,924,394			5,924,394
	e CAFETERIA & VENDING	722210	5,241,431			5,241,431
	f All other program service revenue		920,224			920,224
	g Total. Add lines 2a–2f		3,252,869,985			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,815,756			21,815,756
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	37,890,014	34,940,806	2,949,208	
	b PASSTHROUGH INVESTMENT	621300	4,216,654	2,061,565	2,155,089	
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		42,106,668			
	12 Total revenue. See Instructions		3,317,812,801	3,148,990,526	17,604,049	150,197,834

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,056,130	3,056,130		
2 Grants and other assistance to domestic individuals See Part IV, line 22	19,572	19,572		
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	13,038,487	9,969,519	3,068,968	
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	1,012,022,028	773,814,665	238,207,363	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	54,706,064	41,829,479	12,876,585	
9 Other employee benefits	133,296,567	101,921,535	31,375,032	
10 Payroll taxes	70,529,458	53,928,400	16,601,058	
11 Fees for services (non-employees)				
a Management	20,422,646	20,422,646		
b Legal	33,889,401		33,889,401	
c Accounting	997,131	1,454	995,677	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,843,661		2,843,661	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	471,545,594	320,835,541	150,710,053	
12 Advertising and promotion	12,753,609	403,590	12,350,019	
13 Office expenses	56,087,522	38,895,823	17,191,699	
14 Information technology	23,539,159	3,866,108	19,673,051	
15 Royalties . .				
16 Occupancy	88,090,028	62,459,061	25,630,967	
17 Travel	2,588,829	1,057,918	1,530,911	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,433,096	999,424	433,672	
20 Interest	6,125,927		6,125,927	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	133,680,108	86,207,346	47,472,762	
23 Insurance . . .	45,501,294	725,697	44,775,597	
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	760,474,360	756,607,968	3,866,392	
b BAD DEBT EXPENSE	154,013,312	153,960,784	52,528	
c MINOR EQUIPMENT PURCHAS	13,151,898	8,451,447	4,700,451	
d RECRUITMENT	5,061,837	65,049	4,996,788	
e All other expenses	36,726,954	31,740,209	4,986,745	
25 **Total functional expenses.** Add lines 1 through 24e	3,155,594,672	2,471,239,365	684,355,307	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	55,560	1	61,314
	2	Savings and temporary cash investments	448,992,646	2	473,740,545
	3	Pledges and grants receivable, net	252,402	3	309,315
	4	Accounts receivable, net	212,969,478	4	218,774,559
	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	126,630	7	159,474
	8	Inventories for sale or use	48,666,545	8	53,149,179
	9	Prepaid expenses and deferred charges	47,586,833	9	36,074,069
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,546,431,502			
	b	Less accumulated depreciation — 10b: 1,281,573,717	995,709,893	10c	1,264,857,785
	11	Investments—publicly traded securities	294,301,580	11	324,565,957
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	291,865,649	14	282,050,766
	15	Other assets See Part IV, line 11	62,301,618	15	72,367,734
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,402,828,834	16	2,726,110,697
Liabilities	17	Accounts payable and accrued expenses	424,592,663	17	488,148,491
	18	Grants payable		18	
	19	Deferred revenue	1,713,490	19	1,986,595
	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	60,000,000	23	89,491,897
	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	374,271,730	25	337,611,478
	26	**Total liabilities.** Add lines 17 through 25	860,577,883	26	917,238,461
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,542,250,951	27	1,808,872,236
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	1,542,250,951	33	1,808,872,236
	34	Total liabilities and net assets/fund balances	2,402,828,834	34	2,726,110,697

Part XI Reconcilliation 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	3,317,812,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,155,594,672
3	Revenue less expenses Subtract line 2 from line 1	3	162,218,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,542,250,951
5	Net unrealized gains (losses) on investments	5	16,950,708
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	87,452,448
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,808,872,236

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 58-1954432

Name: NORTHSIDE HOSPITAL INC

Form 990 (2017)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025959

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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? *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*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

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? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

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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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

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	Employer identification number
NORTHSIDE HOSPITAL INC	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		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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) Yes	(a) No	(b) 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		636,986
j	Total Add lines 1c through 1i			636,986
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 FOR FY18, THERE WAS AN INCREASE IN THE DOLLAR AMOUNT FOR LOBBYING REPORTED ON PART II-B, LINE 1I OVER THE PRIOR YEAR THE INCREASE IS DUE TO TWO YEARS OF INVOICES THAT WERE PAID DURING FY18 AND IS NOT DUE TO AN INCREASE IN LOBBYING ACTIVITY BY NORTHSIDE HOSPITAL, INC

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 8/17/06, 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	9,083,135	8,616,383	7,742,074	7,079,636	7,044,190
b Contributions	2,049,190	1,701,861	1,758,394	1,525,651	1,352,241
c Net investment earnings, gains, and losses	185,144	150,580	128,084	114,920	117,482
d Grants or scholarships					
e Other expenditures for facilities and programs	1,137,100	1,385,689	1,012,169	978,133	1,434,277
f Administrative expenses					
g End of year balance	10,180,369	9,083,135	8,616,383	7,742,074	7,079,636

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 ▶ 30 460 %
- c Temporarily restricted endowment ▶ 69 540 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b 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		278,637,757		278,637,757
b Buildings		1,421,482,101	697,624,795	723,857,306
c Leasehold improvements				
d Equipment		716,645,981	583,948,922	132,697,059
e Other		129,665,663		129,665,663
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,264,857,785

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	1,490,851
RESERVE FOR MALPRACTICE	137,735,302
RETIREMENT PLAN OBLIGATIONS	94,204,381
PERIODIC CAPITAL FINANCING LIABILITY	3,554,099
REAL ESTATE FINANCING LIABILITY	62,608,696
RENT/LEASE RELATED LIABILITIES	38,018,149
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	337,611,478

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 TH E ORGANIZATIONS ADOPTED A POLICY REGARDING THE ENDOWMENTS WHOSE GENERAL PURPOSE IS TO PRES ERVE THE CAPITAL AND PURCHASING POWER OF THE ORGANIZATIONS AND TO PRODUCE SUFFICIENT INVES TMENT 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, 2018 AND 2017, AND INDEPENDENT AUDITOR'S REPORT NORTHSIDE QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE COD E ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 12500 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	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)			139,656,024		139,656,024	4 650 %
b Medicaid (from Worksheet 3, column a)			219,215,980	156,668,248	62,547,732	2 080 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			358,872,004	156,668,248	202,203,756	6 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	48	226,302	1,666,856	257,286	1,409,570	0 050 %
f Health professions education (from Worksheet 5)	5	429	990,996	92,096	898,900	0 030 %
g Subsidized health services (from Worksheet 6)	1	0	161,974		161,974	0 010 %
h Research (from Worksheet 7)	1	666	1,225,281	370,244	855,037	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8	37,000	4,692,034		4,692,034	0 160 %
j **Total.** Other Benefits	63	264,397	8,737,141	719,626	8,017,515	0 280 %
k **Total.** Add lines 7d and 7j	63	264,397	367,609,145	157,387,874	210,221,271	7 010 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2	5,987	43,507		43,507	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1	0	1,498		1,498	0 %
8 Workforce development	1	62	12,920	9,300	3,620	0 %
9 Other			75,163		75,163	0 %
10 Total	4	6,049	133,088	9,300	123,788	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare 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	34,126,212		
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	341,338,793		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	443,953,115		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-102,614,322		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b		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?
3

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?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☑ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) HTTP //WWW NORTHSIDE COM/CHNA			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
If "Yes" (list url) **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	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)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW NORTHSIDE COM			
b	☑ The FAP application form was widely available on a website (list url) WWW NORTHSIDE COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW NORTHSIDE COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ 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?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

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? **156**

	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

990 Schedule H, Supplemental Information

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 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 6A	NORTHSIDE HOSPITAL, INC PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THE REPORT IS MADE AVAILABLE TO THE PUBLIC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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
PART I, LN 7 COL(F)	BAD DEBT EXPENSE IN THE AMOUNT OF $154,013,312 HAS BEEN REMOVED FROM TOTAL EXPENSE TO COMPUTE THE PERCENTAGE IN COLUMN (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	BIENNIALLY, NORTHSIDE HOSPITAL, INC ("NORTHSIDE") CONDUCTS A COMMUNITY-BASED PHYSICIAN NEED ANALYSIS FOR NORTHSIDE HOSPITAL-CHEROKEE ("NHC") AND NORTHSIDE HOSPITAL-FORSYTH ("NHF") NHC AND NHF EACH ARE SOLE COUNTY PROVIDERS AND AS SUCH MUST ENSURE THAT APPROPRIATE MEDICAL SERVICES ARE ACCESSIBLE TO THE RESIDENTS OF THE COMMUNITIES SERVED EACH HOSPITAL'S PHYSICIAN NEED ANALYSIS DEFINES A GEOGRAPHIC AREA COMPLIANT WITH THE FEDERAL PHYSICIAN SELF-REFERRAL LAW, IDENTIFIES NHC AND NHF MEDICAL STAFF MEMBERS WITH AN OFFICE IN THE DEFINED GEOGRAPHIC AREA, IDENTIFIES NON-NORTHSIDE PHYSICIANS WITH AN OFFICE IN THE DEFINED GEOGRAPHIC AREA, AND INCLUDES A QUANTITATIVE ANALYSIS OF EACH COMMUNITY'S PHYSICIAN NEED ("COMMUNITY PHYSICIAN NEED") BASED ON THE FINDINGS OF THE ANALYSES, NORTHSIDE ENGAGES IN RECRUITMENT EFFORTS DESIGNED TO ENSURE THAT SUFFICIENT QUALIFIED HEALTH PROFESSIONALS ARE AVAILABLE TO MEET THE IDENTIFIED COMMUNITY PHYSICIAN NEED THROUGH THESE ANALYSES, NORTHSIDE HAS IDENTIFIED A DEFINED NUMERIC NEED FOR ONE-HALF PHYSICIAN FULL-TIME EQUIVALENT ("FTE") OR MORE IN TWENTY-SEVEN SPECIALTIES IN NHC'S STARK-COMPLIANT GEOGRAPHIC AREA AND A NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN THIRTY SPECIALTIES IN NHF'S STARK-COMPLIANT GEOGRAPHIC AREA BOTH NHC AND NHF ARE CONCENTRATING RECRUITMENT EFFORTS ON PRIMARY CARE AND SURGICAL SPECIALTIES WITH AN EMPHASIS ON RECRUITING NEEDED PHYSICIANS INTO FORSYTH, DAWSON, PICKENS, AND CHEROKEE COUNTIES TO MEET THE IDENTIFIED COMMUNITY PHYSICIAN NEED
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 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 2018 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
PART III, LINE 9B	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	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
PART VI, LINE 3	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 QUALITY 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	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 THE IRC SECTION 501(R) FINAL RULE THE NORTHSIDE COMMUNITY CONSISTS OF FULTON, FORSYTH, CHEROKEE, DEKALB, COBB, GWINNETT, DAWSON, AND PICKENS COUNTIES IN 2015, THE ESTIMATED 3 7 MILLION RESIDENTS OF THE NORTHSIDE COMMUNITY ACCOUNTED FOR 37% OF GEORGIA'S TOTAL POPULATION THE NORTHSIDE COMMUNITY IS SLIGHTLY YOUNGER THAN GEORGIA OVERALL, WITH A MEDIAN AGE OF 35 6 COMPARED TO GEORGIA'S 36 2 OVERALL, THE 2015 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
PART VI, LINE 5	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 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 INVESTED APPROXIMATELY $280 MILLION IN BUILDING A NEW, STATE-OF-THE-ART REPLACEMENT HOSPITAL, MEDICAL OFFICE BUILDING AND PARKING DECK IN CHEROKEE COUNTY THE REPLACEMENT HOSPITAL INCREASED NORTHSIDE CHEROKEE'S INPATIENT CAPACITY FROM 84 INPATIENT BEDS TO 105 AND PROVIDES THE COMMUNITY WITH A MORE VISIBLE, EASY-TO-ACCESS HOSPITAL CONVENIENTLY LOCATED OFF A MAJOR INTERSTATE HIGHWAY IN FORSYTH COUNTY, IN ORDER TO MEET THE COMMUNITY'S HEALTHCARE NEEDS, NORTHSIDE EXPANDED NORTHSIDE HOSPITAL FORSYTH'S INPATIENT BED CAPACITY FROM 247 INPATIENT BEDS TO 284 IN FULTON COUNTY, THE SYSTEM'S LARGEST AND OLDEST HOSPITAL CAMPUS ALSO IS UNDERGOING SIGNIFICANT EXPANSION AND RENOVATION NORTHSIDE IS INVESTING APPROXIMATELY $200 MILLION IN NORTHSIDE ATLANTA THROUGH THE CONSTRUCTION OF A NEW EIGHT-STORY MEDICAL/SURGICAL TOWER, THE ADDITION OF FOUR OPERATING ROOMS, AND OTHER CAMPUS-WIDE RENOVATIONS AS WELL AS A NEW PARKING DECK UPON COMPLETION OF THE NEW EIGHT-STORY TOWER, NORTHSIDE ATLANTA'S INPATIENT BED CAPACITY WILL INCREASE FROM 537 BEDS TO 621 BEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	NORTHSIDE HOSPITAL, INC INCLUDES THREE HOSPITALS - NORTHSIDE HOSPITAL - ATLANTA IN SANDY SPRINGS, NORTHSIDE HOSPITAL - CHEROKEE IN CANTON AND NORTHSIDE HOSPITAL - FORSYTH IN CUMMING THESE HOSPITALS AND NEARLY 80 OTHER OFFSITE LOCATIONS MAKE UP THE NORTHSIDE HOSPITAL SYSTEM WHICH SERVES A PRIMARY AREA THAT INCLUDES 21 COUNTIES WITH A TOTAL POPULATION OF MORE THAN 5 MILLION IN ADDITION TO PROVIDING HOSPITAL-BASED MEDICAL SERVICES, 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
PART VI, LINE 7	NORTHSIDE HOSPITAL, INC IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT UNDER GEORGIA LAW HOWEVER, WE PRODUCE AN ANNUAL REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON OUR WEBSITE, WWW NORTHSIDE COM

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 %

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

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

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 2 NORTHSIDE HOSPITAL - FORSYTH, - FACILITY 3 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 CHNA FOR EACH OF ITS HOSPITAL FACILITIES IDENTIFIED IN PART V, SECTION 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 COMMUNITY STAKEHOLDERS WHO BROADLY REPRESENTED THE INTERESTS OF EACH HOSPITAL FACILITY'S COMMUNITY AND SPECIFICALLY SOUGHT TO IDENTIFY STAKEHOLDERS WITH SPECIAL KNOWLEDGE OF, OR EXPERTISE IN, PUBLIC HEALTH NORTHSIDE THEN DEVELOPED THE STAKEHOLDER ASSESSMENT DISCUSSION GUIDE (A COPY OF WHICH IS INCLUDED AS APPENDIX A IN EACH HOSPITAL FACILITY'S CHNA) AND CONDUCTED, EITHER IN PERSON OR BY TELEPHONE, INTERVIEWS WITH A QUALIFIED REPRESENTATIVE OF EACH IDENTIFIED STAKEHOLDER THE FOLLOWING IS A COMPREHENSIVE LIST OF ORGANIZATIONS NORTHSIDE CONTACTED TO HELP IDENTIFY THE NEEDS OF THE HOSPITAL FACILITIES' COMMUNITY NEEDS (1) MARCH OF DIMES, (2) GOOD SAMARITAN HEALTH CENTER OF ATLANTA, (3) GOOD SAMARITAN HEALTH CENTER OF COBB, (4) VISITING NURSE HEALTH SYSTEM, (5) FORSYTH HEALTH DEPARTMENT, (6) GEORGIA HIGHLANDS MEDICAL SERVICES, (7) GOOD SHEPHERD CLINIC OF DAWSON COUNTY, (8) BETHESDA COMMUNITY CLINIC, (9) GOOD SAMARITAN HEALTH CENTER OF PICKENS, (10) UNITED WAY OF CHEROKEE COUNTY, (11) HOMESTRETCH, (12) M U S T MINISTRIES, (13) UNITED WAY OF FORSYTH COUNTY, (14) NORTH FULTON COMMUNITY CHARITIES, (15) NORTH FULTON SENIOR SERVICES, (16) UNITED WAY OF GREATER ATLANTA, (17) CITY OF SANDY SPRINGS, (18) CHEROKEE COUNTY MANAGER, (19) CHEROKEE COUNTY SCHOOLS, (20) CITY OF CUMMING, (21) CITY OF CANTON, (22) CHEROKEE COUNTY CHAMBER OF COMMERCE, (23) PICKENS CHAMBER OF COMMERCE, AND (24) 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 NORTHSIDE UTILIZED SIMILAR RESOURCES, PROCESSES AND PROCEDURES IN CONDUCTING ITS HOSPITAL FACILITIES' CHNAS, ADDITIONALLY, THE CHNAS WERE CONDUCTED SIMULTANEOUSLY
GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 11	BASED ON THE RESULTS OF NORTHSIDE'S 2016 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 2016 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) AFFORDABILITY, ACCESS TO CARE & UNINSURED, (3) PRIMARY CARE, (4) MENTAL HEALTH/ADDICTION, AND (5) HIV/AIDS 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 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 308 COLISEUM DRIVE SUITE 120 MACON, GA 31217	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
1	2 - NORTHSIDE HOSPITAL CANCER INSTITUTE 125 KING AVENUE SUITE 200 ATHENS, GA 30606	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
2	3 - NORTHSIDE HOSPITAL CANCER INSTITUTE 624 MARTIN LUTHER KING JR DRIVE MILLEDGEVILLE, GA 31061	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
3	4 - NORTHSIDE HOSPITAL CANCER INSTITUTE 308 DEEP SOUTH FARM ROAD SUITE 200 BLAIRSVILLE, GA 30512	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
4	5 - NORTHSIDE HOSPITAL CANCER INSTITUTE 747 SOUTH 8TH STREET SUITE C GRIFFIN, GA 30224	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
5	6 - NORTHSIDE HOSPITAL CANCER INSTITUTE 101 RIVERSTONE VISTA SUITE 102 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
6	7 - LAUREATE MEDICAL GROUP 6135 BARFIELD ROAD ATLANTA, GA 30328	PHYSICIAN SERVICES
7	8 - MEDICAL ASSOCIATES OF NORTH GEORGIA 320 HOSPITAL ROAD CANTON, GA 30114	PHYSICIAN SERVICES
8	9 - NORTHSIDE HOSPITAL CANCER INSTITUTE 1000 COWLES CLINIC WAY - MAGNOLIA BUILDING GREENSBORO, GA 30642	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
9	10 - NORTHSIDE HEART 1285 UPPER HEMBREE ROAD ROSWELL, GA 30076	PHYSICIAN SERVICES
10	11 - ARTHRITIS AND TOTAL JOINT SPECIALIST 3400 C-OLD MILTON PARKWAY SUITE 290 CUMMING, GA 30041	PHYSICIAN SERVICES
11	12 - NORTHSIDE HOSPITAL CANCER INSTITUTE 214 PERRY HIGHWAY HAWKINSVILLE, GA 31036	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
12	13 - ATLANTA CLINICAL CARE 5673 PEACHTREE DUNWOODY ROAD SUITE 330 ATLANTA, GA 30342	PHYSICIAN SERVICES
13	14 - THE IMAGING CENTER OF WARNER ROBINS 2706 WATSON BOULEVARD SUITE D WARNER ROBINS, GA 31093	OUTPATIENT CENTER
14	15 - AOA-AMC LLC 308 COLISEUM DRIVE SUITE 100 MACON, GA 31217	PHYSICIAN SERVICES

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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 460 NORTHSIDE CHEROKEE BOULEVARD SUITE 19 CANTON, GA 30115	PHYSICIAN SERVICES
1	17 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 900 TOWNE LAKE PARKWAY SUITE 320 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
2	18 - PULMONARY AND CRITICAL CARE OF ATLANTA 960 JOHNSON FERRY ROAD SUITE 500 ATLANTA, GA 30342	PHYSICIAN SERVICES
3	19 - LAUREATE MEDICAL GROUP 550 PEACHTREE STREET NORTHEAST SUITE 15 ATLANTA, GA 30308	PHYSICIAN SERVICES
4	20 - UROLOGY SPECIALISTS OF ATLANTA 5673 PEACHTREE DUNWOODY ROAD SUITE 910 ATLANTA, GA 30342	PHYSICIAN SERVICES
5	21 - NORTH GEORGIA OBGYN SPECIALISTS 900 TOWNE LAKE PARKWAY SUITE 404 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
6	22 - GWINNETT ADVANCED SURGERY CENTER LLC 2131 FOUNTAIN DRIVE SNELLVILLE, GA 30078	AMBULATORY SURGERY
7	23 - PREMIER CARE FOR WOMEN 960 JOHNSON FERRY ROAD SUITE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
8	24 - MRI AND IMAGING OF ATHENS 845 PRINCE AVENUE ATHENS, GA 30606	OUTPATIENT CENTER
9	25 - ENDOCRINE SPECIALISTS OF ATLANTA 975 JOHNSON FERRY ROAD SUITE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
10	26 - CHATTAHOOCHEE SURGICAL GROUP 980 SANDERS ROAD SUITE 100 CUMMING, GA 30042	PHYSICIAN SERVICES
11	27 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 5610 BETHELVIEW ROAD SUITE 500 CUMMING, GA 30040	PHYSICIAN SERVICES
12	28 - NORTHSIDE VASCULAR SURGERY 1505 NORTHSIDE FORSYTH DRIVE SUITE 2400 CUMMING, GA 30041	PHYSICIAN SERVICES
13	29 - NORTHSIDE VASCULAR SURGERY 980 JOHNSON FERRY ROAD SUITE 1040 ATLANTA, GA 30342	PHYSICIAN SERVICES
14	30 - INTERNAL MEDICINE ASSOCIATES OF JOHNS CREE 3380 PADDOCKS PARKWAY SUWANEE, GA 30024	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 - UNIVERSITY GYNECOLOGIC ONCOLOGY 960 JOHNSON FERRY ROAD SUITE 130 ATLANTA, GA 30342	PHYSICIAN SERVICES
1	32 - WINDERMERE MEDICAL CLINIC 3850 WINDERMERE PARKWAY SUITE 105 CUMMING, GA 30041	PHYSICIAN SERVICES
2	33 - PEACHTREE DUNWOODY MEDICAL ASSOCIATES 875 JOHNSON FERRY ROAD NORTHEAST SUITE 20 ATLANTA, GA 30342	PHYSICIAN SERVICES
3	34 - JOHNS CREEK SPECIALIST CENTER 3340 PADDOCKS PARKWAY SUWANEE, GA 30024	PHYSICIAN SERVICES
4	35 - CUMMING FAMILY MEDICINE 765 LANIER 400 PARKWAY CUMMING, GA 30040	PHYSICIAN SERVICES
5	36 - ATLANTA COLON AND RECTAL SURGERY 5667 PEACHTREE DUNWOODY ROAD SUITE 330 ATLANTA, GA 30342	PHYSICIAN SERVICES
6	37 - NORTHSIDE PULMONARY AND SLEEP MEDICINE 1400 NORTHSIDE FORSYTH DRIVE SUITE 210 CUMMING, GA 30041	PHYSICIAN SERVICES
7	38 - NORTHSIDE NEUROLOGY 1400 NORTHSIDE FORSYTH DRIVE SUITE 250 CUMMING, GA 30041	PHYSICIAN SERVICES
8	39 - NORTHSIDE FAMILY PRACTICE 960 WOODSTOCK PARKWAY SUITE 300 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
9	40 - LAUREATE MEDICAL GROUP 3400-C OLD MILTON PARKWAY SUITE 500 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
10	41 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS 980 JOHNSON FERRY ROAD NORTHEAST SUITE 49 ATLANTA, GA 30309	PHYSICIAN SERVICES
11	42 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 684 SIXES ROAD SUITE 125 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
12	43 - PERIMETER NORTH MEDICAL ASSOCIATES 900 TOWNE LAKE PARKWAY SUITE 210 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
13	44 - CHEROKEE LUNG AND SLEEP 460 NORTHSIDE CHEROKEE BOULEVARD SUITE 10 CANTON, GA 30114	PHYSICIAN SERVICES
14	45 - NORTHSIDE HEART 1505 NORTHSIDE BOULEVARD SUITE 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 - NORTHSIDE HOSPITAL CARDIOVASCULAR CARE 980 JOHNSON FERRY ROAD SUITE 520 ATLANTA, GA 30342	PHYSICIAN SERVICES
1	47 - CUMMING FAMILY MEDICINE 303 PIRKLE FERRY ROAD CUMMING, GA 30040	PHYSICIAN SERVICES
2	48 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 960 JOHNSON FERRY ROAD SUITE 100 ATLANTA, GA 30342	PHYSICIAN SERVICES
3	49 - PERIMETER NORTH MEDICAL ASSOCIATES 3400-A OLD MILTON PARKWAY SUITE 130 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
4	50 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 3400-C OLD MILTON PARKWAY SUITE 190 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
5	51 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 4800 OLDE TOWNE PARKWAY SUITE 150 MARIETTA, GA 30068	PHYSICIAN SERVICES
6	52 - NORTH POINT PULMONARY ASSOCIATES 3400-C OLD MILTON PARKWAY SUITE 425 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
7	53 - ATLANTA COLON AND RECTAL SURGERY 780 CANTON ROAD NORTHEAST SUITE 315 MARIETTA, GA 30060	PHYSICIAN SERVICES
8	54 - LAUREATE MEDICAL GROUP 7823 SPIVEY STATION BOULEVARD SUITE 310 JONESBORO, GA 30236	PHYSICIAN SERVICES
9	55 - PERIMETER NORTH MEDICAL ASSOCIATES 960 JOHNSON FERRY ROAD NORTHEAST SUITE ATLANTA, GA 30342	PHYSICIAN SERVICES
10	56 - NORTHSIDE CHEROKEE PEDIATRICS 684 SIXES ROAD SUITE 220 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
11	57 - GENERAL SURGEONS OF GWINNETT 1800 TREE LANE SUITE 330 SNELLVILLE, GA 30078	PHYSICIAN SERVICES
12	58 - MEDICAL ASSOCIATES OF NORTH GEORGIA 460 NORTHSIDE CHEROKEE BOULEVARD SUITE 30 CANTON, GA 30115	PHYSICIAN SERVICES
13	59 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 5445 MERIDIAN MARK SUITE 180 ATLANTA, GA 30342	PHYSICIAN SERVICES
14	60 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 81 NORTHSIDE DAWSON DRIVE SUITE 100 DAWSONVILLE, GA 30535	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)
61	61 - MRI AND IMAGING OF HABERSHAM 638 HISTORIC HIGHWAY 441 NORTH SUITE D DEMOREST, GA 30535	OUTPATIENT CENTER
1	62 - NORTH GEORGIA DIABETES AND ENDOCRINOLOGY 1505 NORTHSIDE BOULEVARD SUITE 2800 CUMMING, GA 30041	PHYSICIAN SERVICES
2	63 - GEORGIA GYNECOLOGIC ONCOLOGY 759 OLD NORCROSS ROAD LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
3	64 - MIDTOWN MEDICAL ASSOCIATES 1110 WEST PEACHTREE STREET NORTHWEST SUIT ATLANTA, GA 30309	PHYSICIAN SERVICES
4	65 - PERIMETER NORTH MEDICAL ASSOCIATES 1505 NORTHSIDE BOULEVARD SUITE 4400 CUMMING, GA 30041	PHYSICIAN SERVICES
5	66 - NORTHSIDE VASCULAR SURGERY 460 NORTHSIDE CHEROKEE BOULEVARD SUITE 10 CANTON, GA 30115	PHYSICIAN SERVICES
6	67 - MOUNT VERNON INTERNAL MEDICINE 755 MOUNT VERNON HIGHWAY NORTHEAST SUITE SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
7	68 - PERIMETER NORTH MEDICAL ASSOCIATES 3890 JOHNS CREEK PARKWAY SUITE 230 SUWANEE, GA 30024	PHYSICIAN SERVICES
8	69 - RAVRY MEDICAL GROUP 5505 PEACHTREE DUNWOODY ROAD SUITE 650 ATLANTA, GA 30342	PHYSICIAN SERVICES
9	70 - NORTHSIDE CHEROKEE PEDIATRICS 900 TOWNE LAKE PARKWAY SUITE 306 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
10	71 - GOYCO INTERNAL MEDICINE 900 SANDERS ROAD SUITE B CUMMING, GA 30041	PHYSICIAN SERVICES
11	72 - MARTHA M BOONE MD 3400 OLD MILTON PARKWAY BUILDING A SUITE ALPHARETTA, GA 30005	PHYSICIAN SERVICES
12	73 - GEORGIA PULMONARY AND CRITICAL CARE CONSUL 1505 NORTHSIDE BOULEVARD SUITE 3000 CUMMING, GA 30041	PHYSICIAN SERVICES
13	74 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 1260 HWY 54 WEST SUITE 100 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
14	75 - ATLANTA GYNECOLOGIC ONCOLOGY 980 JOHNSON FERRY ROAD NE SUITE 900 ATLANTA, GA 30342	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)
76	76 - LAUREATE MEDICAL GROUP 4800 OLDE TOWNE PARKWAY SUITE 400 MARIETTA, GA 30068	PHYSICIAN SERVICES
1	77 - MELANOMA AND SARCOMA SPECIALISTS OF GEOR 980 JOHNSON FERRY ROAD SUITE 940 ATLANTA, GA 30342	PHYSICIAN SERVICES
2	78 - NORTH ATLANTA PULMONARY AND SLEEP 993 JOHNSON FERRY ROAD SUITE 300 BUILDIN ATLANTA, GA 30342	PHYSICIAN SERVICES
3	79 - TOWN LAKE PRIMARY CARE 900 TOWNE LAKE PARKWAY SUITE 410 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
4	80 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 721 WELLNESS WAY SUITE 200 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
5	81 - INTERNAL MEDICINE PRACTICE OF NORTHSIDE 10745 WESTSIDE WAY SUITE 125 ALPHARETTA, GA 30009	PHYSICIAN SERVICES
6	82 - ALPHARETTA FOOT AND ANKLE SPECIALISTS 2000 HOWARD FARM DRIVE SUITE 340 CUMMING, GA 30041	PHYSICIAN SERVICES
7	83 - LAUREATE MEDICAL GROUP 684 SIXES ROAD SUITE 265 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
8	84 - NORTH GEORGIA DIABETES AND ENDOCRINOLOGY 3350 PADDOCKS PARKWAY SUWANEE, GA 30024	PHYSICIAN SERVICES
9	85 - ATLANTA LIVER AND PANCREAS SURGICAL SPEC 980 JOHNSON FERRY ROAD SUITE 170 ATLANTA, GA 30342	PHYSICIAN SERVICES
10	86 - ATLANTA COLON AND RECTAL SURGERY 1505 NORTHSIDE BOULEVARD SUITE 1900 CUMMING, GA 30041	PHYSICIAN SERVICES
11	87 - BARIATRIC INNOVATIONS OF ATLANTA 6135 BARFIELD ROAD SUITE 150 SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
12	88 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 1505 NORTHSIDE BOULEVARD SUITE 2900 CUMMING, GA 30041	PHYSICIAN SERVICES
13	89 - NORTHSIDE CHEROKEE SURGICAL ASSOCIATES 900 TOWNE LAKE PARKWAY SUITE 412 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
14	90 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 5555 PEACHTREE DUNWOODY ROAD NORTHEAST SU ATLANTA, GA 30342	PHYSICIAN SERVICES

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

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(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)
91	91 - ANKLE AND FOOT CENTERS OF NORTH GEORGIA 81 NORTHSIDE DAWSON DRIVE SUITE 204 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
1	92 - CUMMING FAMILY MEDICINE 133 PROMINENCE COURT SUITE 230 DAWSONVILLE, GA 30535	PHYSICIAN SERVICES
2	93 - CUMMING FAMILY MEDICINE 25 FOOTHILLS PARKWAY MARBLE HILL, GA 30149	PHYSICIAN SERVICES
3	94 - EAST COBB FAMILY MEDICINE 1121 JOHNSON FERRY ROAD BUILDING ONE S MARIETTA, GA 30068	PHYSICIAN SERVICES
4	95 - ROSWELL INTERNAL MEDICINE SPECIALISTS 11785 NORTHFALL LANE SUITE 505 ALPHARETTA, GA 30004	PHYSICIAN SERVICES
5	96 - WINDERMERE MEDICAL CLINIC 200 EAGLES NEST DRIVE SUITE 300D CANTON, GA 30115	PHYSICIAN SERVICES
6	97 - MEDICAL ASSOCIATES OF NORTH GEORGIA 470 VALLEY STREET SUITE 200 BALL GROUND, GA 30107	PHYSICIAN SERVICES
7	98 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 4800 OLDE TOWNE PARKWAY SUITE 430 MARIETTA, GA 30068	PHYSICIAN SERVICES
8	99 - NORTH ATLANTA BREAST CARE 1400 NORTHSIDE FORSYTH DRIVE SUITE 290 CUMMING, GA 30041	PHYSICIAN SERVICES
9	100 - REPRODUCTIVE SURGICAL SPECIALISTS 1800 NORTHSIDE FORSYTH DRIVE SUITE 380 CUMMING, GA 30041	PHYSICIAN SERVICES
10	101 - ARTHRITIS AND TOTAL JOINT SPECIALIST 1255 FRIENDSHIP ROAD SUITE 200 BRASELTON, GA 30517	PHYSICIAN SERVICES
11	102 - NEWTOWN MEDICAL 3400-A OLD MILTON PARKWAY SUITE 200 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
12	103 - ANDERSON FAMILY MEDICINE 81 NORTHSIDE DAWSON DRIVE SUITE 205 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
13	104 - KENNESAW FAMILY MEDICINE 6110 PINE MOUNTAIN ROAD SUITE 102 KENNESAW, GA 30152	PHYSICIAN SERVICES
14	105 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 1110 WEST PEACHTREE STREET NORTHWEST SUIT ATLANTA, GA 30309	PHYSICIAN SERVICES

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(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)
106	106 - LANIER FAMILY PRACTICE 1080 SANDERS ROAD SUITE 100 CUMMING, GA 30041	PHYSICIAN SERVICES
1	107 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 960 JOHNSON FERRY ROAD SUITE 415 ATLANTA, GA 30342	PHYSICIAN SERVICES
2	108 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 11685 ALPHARETTA HIGHWAY SUITE 150 ROSWELL, GA 30076	PHYSICIAN SERVICES
3	109 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 2801 NORTH DECATUR ROAD SUITE 120 DECATUR, GA 30033	PHYSICIAN SERVICES
4	110 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 684 SIXES ROAD SUITE 130 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
5	111 - SLEEP DISORDERS CENTER OF GEORGIA 993-C JOHNSON FERRY ROAD SUITE 301 ATLANTA, GA 30342	PHYSICIAN SERVICES
6	112 - SOUTHEASTERN PRIMARY CARE SPECIALISTS 105 CARNEGIE PLACE SUITE 103 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
7	113 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 3400-A OLD MILTON PARKWAY SUITE 440 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
8	114 - ATLANTA GYNECOLOGIC ONCOLOGY 460 NORTHSIDE CHEROKEE BOULEVARD SUITE 40 CANTON, GA 30115	PHYSICIAN SERVICES
9	115 - CHEROKEE BREAST CARE 684 SIXES ROAD SUITE 230 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
10	116 - PERIMETER NORTH MEDICAL ASSOCIATES 10515 BELLS FERRY ROAD SUITE 200 CANTON, GA 30114	PHYSICIAN SERVICES
11	117 - LAUREATE MEDICAL GROUP 460 NORTHSIDE CHEROKEE BOULEVARD SUITE 17 CANTON, GA 30115	PHYSICIAN SERVICES
12	118 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 1100 NORTHSIDE FORSYTH DRIVE SUITE 410 CUMMING, GA 30041	PHYSICIAN SERVICES
13	119 - CHEROKEE LUNG AND SLEEP 900 TOWNE LAKE PARKWAY SUITE 206 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
14	120 - GORDON J AZAR SR MD INTERNAL MEDICINE 960 JOHNSON FERRY ROAD SUITE 235 ATLANTA, GA 30342	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)
121	121 - INTERNAL MEDICINE SPECIALIST OF ROSWELL 11685 ALPHARETTA HIGHWAY SUITE 270 ATLANTA, GA 30076	PHYSICIAN SERVICES
1	122 - ATLANTA GYNECOLOGIC ONCOLOGY 780 CANTON ROAD SUITE 405 MARIETTA, GA 30060	PHYSICIAN SERVICES
2	123 - NORTH POINT PULMONARY ASSOCIATES 1400 NORTHSIDE FORSYTH DRIVE SUITE 240 CUMMING, GA 30041	PHYSICIAN SERVICES
3	124 - NORTH POINT PRIMARY CARE 3180 NORTH POINT PARKWAY BUILDING 200 SU ALPHARETTA, GA 30005	PHYSICIAN SERVICES
4	125 - PRIMARY CARE OF MILTON 980 BIRMINGHAM VILLAGE SUITE 304 MILTON, GA 30004	PHYSICIAN SERVICES
5	126 - GEORGIA GYNECOLOGIC ONCOLOGY 980 JOHNSON FERRY ROAD SUITE 910 ATLANTA, GA 30342	PHYSICIAN SERVICES
6	127 - NORTH GEORGIA OBGYN SPECIALISTS 433 HIGHLAND PARKWAY SUITE 203 EAST ELIJAY, GA 30540	PHYSICIAN SERVICES
7	128 - UNIVERSITY GYNECOLOGIC ONCOLOGY 1100 NORTHSIDE FORSYTH DRIVE SUITE 420 CUMMING, GA 30041	PHYSICIAN SERVICES
8	129 - PERIMETER ADVANCED SURGERY CENTER 1100 JOHNSON FERRY ROAD CENTER POINTE ONE ATLANTA, GA 30342	AMBULATORY SURGERY
9	130 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 1839 BUFORD HIGHWAY NORTHEAST SUITE 100 BUFORD, GA 30518	PHYSICIAN SERVICES
10	131 - NORTH GEORGIA OBGYN SPECIALISTS 2855 OLD HIGHWAY 5 NORTH SUITE 110 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES
11	132 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 11685 ALPHARETTA HIGHWAY SUITE 170 ROSWELL, GA 30076	PHYSICIAN SERVICES
12	133 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 1110 WEST PEACHTREE STREET SUITE 950 ATLANTA, GA 30309	PHYSICIAN SERVICES
13	134 - WINDERMERE MEDICAL CLINIC 386 HIGHWAY 441 BYPASS BALDWIN, GA 30511	PHYSICIAN SERVICES
14	135 - CUMMING FAMILY MEDICINE 765 LANIER 400 PARKWAY SUITE 200 CUMMING, GA 30040	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)
136	136 - NORTHSIDE FAMILY MEDICINE AND URGENT CARE 1110 WEST PEACHTREE STREET NORTHWEST SUIT ATLANTA, GA 30309	PHYSICIAN SERVICES
1	137 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 2000 HOWARD FARM DRIVE SUITE 305 CUMMING, GA 30041	PHYSICIAN SERVICES
2	138 - LAUREATE MEDICAL GROUP 2000 HOWARD FARM DRIVE SUITE 400 CUMMING, GA 30041	PHYSICIAN SERVICES
3	139 - NORTHSIDE HEART 900 TOWNE LAKE PARKWAY SUITE 400 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
4	140 - NORTHSIDE HEART 4800 OLDE TOWNE PARKWAY SUITE 420 MARIETTA, GA 30068	PHYSICIAN SERVICES
5	141 - NORTHSIDE HEART 3400-C OLD MILTON PARKWAY SUITE 360 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
6	142 - NORTHSIDE HEART 5670 PEACHTREE DUNWOODY ROAD SUITE 880 ATLANTA, GA 30342	PHYSICIAN SERVICES
7	143 - NORTHSIDE HEART 6135 BARFIELD ROAD NORTHEAST SUITE 100 SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
8	144 - ARTHRITIS AND TOTAL JOINT SPECIALIST 1100 NORTHSIDE FORSYTH DRIVE SUITE 250 CUMMING, GA 30041	PHYSICIAN SERVICES
9	145 - ARTHRITIS AND TOTAL JOINT SPECIALIST 1110 WEST PEACHTREE STREET NORTHWEST SUIT ATLANTA, GA 30309	PHYSICIAN SERVICES
10	146 - ARTHRITIS AND TOTAL JOINT SPECIALIST 1505 NORTHSIDE BOULEVARD SUITE 3500 CUMMING, GA 30041	PHYSICIAN SERVICES
11	147 - ARTHRITIS AND TOTAL JOINT SPECIALIST 5670 PEACHTREE DUNWOODY ROAD SUITE 1250 ATLANTA, GA 30342	PHYSICIAN SERVICES
12	148 - ARTHRITIS AND TOTAL JOINT SPECIALIST 960 WOODSTOCK PARKWAY SUITE 200 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
13	149 - ARTHRITIS AND TOTAL JOINT SPECIALIST 771 OLD NORCROSS ROAD SUITE 135 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
14	150 - NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK 3280 PEACHTREE ROAD NORTHEAST SUITE 160 ATLANTA, GA 30309	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)
151	151 - ATLANTA CARDIAC AND THORACIC SURGICAL ASSO 1110 WEST PEACHTREE STREET NORTHEAST SUIT ATLANTA, GA 30309	PHYSICIAN SERVICES
1	152 - SOUTHEASTERN NEUROSURGICAL SPECIALISTS 631 CAMPBELL HILL STREET SUITE 100 MARIETTA, GA 30060	PHYSICIAN SERVICES
2	153 - ALPHARETTA FOOT AND ANKLE SPECIALISTS 3400-A OLD MILTON PARKWAY SUITE 500 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
3	154 - NORTHSIDE MEDICAL SPECIALISTS 145 RIVERSTONE TERRACE SUITE 100 CANTON, GA 30114	PHYSICIAN SERVICES
4	155 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1240 JESSE JEWEL PARKWAY SUITE 500 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
5	156 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1270 FRIENDSHIP ROAD SUITE 100 BRASELTON, GA 30517	PHYSICIAN SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 30

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7

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	3	19,572			
(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 GRANTEES 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
AMERICAN CANCER SOCIETY PO BOX 56566 ATLANTA, GA 30343	13-1788491	501(C)(3)	144,250				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 1101 NORTHCHASE PKWY SUITE 1 MARIETTA, GA 30067	13-5613797	501(C)(3)	250,000				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 RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	53-0196605	501(C)(3)	50,000				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
ARTHRITIS FOUNDATION OF GEORGIA PO BOX 78423 ATLANTA, GA 30357	58-1341679	501(C)(3)	130,000				GENERAL SUPPORT
ATLANTA BALLET INC 1695 MARIETTA BOULEVARD NW ATLANTA, GA 30318	58-1047778	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
ATLANTA BELTLINE PARTNERSHIP INC 112 KROG STREET SUITE 14 ATLANTA, GA 30307	56-2464486	501(C)(3)	45,000				GENERAL SUPPORT
ATLANTA TRACK CLUB INC 3097 E SHADOWLAWN AVE NE ATLANTA, GA 30305	58-1367422	501(C)(3)	165,000				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
BE THE MATCH FOUNDATION 500 NORTH 5TH STREET MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	20,000				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
CANCER SUPPORT COMMUNITY OF ATLANTA 5775 PEACHTREE DUNWOODY RD SUITE C-225 ATLANTA, GA 30342	58-2142151	501(C)(3)	211,964				GENERAL SUPPORT
CHATTAHOOCHEE NATURE CENTER INC PO BOX 769769 ROSWELL, GA 30076	58-1275604	501(C)(3)	70,000				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)	28,500				GENERAL SUPPORT
DUNWOODY NATURE CENTER INC PO BOX 88070 DUNWOODY, GA 30356	58-2009823	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
GEORGIA AQUARIUM INC 225 BAKER STREET NW ATLANTA, GA 30313	58-2574918	501(C)(3)	112,500				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
GREATER NORTH FULTON CHAMBER OF COMMERCE 11605 HAYNES BRIDGE RD ALPHARETTA, GA 30004	58-1157316	501(C)(6)	25,000				GENERAL SUPPORT
HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA 1606 COOPER FOSTER PARK RD W LORAIN, OH 44053	34-6607994	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
LEUKEMIA AND LYMPHOMA SOCIETY 3715 NORTHSIDE PARKWAY NW NORTHCREE 400 SUITE 300 ATLANTA, GA 30327	13-5644916	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
LOVE NOT LOST INC 1551 DUNWOODY VILLAGE PARKWAY 88872 DUNWOODY, GA 30338	47-4760639	501(C)(3)	20,000				GENERAL SUPPORT
MARCH OF DIMES 1275 MAMORONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	478,365				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
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	60,000				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
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 303101495	58-1438873	501(C)(3)	105,000				GENERAL SUPPORT
MUSEUM OF CONTEMPORARY ART OF GEORGIA 75 BENNETT STREET ATLANTA, GA 30309	58-2562811	501(C)(3)	40,000				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
OVARIAN CANCER INSTITUTE 960 JOHNSON FERRY RD STE 130 ATLANTA, GA 30342	58-2445245	501(C)(3)	320,000				GENERAL SUPPORT
PGA TOUR INC 100 PGA TOUR BLVD PONTE VEDRA, FL 32082	52-0999206	501(C)(6)	38,000				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
PIEDMONT PARK CONSERVANCY INC 400 PARK DRIVE NE ATLANTA, GA 30306	58-1551369	501(C)(3)	50,000				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
SANDY SPRINGSPERIMETER CHAMBER OF COMMERCE SIX CONCOURSE SUITE 3 SANDY SPRINGS, GA 30328	26-0677794	501(C)(6)	21,000				GENERAL SUPPORT
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

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
SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 934048 ATLANTA, GA 311934048	58-1959763	501(C)(3)	30,000				GENERAL SUPPORT
THE DRAKE HOUSE INC 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	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
THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE PO BOX 361969 DECATUR, GA 30036	82-3295945	501(C)(3)	118,000				GENERAL SUPPORT
TRAVELER'S AID OF METRO ATLANTA 75 MARIETTA STREET SUITE 400 ATLANTA, GA 30303	58-0566247	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
VISITING NURSE HEALTH SYSTEM 5775 GLENRIDGE DRIVE NE SUITE E200 ATLANTA, GA 30328	58-0566250	501(C)(3)	50,000				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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
PART I, LINE 4B	MR QUATTROCCHI HAS LED THE ORGANIZATION FOR MORE THAN FIFTEEN 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") AGREEMENT 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 THIS FIRST PERFORMANCE PERIOD UNDER THIS PROGRAM ENDED SEPTEMBER 30, 2017 WITH A PAYMENT HAVING BEEN EARNED BY MR QUATTROCCHI

Additional Data

Software ID:

Software Version:

EIN: 58-1954432

Name: NORTHSIDE HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1WAYNE L AMBROZE MD BOARD MEMBER	(I)	445,669	63,117	5,008	1,385	20,115	535,294	0
	(II)	0	0	0	0	0	0	0
1ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC	(I)	1,496,122	1,242,519	2,129,354	5,982	29,405	4,903,382	0
	(II)	0	0	0	0	0	0	0
2JORGE J HERNANDEZ VICE PRESIDENT/ASST SECRE	(I)	386,576	164,865	22,732	5,119	10,707	589,999	0
	(II)	0	0	0	0	0	0	0
3DEBORAH S MITCHAM VP/CFO NSH, INC (FORMER)	(I)	604,664	273,491	10,489	6,136	14,426	909,206	0
	(II)	0	0	0	0	0	0	0
4SHANNON BANNA VP/CFO NSH, INC (CURRENT)	(I)	265,441	50,319	296	3,194	8,532	327,782	0
	(II)	0	0	0	0	0	0	0
5WILLIAM HAYES CEO, NORTHSIDE HOSPITAL-CH	(I)	410,447	82,607	51,940	6,037	29,032	580,063	0
	(II)	0	0	0	0	0	0	0
6JANIS DUBOW VICE PRESIDENT	(I)	352,617	127,725	21,179	4,596	9,938	516,055	0
	(II)	0	0	0	0	0	0	0
7ROBERT PUTNAM VICE PRESIDENT	(I)	600,698	239,780	29,136	5,196	17,560	892,370	0
	(II)	0	0	0	0	0	0	0
8TINA WAKIM VICE PRESIDENT/COO	(I)	680,772	304,341	43,410	3,433	9,803	1,041,759	0
	(II)	0	0	0	0	0	0	0
9WILLIAM EARLY MD GASTROENTEROLOGY/INTERNAL	(I)	634,357	125,936	169,212	0	26,902	956,407	0
	(II)	0	0	0	0	0	0	0
10GERALD FEUER MD GYNECOLOGIST/SURGEON	(I)	742,621	119,239	6,592	6,115	29,254	903,821	0
	(II)	0	0	0	0	0	0	0
11KENNETH KRESS MD ORTHOPEDIC SURGEON	(I)	1,042,790	120,000	33,536	5,654	16,259	1,218,239	0
	(II)	0	0	0	0	0	0	0
12CHARLES DECOOK MD ORTHOPEDIC SURGEON	(I)	962,259	566,775	7,176	5,163	29,032	1,570,405	0
	(II)	0	0	0	0	0	0	0
13NANCY WIGGERS MD RADIATION ONCOLOGIST	(I)	592,404	258,620	3,358	6,000	29,405	889,787	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? 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
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NORTHSIDE ANESTHESIOLOGY CONSULTANTS LLC	K DOUGLAS SMITH, M D , BOARD MEMBER & NS ANESTHESIOLOGY CONS OFF /OWNER	5,381,513	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
(2) J BRYAN WHITLEY	ROBERT E WHITLEY, BOARD MEMBER & J BRYAN WHITLEY FAMILY MEMBER	126,683	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 2017 TO J BRYAN WHITLEY FOR SERVICES RENDERED TO THE ORGANIZATION		No
(3) MEDLOCK MEDICAL LLC	DALE M BEARMAN, M D , BOARD MEMBER & MEDLOCK MEDICAL, LLC OWNER	407,384	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
(4) RACHEL BEARMAN	DALE M BEARMAN, M D , BOARD MEMBER & RACHEL BEARMAN FAMILY MEMBER	83,039	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 2017 TO RACHEL BEARMAN FOR SERVICES RENDERED TO THE ORGANIZATION		No
(5) JENNIFER WHITLEY	ROBERT E WHITLEY, BOARD MEMBER & JENNIFER WHITLEY FAMILY MEMBER	35,917	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 2017 TO JENNIFER WHITLEY FOR SERVICES RENDERED TO THE ORGANIZATION		No
(6) ROBERT E WHITLEY JR	ROBERT E WHITLEY, BOARD MEMBER & ROBERT E WHITLEY, JR FAMILY MEMBER	85,749	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 2017 TO ROBERT E WHITLEY, JR FOR SERVICES RENDERED TO THE ORGANIZATION		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number

58-1954432

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)	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 $212 MILLION IN CAP ITAL INVESTMENTS IN FY2018 NUMEROUS OF THESE ALLOCATIONS WERE DESIGNATED TO KEY SERVICE L INES SUCH AS ONCOLOGY, CARDIOLOGY AND WOMEN'S SERVICES, MANY OF WHICH OVERLAP WITH NORTHSI DE'S TOP IDENTIFIED HEALTH NEEDS IN ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT SEL ECT EARMARKED INVESTMENTS INCLUDE $62 MILLION FOR INPATIENT CAPACITY AND NEONATAL SERVICE S EXPANSION, CONSTRUCTION OF AN ADDITIONAL MEDICAL OFFICE BUILDING AND EXPANDED PARKING FO R THE NEW NORTHSIDE HOSPITAL-CHEROKEE CAMPUS, $25 9 MILLION FOR SURGICAL SERVICES, $10 8 M ILLION FOR RADIOLOGY SERVICES, $6 8 MILLION FOR ONCOLOGY SERVICES, $3 3 MILLION FOR GENERA L MEDICINE/SURGERY INPATIENT UNITS, $2 9 MILLION FOR CARDIOLOGY SERVICES, AND $2 0 MILLION FOR WOMEN'S SERVICES PROVIDING A BROAD ARRAY OF COMMUNITY BENEFIT PROGRAM ACTIVITIES IN FURTHERANCE OF ITS CHARITABLE MISSION AND TO MEET THE COMMUNITY'S TOP IDENTIFIED HEALTH N EEDS, NORTHSIDE HOSPITAL ENGAGES IN NUMEROUS OUTREACH AND COMMUNITY BENEFIT ACTIVITIES THR OUGHOUT THE YEAR THE CULMINATION OF THESE EFFORTS RESULTED IN NORTHSIDE HOSPITAL REACHING OVER 270,000 PERSONS, SPENDING OVER 62,000 HOURS AND PROVIDING MORE THAN $8 MILLION IN CO MMUNITY BENEFIT PROGRAM ACTIVITIES THE HIGHEST DOLLAR IMPACT CATEGORIES (I E , BENEFIT IN EXCESS OF $1 MILLION) INCLUDE CASH AND IN-KIND DONATIONS AND COMMUNITY HEALTH IMPROVEMENT SERVICES THROUGH CASH AND IN-KIND DONATIONS, NORTHSIDE HOSPITAL SUPPORTED OVER 200 COMMU NITY ORGANIZATIONS WHOSE MISSIONS COMPLEMENT THE HOSPITAL'S MISSION AND WHOSE INITIATIVES ALIGN WITH THE HOSPITAL'S IDENTIFIED HEALTH NEEDS WHILE SOME OF THE RECIPIENT ORGANIZATIO NS ARE WELL-KNOWN COMMUNITY GROUPS SUCH AS THE AMERICAN CANCER SOCIETY AND THE AMERICAN HE ART ASSOCIATION, NORTHSIDE ALSO SUPPORTED SMALLER, GRASSROOTS ORGANIZATIONS SUCH AS BOAT P EOPLE 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 NECESSA RY HEALTH SERVICES TO OVER 2,000 UNINSURED PATIENTS NORTHSIDE'S FINANCIAL SUPPORT HELPS T O FUND THEIR LOCAL CLINIC AND TO PROVIDE COMMUNITY HEALTH IMPROVEMENT SERVICES FOR PERSONS LIVING IN POVERTY THE SECOND HIGHEST DOLLAR IMPACT CATEGORY, COMMUNITY HEALTH IMPROVEMEN T SERVICES, INCLUDES ALMOST FIFTY PROGRAMS WITH NEARLY 470 OCCURRENCES MUCH OF THE ACTIVI TY INCLUDES COMMUNITY AND CORPORATE HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION EVENTS A ND COMMUNITY-BASED CANCER SCRE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)	ENINGS HOWEVER, A COUPLE OF UNIQUE PROGRAMS MAY APPEAR SMALLER IN TERMS OF OCCURRENCES BU T HAVE A MEANINGFUL IMPACT ON THE COMMUNITY'S DISPARATE POPULATION ONE SUCH PROGRAM IS TH E FINANCIAL ACCESS SURGERY PROGRAM OR FASP NORTHSIDE'S FASP WAS DESIGNED SPECIFICALLY TO ADDRESS AN UNMET COMMUNITY-BASED NEED FOR HIGH QUALITY, FINANCIALLY ACCESSIBLE, SPECIALTY SERVICES FOR THE UNINSURED OR UNDERINSURED POPULATION MORE SPECIFICALLY, VARIOUS CHARITY ORGANIZATIONS AND FREE CLINICS SERVING THE METROPOLITAN ATLANTA AREA HAVE CONFIRMED DIFFIC ULTY SECURING ACCESS TO NEEDED OUTPATIENT SURGICAL SERVICES FOR THE POPULATIONS THEY SERVE NORTHSIDE NOW HAS REFERRAL ARRANGEMENTS WITH APPROXIMATELY 60 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 P ATIENTS ARE PRE-SCREENED BASED ON FINANCIAL STATUS AND MEDICAL NECESSITY, AMONG OTHER FACT ORS 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, PH ARMACY AND LABORATORY THE FASP BEGAN IN 2012 WITH ONE (1) LOCATION AND HAS GROWN TO FOUR (4) LOCATIONS BASED ON COMMUNITY DEMAND ANOTHER UNIQUE COMMUNITY HEALTH IMPROVEMENT PROGR AM IS NORTHSIDE'S IMAGING OUTREACH PROGRAM THROUGH THIS PROGRAM, NORTHSIDE PROVIDES A COM PREHENSIVE RANGE OF IMAGING SERVICES TO LOW INCOME, UNINSURED OR UNDERINSURED PATIENTS A DEDICATED IMAGING CHARITY COORDINATOR RECEIVES REFERRALS FROM COMMUNITY SAFETY NET CLINICS , ASSISTS PATIENTS WITH COMPLETING NORTHSIDE'S FINANCIAL ASSISTANCE APPLICATION PROCESS, S CHEDULES THE PATIENT'S EXAM, AND SENDS THE RESULTS BACK TO THE REFERRING CLINIC IN ESSENC E, NORTHSIDE HAS ESTABLISHED A SUCCESSFUL MEDICAL HOME NETWORK MODEL OF CARE THAT IS DEDIC ATED TO 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 BE NEFITS TO ITS COMMUNITY

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
FORM 990, PART VII, SECTION B	TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFE SSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED P RODUCTIVITY WITH GEORGIA CANCER SPECIALISTS I, P C ("GCS") TO ENSURE ONCOLOGY AND HEMATOL OGY 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 I S 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 AT TENTIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL NORTHSIDE HAS COMMITTED TO BE COMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES T HE EXPANSION OF ITS GEOGRAPHIC FOOTPRINT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITI ONAL LOCATIONS, AS WELL AS HAVING AN INTEGRATED CANCER CARE PROGRAM THAT FACILITATES COLLA BORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES GCS HAS A LAR GE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVI CES 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 GC S 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 APPROXI MATELY 89 CLINICIANS AND 110 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLIN G SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE T O SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFES SIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PR ODUCTIVITY WITH AGA, LLC TO ENSURE GASTROENTEROLOGY ("GI") SERVICES ARE PROVIDED TO ALL PA TIENTS WITHIN THE COMMUNITY, REGARDLESS OF THE PATIENTS' ABILITY TO PAY AS SUCH, THIS ARR ANGEMENT ALLOWS NORTHSIDE TO ESTABLISH CENTERS OF EXCELLENCE IN GI SERVICES, ESPECIALLY RE LATED TO ENDOSCOPIC ULTRASOUND AND ENDOSCOPIC RETROGRADE CLOANGIOPANCREATOGRAPHY GI SERVI CES 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 COMPLE MENT 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 NOR THSIDE AGA, LLC MAINTAINS RES

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Return Reference	Explanation
FORM 990, PART VII, SECTION B	PONSIBILITY FOR ALL EXPENSES TYPICALLY FOUND IN A GI CLINICIANS PRACTICE (E G , STAFF, BIL LING, MEDICAL SUPPLIES, MEDICAL RECORDS, OCCUPANCY, MALPRACTICE INSURANCE, ETC) UNDER TH E PSA, NORTHSIDE PAYS AGA A FAIR MARKET VALUE RATE BASED ON PERSONALLY PERFORMED AND MODIF IER ADJUSTED WRVUS AGA, LLC PROVIDES APPROXIMATELY 126 CLINICIANS TO ENSURE GI SERVICES A T NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE THE COMPENSAT ION REFLECTED ON FORM 990, PART VII, SECTION B, COLUMN (C), REPRESENTS PROFESSIONAL SERVIC ES UNDER THE PSA TO INCLUDE RELATED COMPENSATION AND BENEFITS TO SERVE THE PATIENTS WITHI N NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH ATLANTA CA NCER 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 HOSPI TAL CANCER INSTITUTE ("NHCI") THE NHCI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONC OLOGY DIAGNOSIS, TREATMENT AND RESEARCH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEMIC-B ASED PROGRAMS ALONG WITH THE PERSONALIZED AND ATTENTIVE CARE TYPICALLY ASSOCIATED WITH A C OMMUNITY 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 T HROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN INTEG RATED CANCER CARE PROGRAM THAT FACILITATES COLLABORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES ACC HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORT HSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL ONCOL OGY 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 ADMINISTRAT IVE OPERATIONS OF THE PRACTICE (E G , STAFF BENEFITS, MALPRACTICE INSURANCE, ETC) NORTHS IDE MAKES PAYMENTS TO ACC AT FAIR MARKET VALUE RATES FOR 1) PERSONALLY PERFORMED AND MODIF IER ADJUSTED PROFESSIONAL SERVICES 2) MANAGEMENT OVERSIGHT RESPONSIBILITIES AND 3) BILLING ARRANGEMENTS ACC EMPLOYS APPROXIMATELY 28 CLINICIANS AND 61 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE C OMMUNITIES SERVED BY NORTHSIDE

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Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES PROGRAM SERVICE EXPENSES 320,835,541 MANAGEMENT AND GENERAL EXPENSES 150,710,053 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 471,545,594

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN PENSION 90,534,751 EQUITY TRANSFER -2,182,940 INCOME FROM JOINT VENTURES NOT ON BOOKS -1,817,157 OTHER CHANGES IN NET ASSETS -124,566 INTERCOMPANY FORGIVENESS 1,042,360

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Return Reference	Explanation
COMMUNITY BENEFITS REPORT - FISCAL YEAR 2018	ABOUT US NORTHSIDE'S COMMITMENT TO HEALTH AND WELLNESS IN THE ATLANTA COMMUNITY BEGAN IN 1 970 WITH THE OPENING OF NORTHSIDE HOSPITAL ATLANTA SINCE THEN, THE NORTHSIDE HOSPITAL SYS TEM HAS GROWN TO INCLUDE THREE GENERAL ACUTE CARE HOSPITALS, 1,051 INPATIENT BEDS, A NETWO RK OF MORE THAN 2,900 PHYSICIANS, AND 15,000 EMPLOYEES ADDITIONALLY, NORTHSIDE OPERATES M ORE THAN 150 OUTPATIENT LOCATIONS IN COUNTIES ACROSS THE GREATER METROPOLITAN ATLANTA AREA OUR MISSION THROUGH ALL OF THE GROWTH, NORTHSIDE HAS REMAINED STEADFAST AND COMMITTED TO ITS MISSION NORTHSIDE HOSPITAL 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 STANDAR DS 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 REG IONAL LEADERS IN SELECT MEDICAL SPECIALTIES AND TO ENHANCE THE WELLNESS OF OUR COMMUNITY, WE COMMIT OURSELVES TO PROVIDING A DIVERSE ARRAY OF EDUCATIONAL AND OUTREACH PROGRAMS OU R VALUES NORTHSIDE'S OUTSTANDING REPUTATION IS FUELED BY AN INSTINCTIVE DEVOTION TO A UNIQ UE SET OF VALUES THIS STATEMENT OF VALUES DEFINES AND COMMUNICATES THOSE GUIDING, MOTIVAT ING PHILOSOPHIES THAT HAVE LED US TO DISTINCTION EXCELLENCE - A PRIMARY VALUE IN ALL MATT ERS OF HEALTH CARE, OUR EXCELLENCE IS BORN OF INDIVIDUAL COMMITMENT TO THE HIGHEST PERSONA L POTENTIAL FOR IF WE REACH OUR INDIVIDUAL POTENTIALS, WE CAN ACHIEVE EXCELLENCE AS AN IN STITUTION COMPASSION - WE BELIEVE THAT EACH PERSON IS UNIQUE - PATIENT, FAMILY OR CAREGIV ER - IN HEALTH, IN SICKNESS, IN LIFE, IN DEATH EACH IS TO RECEIVE OUR RESPECT, OUR CARE, OUR APPRECIATION AND OUR CONCERN OUR EMPATHY COMMUNITY - WE VALUE ITS WELL-BEING AND ARE COMMITTED TO ITS PROGRESS IN ADDITION TO OUR SERVICES, WE PROVIDE AN IMPORTANT CORPOR ATE CONTRIBUTION, EXPRESSED THROUGH INVOLVEMENT WITH THE PEOPLE, ORGANIZATIONS AND JURISDI CTIONS THAT VITALIZE, ENERGIZE AND SUPPORT OUR REGION SERVICE - WE RECOGNIZE A PERSONALIZ ED EXPRESSION OF CARING WHICH TRANSCENDS PHYSICAL ASPECTS OF HEALTH WE REALIZE THAT THIS DEPTH OF SERVICE TO OTHERS CAN BE THE SOURCE OF OUR OWN GROWTH AND WELL-BEING, WHILE MAINT AINING A FINANCIALLY SUCCESSFUL ORGANIZATION TEAMWORK - OUR SUCCESS STEMS FROM TEAMWORK WE RECOGNIZE THE EQUAL VALUE AND INDIVIDUAL CONTRIBUTION OF EACH MEMBER OF OUR TEAM WE BE LIEVE IN MUTUAL REGARD FOR EACH OTHER AND FOR OUR PATIENTS WE ENCOURAGE TEAMWORK BY WORKI NG TOGETHER RESPECTFULLY, COMMUNICATING OPENLY AND SUPPORTING THE EXPRESSION OF DIFFERING OPINIONS AND PERSPECTIVES PROGRESS & INNOVATION - WE UNDERSTAND THE NEED FOR THESE ATTRIB UTES IN PATIENT CARE AND ORGANIZATIONAL MANAGEMENT WHILE PRESERVING THE TRADITION AND WIS DOM OF THOSE WHO HAVE GONE BEFORE US, WE SEEK NEW INFORMATION AND STATE-OF-THE-ART TECHNOL OGY WE WELCOME NEW INSIGHTS,

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COMMUNITY BENEFITS REPORT - FISCAL YEAR 2018	NEW TECHNIQUES, NEW IDEAS AND WILL REMAIN LEADERS IN THE HEALTH CARE OF OUR COMMUNITY OUR COMMUNITY NORTHSIDE'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COVERS FY 2016 - FY 2018, AND MARKS THE SECOND CYCLE OF ASSESSING, PRIORITIZING AND ADDRESSING OUR COMMUNI TY'S HEALTH NEEDS GIVEN THE GEOGRAPHIC PROXIMITY OF NORTHSIDE'S THREE HOSPITALS, NORTHSID E HOSPITAL ATLANTA ("NHA"), NORTHSIDE HOSPITAL CHEROKEE ("NHC") AND NORTHSIDE HOSPITAL FOR SYTH ("NHF"), NORTHSIDE DEVELOPED A SINGLE COMMUNITY DEFINITION FOR THE FY 2016 - FY 2018 CHNA NORTHSIDE'S COMMUNITY IS DEFINED AS CHEROKEE, COBB, DAWSON, DEKALB, FORSYTH, FULTON , GWINNETT, AND PICKENS COUNTIES TOGETHER THESE COUNTIES REPRESENTED EIGHTY-FOUR PERCENT (84%) OF THE SYSTEM'S TOTAL CASES INCLUDING EIGHTY-ONE PERCENT (81%) OF NHA'S, NINETY-TWO PERCENT (92%) OF NHC'S AND EIGHTY-NINE PERCENT (89%) OF NHF'S TOTAL CASES IDEALLY, NORTHS IDE WOULD HAVE UNLIMITED RESOURCES TO ADDRESS ALL OF THE COMMUNITY'S IDENTIFIED NEEDS HOW EVER, IT IS NOT REALISTIC FOR ANY SINGLE ORGANIZATION TO ADDRESS ALL OF A COMMUNITY'S NEED S, HENCE THE IMPORTANCE OF PRIORITIZING THE IDENTIFIED NEEDS NORTHSIDE SELECTED THOSE NEE DS THAT IMPACT THE GREATEST NUMBER OF INDIVIDUALS IN THE COMMUNITY, THOSE NEEDS THAT DISPR OPORTIONATELY IMPACT THE MOST VULNERABLE POPULATIONS, THOSE NEEDS THAT ARE MOST SEVERE AND /OR PREVALENT, AND THOSE NEEDS THAT NORTHSIDE HAS THE WHEREWITHAL TO ADDRESS THUS, NORTHS IDE'S FY 2016 - FY 2018 PRIORITIZED HEALTH NEEDS INCLUDE 1 CANCER 2 CARDIOVASCULAR DISE ASE 3 HEALTHY LIFESTYLE BEHAVIORS 4 MATERNAL AND INFANT HEALTH 5 PREVENTIVE HEALTH BEHA VIORS 6 OBESITY AND DIABETES IT IS IMPORTANT TO NOTE THAT OVER THE COURSE OF ITS CHNA DEV ELOPMENT, NORTHSIDE IDENTIFIED OVER FOUR HUNDRED (400) RESOURCES LOCATED THROUGHOUT THE CO MMUNITY THESE RESOURCES ARE AVAILABLE TO THE COMMUNITY TO HELP ADDRESS ALL OF THE NEEDS N ORTHSIDE IDENTIFIED, INCLUDING THOSE NEEDS THAT NORTHSIDE IS NOT FORMALLY ADDRESSING SEEK ING COMMUNITY INPUT NORTHSIDE IDENTIFIED INDIVIDUALS IN THE COMMUNITY WHO COULD PROVIDE A UNIQUE PERSPECTIVE AND CONNECTION TO THE COMMUNITY AND ITS MEMBERS' HEALTH NEEDS NORTHSID E MADE SPECIFIC EFFORTS TO IDENTIFY STAKEHOLDERS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH AFTER IDENTIFYING STAKEHOLDERS TO INTERVIEW, NORTHSIDE DEVELOPED THE STAKE HOLDER ASSESSMENT DISCUSSION GUIDE THIS GUIDE WAS USED TO LEAD A DISCUSSION WITH EACH STA KEHOLDER TO LEARN ABOUT THE NEEDS AND RESOURCES WITHIN THE NORTHSIDE COMMUNITY FOR THIS P ROCESS, NORTHSIDE REACHED OUT TO 41 STAKEHOLDERS, INCLUDING REPRESENTATIVES AT ALL COUNTY- LEVEL PUBLIC HEALTH DEPARTMENTS IN THE COMMUNITY THIS OUTREACH EFFORT RESULTED IN THE COM PLETION OF 23 STAKEHOLDER INTERVIEWS COMPRISING PUBLIC HEALTH DEPARTMENTS (7), SAFETY-NET CLINICS (7), COMMUNITY ORGANIZATIONS (5), OTHER LOCAL GOVERNMENT (2), AND BUSINESS COMMUN ITY (2)

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Return Reference	Explanation
OUR COMMUNITY BENEFIT PROGRAM ACTIVITIES	AS A NOT-FOR-PROFIT ENTITY, NORTHSIDE ALWAYS HAS BEEN MISSION DRIVEN TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY MEMBERS AND TO SERVE ALL, REGARDLESS OF ABILITY TO PAY NO RTHSIDE HAS A LONG HISTORY OF COMMUNITY OUTREACH WHETHER THROUGH EDUCATION, SUPPORT GROUPS , OR SCREENINGS AND HEALTH FAIRS THROUGH THE CHNA PROCESS, NORTHSIDE'S OUTREACH EFFORTS A RE BECOMING MORE STRATEGIC IN NATURE AND MORE COLLABORATIVE ALSO, THERE IS NOW A FORMAL F RAMEWORK AND STRUCTURE SURROUNDING NORTHSIDE'S OUTREACH EFFORTS WHICH ENABLES IMPROVED CAP TURE AND REPORTING SINCE FY 2016, NORTHSIDE HAS INCREASED THE NUMBER OF PEOPLE REACHED VI A ITS COMMUNITY BENEFIT PROGRAM ACTIVITIES FROM JUST OVER 239,000 TO JUST OVER 270,000 (I E , 13%) AND HAS INCREASED THE REPORTED VALUE OF THESE EFFORTS FROM ROUGHLY $4 5 MILLION T O JUST OVER $8 0 MILLION (I E , 76%) AS NOTED PREVIOUSLY, NORTHSIDE'S CURRENT CHNA COVERS FY 2016 - FY 2018 IT WAS ADOPTED BY THE NORTHSIDE HOSPITAL PLANNING COMMITTEE IN JULY 20 16 AND POSTED ON THE ORGANIZATION'S WEBSITE IN SEPTEMBER 2016 OVER THE COURSE OF FY 2017 AND FY 2018, NORTHSIDE ENGAGED IN NUMEROUS ACTIVITIES TO MEET THE SIX (6) PRIORITIZED HEAL TH NEEDS NOTED ABOVE AND AS OUTLINED IN ITS IMPLEMENTATION STRATEGY NORTHSIDE PAID PARTIC ULAR ATTENTION TO THE CHALLENGES FACING THE COMMUNITY'S MOST VULNERABLE POPULATIONS WHILE ALSO LOOKING TO HELP IMPROVE THE HEALTH STATUS OF THE BROADER COMMUNITY FOLLOWING IS A HI GH-LEVEL SUMMARY OF THE OBJECTIVE MEASURES (DOLLARS SPENT AND NUMBER SERVED) OF THESE COMM UNITY BENEFIT EFFORTS CANCER COMMUNITY HEALTH EDUCATION -HEALTH FAIRS NORTHSIDE'S ONCOL OGY DEPARTMENT ATTENDED 230 HEALTH FAIRS/COMMUNITY EVENTS, WHERE THEY DISTRIBUTED EDUCATIO NAL MATERIALS REGARDING CANCER RISK, TREATMENT AND PREVENTION AS WELL AS PROVIDED SCREENIN GS IN FY 2017 - FY 2018 EDUCATIONAL MATERIALS AND SCREENINGS WERE PROVIDED TO APPROXIMATE LY 62,717 ATTENDEES, ACCOUNTING FOR $94,352 IN COMMUNITY BENEFIT -EDUCATIONAL PRESENTATIO NS NORTHSIDE'S ONCOLOGY DEPARTMENT MADE 59 EDUCATIONAL PRESENTATIONS THROUGHOUT THE COMMU NITY TO 10,231 ATTENDEES FROM FY 2017 - FY 2018, ACCOUNTING FOR $14,875 IN COMMUNITY BENEF IT -SMOKING CESSATION NORTHSIDE FACILITATED 25 SMOKING CESSATION COURSES FROM FY 2017 - FY 2018 WHERE 100% OF PARTICIPANTS (87) QUIT COMMUNITY-BASED CLINICAL HEALTH SERVICES -P ROSTATE CANCER SCREENING THE PROSTATE CANCER SCREENING TARGETING BLACK MEN PROVIDED 94 SC REENINGS AT A 2017 EVENT, ACCOUNTING FOR $1,688 IN COMMUNITY BENEFIT 14 ATTENDEES WITH AB NORMAL RESULTS WERE LINKED TO FOLLOW-UP CARE -NON-HEALTH FAIR SCREENINGS OUTSIDE OF HEAL TH FAIR SETTINGS, NORTHSIDE'S ONCOLOGY DEPARTMENT HELD 19 SCREENING EVENTS (10 SKIN CANCER , 9 PROSTATE CANCER) FROM FY 2017 - FY 2018 APPROXIMATELY 2,376 PEOPLE WERE SCREENED, ACC OUNTING FOR $67,879 IN COMMUNITY BENEFIT -HEALTH PROFESSIONALS EDUCATION FROM FY 2017 TO FY 2018, NORTHSIDE HELD 3 CANCER-RELATED CONFERENCES THAT PROVIDED CONTINUING EDUCATION C REDITS TO HEALTH PROFESSIONALS

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OUR COMMUNITY BENEFIT PROGRAM ACTIVITIES	1) NHCI SYMPOSIUM 2017 ONCOLOGY FOR PRIMARY CARE PHYSICIANS, 2) NHCI SYMPOSIUM 2018 A MULTIDISCIPLINARY APPROACH TO GASTROINTESTINAL CANCER, 3) GLOBAL BREAKTHROUGHS BREAST & O VARIAN CANCER THESE CONFERENCES HAD A TOTAL OF 214 ATTENDEES AND ACCOUNTED FOR $97,941 IN COMMUNITY BENEFIT CARDIOVASCULAR DISEASE COMMUNITY-BASED CLINICAL HEALTH SERVICES NHF'S CARDIOLOGY DEPARTMENT HOSTED AN ANNUAL CARDIOVASCULAR SCREENING IN FY 2017 AND FY 2018 WH ERE 166 ATTENDEES RECEIVED SCREENINGS, ACCOUNTING FOR $9,993 IN COMMUNITY BENEFIT NORTHSI DE'S CORPORATE & COMMUNITY HEALTH SOLUTIONS DEPARTMENT HOSTED 112 SCREENING EVENTS WHERE C ARDIOVASCULAR SCREENINGS WERE PROVIDED REACHING 8,474 ATTENDEES AND PROVIDING $356,615 IN COMMUNITY BENEFIT COMMUNITY HEALTH EDUCATION NORTHSIDE'S MARKETING DEPARTMENT HOSTED ITS SPEAKER'S BUREAU SERIES IN FY 2017 AND FY 2018, WHERE 7 OF THE PRESENTATIONS WERE RELATED TO CARDIOVASCULAR DISEASES THERE WERE 240 ATTENDEES ACCOUNTING FOR $3,002 IN COMMUNITY B ENEFIT NORTHSIDE FORSYTH'S CARDIOLOGY DEPARTMENT ATTENDED 7 COMMUNITY EVENTS FROM FY 2017 - FY 2018 WHERE EDUCATIONAL MATERIALS WERE DISTRIBUTED APPROXIMATELY 652 ATTENDEES RECEI VED THESE MATERIALS, ACCOUNTING FOR $5,165 IN COMMUNITY BENEFIT HEALTH PROFESSIONALS EDUC ATION FROM FY 2017 TO FY 2018, NORTHSIDE HELD 4 CARDIOVASCULAR-RELATED CONFERENCES THAT P ROVIDED CONTINUING EDUCATION CREDITS TO HEALTH PROFESSIONALS THESE CONFERENCES HAD A TOTA L OF 518 ATTENDEES HEALTHY LIFESTYLE BEHAVIORS COMMUNITY HEALTH EDUCATION FROM FY 2017 - FY 2018, COMMUNITY MEMBERS WERE EDUCATED ON HEALTHY LIFESTYLE BEHAVIORS BY NORTHSIDE THRO UGH NHC'S LEARNING & EDUCATIONAL DEVELOPMENT DEPARTMENT MIDDLE & HIGH SCHOOL OUTREACH, NH MARKETING DEPARTMENT'S SPEAKER'S BUREAU AND HEALTH FAIRS A TOTAL OF 8,222 PEOPLE WERE RE ACHED MATERNAL AND INFANT HEALTH COMMUNITY HEALTH EDUCATION -CLASSES NORTHSIDE OFFERS L OW-COST EDUCATIONAL COURSES ON SEVERAL SUBJECT MATTERS RELATED TO MATERNAL AND INFANT HEAL TH, OVER 1,200 CLASSES WERE OFFERED BETWEEN FY 2017 AND FY 2018 IN THE FOLLOWING SUBJECTS BABY ESSENTIALS, INFANT & CHILD CPR, CHILDBIRTH, AND BREASTFEEDING 14,722 PEOPLE ATTENDE D THESE COURSES NORTHSIDE'S COMMUNITY BENEFIT STEERING COMMITTEE ("CBSC") IS DEVELOPING A PROGRAM AIMED AT REDUCING THE INCIDENCE OF GESTATIONAL DIABETES IN HISPANIC MOTHERS COMM ITTEE MEMBERS SPENT APPROXIMATELY 21 STAFF HOURS ON PLANNING ACTIVITIES FOR THIS PROGRAM I N FY 2018 -LACTATION SUPPORT NORTHSIDE SUPPORTED 22,781 WOMEN WITH BREASTFEEDING ADVICE THROUGH NORTHSIDE'S FREE LACTATION SUPPORT LINE ANOTHER 3,408 MOTHERS ATTENDED NORTHSIDE' S MOM-ME CONNECTION LACTATION SUPPORT GROUP -ONLINE LIBRARY NORTHSIDE'S WOMEN'S SERVICES DEPARTMENT HOSTED AN ONLINE LIBRARY OF MATERNITY RESOURCES, WHICH IT PAID $4,808 IN FY 20 18 TO OFFER -COMMUNITY SUPPORT GROUPS NORTHSIDE'S PERINATAL DEPARTMENT PROVIDES SUPPORT TO MOTHERS AND FAMILIES GRIEVING THE LOSS OF AN INFANT THROUGH PERINATAL LOSS SUPPORT GROU PS AND ATLANTA WALK TO REMEMBE

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OUR COMMUNITY BENEFIT PROGRAM ACTIVITIES	R THESE PROGRAMS REACHED 954 ATTENDEES AND ACCOUNTED FOR $11,216 IN COMMUNITY BENEFIT FRO M FY 2017 TO FY 2018 ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT AND SAFETY NORTHSIDE'S WO MEN'S SERVICES AND STRATEGIC PLANNING DEPARTMENTS PARTICIPATED IN TWO COMMITTEES THAT ADVO CATED FOR IMPROVEMENTS IN MATERNAL AND INFANT HEALTH IN GEORGIA 1) THE GEORGIA PERINATAL QUALITY COLLABORATIVE AND 2) THE GEORGIA MATERNAL MORTALITY REVIEW COMMITTEE NORTHSIDE RE PRESENTATIVES DEDICATED 127 STAFF HOURS TO THESE EFFORTS, ACCOUNTING FOR $8,985 IN COMMUNI TY BENEFIT PREVENTIVE HEALTH BEHAVIORS COMMUNITY-BASED CLINICAL HEALTH SERVICES NORTHSID E CONTINUED TO PROVIDE ACCESS TO (NON-EMERGENT YET MEDICALLY-NECESSARY) OUTPATIENT SURGICA L AND ENDOSCOPY SERVICES THROUGH ITS FINANCIAL ACCESS SURGERY PROGRAM ("FASP") NORTHSIDE PARTNERED WITH TWENTY DIFFERENT SAFETY-NET CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS FROM ACROSS THE METRO-ATLANTA REGION TO IMPROVE ACCESS TO MUCH NEEDED SPECIALTY CARE OVER THE COURSE OF 2017-2018, THE FASP SERVED 915 UNINSURED/UNDERINSURED PATIENTS WHO OTHERWIS E WOULD HAVE GONE UNTREATED UNTIL THEIR NEED BECAME SO GREAT THAT THEY WOULD HAVE NO OPTIO N BUT TO SEEK CARE IN A LOCAL HOSPITAL'S EMERGENCY ROOM ALSO, AS NOTED IN ITS FY 2016 - F Y 2018 IMPLEMENTATION STRATEGY, NORTHSIDE DID EXPAND THE FASP BY OPENING A NORTH GEORGIA L OCATION IN WOODSTOCK, CHEROKEE COUNTY THIS LATEST FASP LOCATION BECAME OPERATIONAL IN APR IL 2018 OBESITY & DIABETES COMMUNITY HEALTH EDUCATION NHC'S LEARNING & EDUCATIONAL DEVEL OPMENT DEPARTMENT HOSTED 30 EVENTS AT COMMUNITY ELEMENTARY SCHOOLS IN FY 2018 RELATED TO O BESITY PREVENTION THESE EVENTS WERE ATTENDED BY APPROXIMATELY 4,955 STUDENTS, ACCOUNTING FOR $17,257 IN COMMUNITY BENEFIT

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REPORTING OUR COMMUNITY FINANCIALS	NORTHSIDE FOLLOWS THE BEST PRACTICES OUTLINED BY THE CATHOLIC HEALTH ASSOCIATION WHEN REPORTING ITS COMMUNITY BENEFIT ACCORDINGLY, NORTHSIDE PRESENTS ITS FINANCIALS IN TWO CATEGORIES 1) REPORTABLE COMMUNITY BENEFIT WHICH INCLUDES INDIGENT AND CHARITY CARE, MEDICAID SHORTFALL AND OTHER COMMUNITY BENEFIT PROGRAMS, AND 2) TOTAL COMMUNITY SPEND WHICH INCLUDES REPORTABLE COMMUNITY BENEFIT PLUS BAD DEBT AND MEDICARE SHORTFALL $210,270,000 FY 2018 REPORTABLE COMMUNITY BENEFIT $139,656,000 COST OF PROVIDING CHARITY CARE $62,548,000 UNREIMBURSED COST OF PROVIDING CARE TO MEDICAID BENEFICIARIES $8,066,000 COST OF OTHER COMMUNITY BENEFIT PROGRAMS $136,741,000 FY 2018 OTHER COMMUNITY SPEND $102,615,000 UNREIMBURSED COST OF PROVIDING CARE TO MEDICARE BENEFICIARIES $34,126,000 UNREIMBURSED COST OF PROVIDING CARE TO OTHER PATIENTS (I E BAD DEBT) $347,011,000 FY 2018 TOTAL COMMUNITY SPEND NORTHSIDE WILL CONTINUE TO BE MISSION-DRIVEN WE WILL FOCUS OUR COMMUNITY BENEFIT ACTIVITIES ON THE HIGHEST PRIORITY NEEDS OF OUR COMMUNITY, DELIVERING A ROBUST ARRAY OF TARGETED PROGRAMS DESIGNED WITH A PARTICULAR FOCUS ON SERVING THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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	(g) Section 512(b)(13) controlled entity? 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

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)NORTHSIDE VENTURES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954456	LEASING COMPANY	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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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) Disproprtionate 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 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
NORTH ATLANTA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-5106086	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE CARDIOVASCULAR PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 33-1105310	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 01-0642336	HEALTHCARE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
SURGERY CENTER OF GEORGIA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2169517	SURGERY CENTER	GA	0	0	NORTHSIDE SURGERY CENTERS LLC
NORTHSIDE SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259671	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259435	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
SURGICOE REAL ESTATE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2558486	SURGERY CENTER	GA	0	0	NORTHSIDE SURGERY CENTERS LLC
NORTHSIDE ATLANTA SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364531	HEALTHCARE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
ATLANTA ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 37-1663139	SURGERY CENTER	GA	0	0	NORTHSIDE ATLANTA SURGERY CENTERS LLC
NORTHSIDE FORSYTH SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364708	SURGERY CENTER	GA	0	0	NORTHSIDE HOSPITAL INC
GWINNETT ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-5067682	SURGERY CENTER	GA	2,353,482	3,690,144	NORTHSIDE HOSPITAL INC
AGA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-3694469	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
GALEN ADVISORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 26-2016143	MEDICAL BILLING SERVICES	GA	6,434,111	4,197,362	NORTHSIDE HOSPITAL INC
LMG AT NORTHSIDE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1436087	PROFESSIONAL SERVICES	GA	35,828,134	18,399,860	NORTHSIDE HOSPITAL INC
NORTHSIDE 993 LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-6251430	REAL ESTATE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NSH CANCER INSTITUTE PROFESSIONAL SERVICES A LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0667707	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NSH CANCER INSTITUTE PROFESSIONAL SERVICES G LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0676654	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
GEORGIA SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3858353	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
MEDICAL ASSOCIATES PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3806922	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
UROLOGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-5757579	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
PERIMETER PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1088986	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
CHEROKEE COUNTY INVESTORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 30-0834387	REAL ESTATE SERVICES	GA	0	0	FORREST PARK PRESERVE HOLDINGS LLC
NORTHSIDE URGENT CARE HOLDING LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1625673	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
FORREST PARK PRESERVE HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-4363731	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
ADVANCED JOINT SURGERY SPECIALISTS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-4793694	SURGERY CENTER	GA	0	0	NORTHSIDE HOSPITAL INC
UROLOGY SPECIALISTS OF ATLANTA NORTH LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-2619158	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE IMAGING LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-3958809	RADIOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
ADVANCED SURGERY CENTER PERIMETER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-3080613	SURGERY CENTER	GA	179,327	5,912,524	NORTHSIDE HOSPITAL INC
AGA CLINICAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 81-1319493	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
UROLOGY CLINICAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 81-3281163	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE HEALTH NETWORK LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-1654872	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHEAST GEORGIA DIAGNOSTIC ASSOCIATES AND CLINIC LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5415284	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE SEPC PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5334312	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE PEDIATRIC ORTHOPAEDIC PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5113736	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTH ATLANTA EYE CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-3273795	PROFESSIONAL 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) Disproprtionate 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	
ENT SURGERY CENTER OF ATLANTA LLC 5673 PEACHTREE DUNWOODY RD STE 945 ATLANTA, GA 30342 20-0075229	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	129,985	1,420,471		No			No	64 300 %
HAND & UPPER EXTREMITY SURGERY CENTER OF GA LLC 993 JOHNSON FERRY RD ATLANTA, GA 30342 20-0147862	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	197,064	2,876,936		No		Yes		51 000 %
SOVEREIGN REHABILITATION OF GEORGIA LLC 5555 PEACHTREE DUNWOODY RD STE 225 ATLANTA, GA 30342 20-5084665	REHABILITATION CENTER	GA	NORTHSIDE HOSPITAL INC	RELATED	-374,912	3,014,822		No		Yes		88 000 %
NASA SURGERY CENTER LLC 1100 JOHNSON FERRY RD STE 180 SANDY SPRINGS, GA 30342 26-4824662	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	-77,461	846,236		No			No	70 000 %
NORTHERN CRESCENT ENDOSCOPY SUITE LLC 550 PEACHTREE STREET SUITE 1620 ATLANTA, GA 30308 58-2453504	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	2,072,919	12,124,904		No			No	70 000 %
UROLOGY SURGICAL PARTNERS LLC 5673 PEACHTREE DUNWOODY RD SUITE 90 ATLANTA, GA 30342 58-2622573	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	104,382	2,277,407		No			No	70 000 %
WOODSTOCK ENDOSCOPY CENTER LLC 550 PEACHTREE STREET SUITE 1620 ATLANTA, GA 30308 58-2656248	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	413,871	3,833,227		No			No	70 000 %
ADVANCED CENTER FOR JOINT SURGERY LLC 2000 HOWARD FARM DRIVE SUITE T100 CUMMING, GA 30041 82-0606082	ORTHOPEDIC SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	-4,568	1,981,857		No			No	51 000 %
1110 INVESTOR LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-1783922	CONSTRUCTION	GA	N/A									
AOA AMC LLC 320 PARKWAY DRIVE NE ATLANTA, GA 30312 81-3018210	ONCOLOGY CLINIC	GA	NORTHSIDE HOSPITAL INC	RELATED	153,871	4,352,308		No			No	49 000 %