

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

NORTHSIDE HOSPITAL, INC.

58-1954432

Name and title of officer

SHANNON A. BANNA

CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,317,812,801.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PYA, P.C. to enter my PIN 54432
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Shannon Banna SIGN HERE Date 8.14.19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62073216401

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Deborah O. Emberger, C.P.A. Date 08/13/2019

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

EXTENDED TO AUGUST 15, 2019

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 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.		D Employer identification number 58-1954432	
	Doing business as		E Telephone number (404) 851-8000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 JOHNSON FERRY ROAD, N.E.			
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30342-1611		G Gross receipts \$ 3,317,812,801.	
F Name and address of principal officer: ROBERT T. QUATTROCCHI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: ▶ WWW.NORTHSIDE.COM				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1991	M State of legal domicile: GA

Part I Summary				
Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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	17601
	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.	
Revenue			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.
Expenses	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.	
Net Assets or Fund Balances			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	▶		8.14.19 Date	
	SHANNON A. BANNA, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DEBORAH O. ERNSBERGER	Preparer's signature 	Date 08/13/19	Check if self-employed <input type="checkbox"/> PTIN P00364912
	Firm's name ▶ PYA, P. C.	Firm's address ▶ 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919	Firm's EIN ▶ 62-1517792	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 [X]

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

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

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

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

4a (Code:) (Expenses \$ 2,471,239,365. including grants of \$ 3,075,702.) (Revenue \$ 3,289,872,356.) 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

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 6; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

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

Section C. Disclosure

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 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 1.00	X					0.	0.	0.	
(3) WAYNE L. AMBROZE, M.D. BOARD MEMBER	40.00 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, M.D. 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, M.D. 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, M.D. BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(10) IQBAL GARCHA, M.D. BOARD MEMBER	1.00 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 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 40.00				X		544,994.	0.	35,069.	
(16) JANIS DUBOW VICE PRESIDENT	40.00 40.00				X		501,521.	0.	14,534.	
(17) ROBERT PUTNAM VICE PRESIDENT	40.00 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 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, M.D. GASTROENTEROLOGY/INTERNAL	40.00					X		929,505.	0.	26,902.
(20) GERALD FEUER, M.D. GYNECOLOGIST/SURGEON	40.00					X		868,452.	0.	35,369.
(21) KENNETH KRESS, M.D. ORTHOPEDIC SURGEON	40.00					X		1,196,326.	0.	21,913.
(22) CHARLES DECOOK, M.D. ORTHOPEDIC SURGEON	40.00					X		1,536,210.	0.	34,195.
(23) NANCY WIGGERS, M.D. RADIATION ONCOLOGIST	40.00					X		854,382.	0.	35,405.
1b Sub-total								15,490,189.	0.	344,380.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
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? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GEORGIA CANCER SPECIALISTS I, P.C., 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, P.C., 1100 JOHNSON FERRY ROAD, STE 150, SANDY SPRINGS, GA	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	1 a 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	2 a NET PATIENT REVENUE	Business Code 621990	3,216,877,020.	3,094,515,350.	9,220,431.
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		900099	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.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a 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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	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, lines 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 Sch 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 X

		(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 instr). Complete Part II of Sch 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.		
	11 Investments - publicly traded securities	995,709,893.	10c	1,264,857,785.
	12 Investments - other securities. See Part IV, line 11	294,301,580.	11	324,565,957.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	291,865,649.	13	
	15 Other assets. See Part IV, line 11	62,301,618.	14	282,050,766.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,402,828,834.	15	72,367,734.	
		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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,542,250,951.	33	1,808,872,236.	
34 Total liabilities and net assets/fund balances	2,402,828,834.	34	2,726,110,697.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,317,812,801.
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

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

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

Form **990** (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 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						<input type="checkbox"/>

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 from 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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result 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			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

NORTHSIDE HOSPITAL, INC.

Employer identification number

58-1954432

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORTHSIDE HOSPITAL FOUNDATION 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	\$ 430,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SUSAN G. KOMEN FOR THE CURE GREATER ATLANTA AFFILIATE 4840 ROSWELL ROAD, BUILDING D, SUITE 100 ATLANTA, GA 30342	\$ 180,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	IT'S JOURNEY, INC. - THE ATLANTA 2-DAY WALK FOR BREAST CANCER 270 CARPENTER DRIVE, SUITE 515 ATLANTA, GA 30328	\$ 105,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COLON CANCER ALLIANCE 1025 VERMONT AVENUE, SUITE 1066 WASHINGTON, DC 20005	\$ 10,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OVARIAN CANCER RESEARCH FUND 14 PENN PLAZA, SUITE 1710 NEW YORK, NY 10122	\$ 10,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">NORTHSIDE HOSPITAL, INC.</p>	Employer identification number <p style="text-align: center;">58-1954432</p>
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

(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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2017**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		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)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Part IV Supplemental Information (continued)

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 30.46 %
- c Temporarily restricted endowment 69.54 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		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 10c.)				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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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	
(2) FAS 106 ACCRUAL	1,490,851.
(3) RESERVE FOR MALPRACTICE	137,735,302.
(4) RETIREMENT PLAN OBLIGATIONS	94,204,381.
(5) PERIODIC CAPITAL FINANCING LIABILITY	3,554,099.
(6) REAL ESTATE FINANCING LIABILITY	62,608,696.
(7) RENT/LEASE RELATED LIABILITIES	38,018,149.
(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.

PART V, LINE 4:

NORTHSIDE HOSPITAL, INC. AND NORTHSIDE HOSPITAL FOUNDATION, INC. HAVE

ENDOWMENT FUNDS THAT CONSIST OF 40 DONOR-RESTRICTED INDIVIDUAL FUNDS

ESTABLISHED FOR A VARIETY OF PURPOSES. THE ORGANIZATIONS ADOPTED A POLICY

REGARDING THE ENDOWMENTS WHOSE GENERAL PURPOSE IS TO PRESERVE THE CAPITAL

AND PURCHASING POWER OF THE ORGANIZATIONS AND TO PRODUCE SUFFICIENT

INVESTMENT EARNINGS FOR CURRENT AND FUTURE SPENDING NEEDS.

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

Part XIII Supplemental Information *(continued)*

ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

Multiple horizontal lines for supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization NORTHSIDE HOSPITAL, INC.	Employer identification number 58-1954432
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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	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125</u> %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			139,656,024.		139,656,024.	4.65%
b Medicaid (from Worksheet 3, column a)			219,215,980.	156,668,248.	62,547,732.	2.08%
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.	6.73%
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.	.05%
f Health professions education (from Worksheet 5)	5	429	990,996.	92,096.	898,900.	.03%
g Subsidized health services (from Worksheet 6)	1	0	161,974.		161,974.	.01%
h Research (from Worksheet 7)	1	666	1,225,281.	370,244.	855,037.	.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8	37,000	4,692,034.		4,692,034.	.16%
j Total. Other Benefits	63	264,397	8,737,141.	719,626.	8,017,515.	.28%
k Total. Add lines 7d and 7j	63	264,397	367,609,145.	157,387,874.	210,221,271.	7.01%

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.	.00%
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.	.00%
8 Workforce development	1	62	12,920.	9,300.	3,620.	.00%
9 Other			75,163.		75,163.	.00%
10 Total	4	6,049	133,088.	9,300.	123,788.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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 GWINNETT ENDOSCOPY CENTER, P.C.	OUTPATIENT CENTER	15.00%		85.00%
2 MIDTOWN ENDOSCOPY CENTER, LLC	OUTPATIENT CENTER	15.00%		85.00%
3 NORTHERN CRESCENT ENDOSCOPY SUITE, LLC	OUTPATIENT CENTER	70.00%		30.00%
4 NORTHWEST ENDOSCOPY CENTER, LLC	OUTPATIENT CENTER	15.00%		85.00%
5 SOUTHERN CRESCENT ENDOSCOPY CENTER SUITE, P.C	OUTPATIENT CENTER	15.00%		85.00%
6 WOODSTOCK ENDOSCOPY CENTER, LLC	OUTPATIENT CENTER	70.00%		30.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.NORTHSIDE.COM/CHNA</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NORTHSIDE.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NORTHSIDE.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.NORTHSIDE.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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Part V Facility Information (continued)

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

SCHEDULE H, 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

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

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.

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.

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

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.

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.

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

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.

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.

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 NORTHSIDE HOSPITAL CANCER INSTITUTE 308 COLISEUM DRIVE, SUITE 120 MACON, GA 31217	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
2 NORTHSIDE HOSPITAL CANCER INSTITUTE 125 KING AVENUE, SUITE 200 ATHENS, GA 30606	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
3 NORTHSIDE HOSPITAL CANCER INSTITUTE 624 MARTIN LUTHER KING JR. DRIVE MILLEDGEVILLE, GA 31061	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
4 NORTHSIDE HOSPITAL CANCER INSTITUTE 308 DEEP SOUTH FARM ROAD, SUITE 200 BLAIRSVILLE, GA 30512	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
5 NORTHSIDE HOSPITAL CANCER INSTITUTE 747 SOUTH 8TH STREET, SUITE C GRIFFIN, GA 30224	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
6 NORTHSIDE HOSPITAL CANCER INSTITUTE 101 RIVERSTONE VISTA, SUITE 102 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
7 LAUREATE MEDICAL GROUP 6135 BARFIELD ROAD ATLANTA, GA 30328	PHYSICIAN SERVICES
8 MEDICAL ASSOCIATES OF NORTH GEORGIA 320 HOSPITAL ROAD CANTON, GA 30114	PHYSICIAN SERVICES
9 NORTHSIDE HOSPITAL CANCER INSTITUTE 1000 COWLES CLINIC WAY - MAGNOLIA BU GREENSBORO, GA 30642	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
10 NORTHSIDE HEART 1285 UPPER HEMBREE ROAD ROSWELL, GA 30076	PHYSICIAN SERVICES

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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)
11 ARTHRITIS AND TOTAL JOINT SPECIALIST 3400 C-OLD MILTON PARKWAY, SUITE 290 CUMMING, GA 30041	PHYSICIAN SERVICES
12 NORTHSIDE HOSPITAL CANCER INSTITUTE 214 PERRY HIGHWAY HAWKINSVILLE, GA 31036	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
13 ATLANTA CLINICAL CARE 5673 PEACHTREE DUNWOODY ROAD, SUITE ATLANTA, GA 30342	PHYSICIAN SERVICES
14 THE IMAGING CENTER OF WARNER ROBINS 2706 WATSON BOULEVARD, SUITE D WARNER ROBINS, GA 31093	OUTPATIENT CENTER
15 AOA-AMC, LLC 308 COLISEUM DRIVE, SUITE 100 MACON, GA 31217	PHYSICIAN SERVICES
16 NORTHSIDE HEART 460 NORTHSIDE CHEROKEE BOULEVARD, SU CANTON, GA 30115	PHYSICIAN SERVICES
17 NORTHSIDE HOSPITAL SPORTS MEDICINE N 900 TOWNE LAKE PARKWAY, SUITE 320 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
18 PULMONARY AND CRITICAL CARE OF ATLAN 960 JOHNSON FERRY ROAD, SUITE 500 ATLANTA, GA 30342	PHYSICIAN SERVICES
19 LAUREATE MEDICAL GROUP 550 PEACHTREE STREET NORTHEAST, SUIT ATLANTA, GA 30308	PHYSICIAN SERVICES
20 UROLOGY SPECIALISTS OF ATLANTA 5673 PEACHTREE DUNWOODY ROAD, SUITE ATLANTA, GA 30342	PHYSICIAN SERVICES

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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)
21 NORTH GEORGIA OB/GYN SPECIALISTS 900 TOWNE LAKE PARKWAY, SUITE 404 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
22 GWINNETT ADVANCED SURGERY CENTER, LL 2131 FOUNTAIN DRIVE SNELLVILLE, GA 30078	AMBULATORY SURGERY
23 PREMIER CARE FOR WOMEN 960 JOHNSON FERRY ROAD, SUITE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
24 MRI AND IMAGING OF ATHENS 845 PRINCE AVENUE ATHENS, GA 30606	OUTPATIENT CENTER
25 ENDOCRINE SPECIALISTS OF ATLANTA 975 JOHNSON FERRY ROAD, SUITE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
26 CHATTAHOOCHEE SURGICAL GROUP 980 SANDERS ROAD, SUITE 100 CUMMING, GA 30042	PHYSICIAN SERVICES
27 NORTHSIDE FAMILY MEDICINE AND URGENT 5610 BETHELVIEW ROAD, SUITE 500 CUMMING, GA 30040	PHYSICIAN SERVICES
28 NORTHSIDE VASCULAR SURGERY 1505 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
29 NORTHSIDE VASCULAR SURGERY 980 JOHNSON FERRY ROAD, SUITE 1040 ATLANTA, GA 30342	PHYSICIAN SERVICES
30 INTERNAL MEDICINE ASSOCIATES OF JOHN 3380 PADDOCKS PARKWAY SUWANEE, GA 30024	PHYSICIAN SERVICES

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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)
31 UNIVERSITY GYNECOLOGIC ONCOLOGY 960 JOHNSON FERRY ROAD, SUITE 130 ATLANTA, GA 30342	PHYSICIAN SERVICES
32 WINDERMERE MEDICAL CLINIC 3850 WINDERMERE PARKWAY, SUITE 105 CUMMING, GA 30041	PHYSICIAN SERVICES
33 PEACHTREE DUNWOODY MEDICAL ASSOCIATE 875 JOHNSON FERRY ROAD NORTHEAST, SU ATLANTA, GA 30342	PHYSICIAN SERVICES
34 JOHNS CREEK SPECIALIST CENTER 3340 PADDOCKS PARKWAY SUWANEE, GA 30024	PHYSICIAN SERVICES
35 CUMMING FAMILY MEDICINE 765 LANIER 400 PARKWAY CUMMING, GA 30040	PHYSICIAN SERVICES
36 ATLANTA COLON AND RECTAL SURGERY 5667 PEACHTREE DUNWOODY ROAD SUITE 3 ATLANTA, GA 30342	PHYSICIAN SERVICES
37 NORTHSIDE PULMONARY AND SLEEP MEDICI 1400 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
38 NORTHSIDE NEUROLOGY 1400 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
39 NORTHSIDE FAMILY PRACTICE 960 WOODSTOCK PARKWAY, SUITE 300 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
40 LAUREATE MEDICAL GROUP 3400-C OLD MILTON PARKWAY, SUITE 500 ALPHARETTA, GA 30005	PHYSICIAN SERVICES

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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)
41 SOUTHEASTERN NEUROSURGICAL SPECIALIS 980 JOHNSON FERRY ROAD NORTHEAST, SU ATLANTA, GA 30309	PHYSICIAN SERVICES
42 NORTHSIDE FAMILY MEDICINE AND URGENT 684 SIXES ROAD, SUITE 125 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
43 PERIMETER NORTH MEDICAL ASSOCIATES 900 TOWNE LAKE PARKWAY, SUITE 210 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
44 CHEROKEE LUNG AND SLEEP 460 NORTHSIDE CHEROKEE BOULEVARD, SU CANTON, GA 30114	PHYSICIAN SERVICES
45 NORTHSIDE HEART 1505 NORTHSIDE BOULEVARD, SUITE 3600 CUMMING, GA 30041	PHYSICIAN SERVICES
46 NORTHSIDE HOSPITAL CARDIOVASCULAR CA 980 JOHNSON FERRY ROAD, SUITE 520 ATLANTA, GA 30342	PHYSICIAN SERVICES
47 CUMMING FAMILY MEDICINE 303 PIRKLE FERRY ROAD CUMMING, GA 30040	PHYSICIAN SERVICES
48 ATLANTA CARDIAC AND THORACIC SURGICA 960 JOHNSON FERRY ROAD, SUITE 100 ATLANTA, GA 30342	PHYSICIAN SERVICES
49 PERIMETER NORTH MEDICAL ASSOCIATES 3400-A OLD MILTON PARKWAY, SUITE 130 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
50 NORTHSIDE HOSPITAL SPORTS MEDICINE N 3400-C OLD MILTON PARKWAY, SUITE 190 ALPHARETTA, GA 30005	PHYSICIAN SERVICES

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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)
51 NORTHSIDE FAMILY MEDICINE AND URGENT 4800 OLDE TOWNE PARKWAY, SUITE 150 MARIETTA, GA 30068	PHYSICIAN SERVICES
52 NORTH POINT PULMONARY ASSOCIATES 3400-C OLD MILTON PARKWAY, SUITE 425 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
53 ATLANTA COLON AND RECTAL SURGERY 780 CANTON ROAD NORTHEAST, SUITE 315 MARIETTA, GA 30060	PHYSICIAN SERVICES
54 LAUREATE MEDICAL GROUP 7823 SPIVEY STATION BOULEVARD, SUITE JONESBORO, GA 30236	PHYSICIAN SERVICES
55 PERIMETER NORTH MEDICAL ASSOCIATES 960 JOHNSON FERRY ROAD NORTHEAST, SU ATLANTA, GA 30342	PHYSICIAN SERVICES
56 NORTHSIDE CHEROKEE PEDIATRICS 684 SIXES ROAD, SUITE 220 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
57 GENERAL SURGEONS OF GWINNETT 1800 TREE LANE, SUITE 330 SNELLVILLE, GA 30078	PHYSICIAN SERVICES
58 MEDICAL ASSOCIATES OF NORTH GEORGIA 460 NORTHSIDE CHEROKEE BOULEVARD, SU CANTON, GA 30115	PHYSICIAN SERVICES
59 GEORGIA COLON AND RECTAL SURGICAL AS 5445 MERIDIAN MARK, SUITE 180 ATLANTA, GA 30342	PHYSICIAN SERVICES
60 NORTHSIDE FAMILY MEDICINE AND URGENT 81 NORTHSIDE DAWSON DRIVE, SUITE 100 DAWSONVILLE, GA 30535	PHYSICIAN SERVICES

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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)
61 MRI AND IMAGING OF HABERSHAM 638 HISTORIC HIGHWAY 441 NORTH, SUIT DEMOREST, GA 30535	OUTPATIENT CENTER
62 NORTH GEORGIA DIABETES AND ENDOCRINO 1505 NORTHSIDE BOULEVARD, SUITE 2800 CUMMING, GA 30041	PHYSICIAN SERVICES
63 GEORGIA GYNECOLOGIC ONCOLOGY 759 OLD NORCROSS ROAD LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
64 MIDTOWN MEDICAL ASSOCIATES 1110 WEST PEACHTREE STREET NORTHWEST ATLANTA, GA 30309	PHYSICIAN SERVICES
65 PERIMETER NORTH MEDICAL ASSOCIATES 1505 NORTHSIDE BOULEVARD, SUITE 4400 CUMMING, GA 30041	PHYSICIAN SERVICES
66 NORTHSIDE VASCULAR SURGERY 460 NORTHSIDE CHEROKEE BOULEVARD, SU CANTON, GA 30115	PHYSICIAN SERVICES
67 MOUNT VERNON INTERNAL MEDICINE 755 MOUNT VERNON HIGHWAY NORTHEAST, SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
68 PERIMETER NORTH MEDICAL ASSOCIATES 3890 JOHNS CREEK PARKWAY, SUITE 230 SUWANEE, GA 30024	PHYSICIAN SERVICES
69 RAVRY MEDICAL GROUP 5505 PEACHTREE DUNWOODY ROAD, SUITE ATLANTA, GA 30342	PHYSICIAN SERVICES
70 NORTHSIDE CHEROKEE PEDIATRICS 900 TOWNE LAKE PARKWAY, SUITE 306 WOODSTOCK, GA 30189	PHYSICIAN SERVICES

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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)
71 GOYCO INTERNAL MEDICINE 900 SANDERS ROAD, SUITE B CUMMING, GA 30041	PHYSICIAN SERVICES
72 MARTHA M. BOONE, MD 3400 OLD MILTON PARKWAY, BUILDING A, ALPHARETTA, GA 30005	PHYSICIAN SERVICES
73 GEORGIA PULMONARY AND CRITICAL CARE 1505 NORTHSIDE BOULEVARD, SUITE 3000 CUMMING, GA 30041	PHYSICIAN SERVICES
74 GEORGIA COLON AND RECTAL SURGICAL AS 1260 HWY 54 WEST, SUITE 100 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
75 ATLANTA GYNECOLOGIC ONCOLOGY 980 JOHNSON FERRY ROAD NE, SUITE 900 ATLANTA, GA 30342	PHYSICIAN SERVICES
76 LAUREATE MEDICAL GROUP 4800 OLDE TOWNE PARKWAY, SUITE 400 MARIETTA, GA 30068	PHYSICIAN SERVICES
77 MELANOMA AND SARCOMA SPECIALISTS OF 980 JOHNSON FERRY ROAD, SUITE 940 ATLANTA, GA 30342	PHYSICIAN SERVICES
78 NORTH ATLANTA PULMONARY AND SLEEP 993 JOHNSON FERRY ROAD, SUITE 300, B ATLANTA, GA 30342	PHYSICIAN SERVICES
79 TOWN LAKE PRIMARY CARE 900 TOWNE LAKE PARKWAY, SUITE 410 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
80 GEORGIA COLON AND RECTAL SURGICAL AS 721 WELLNESS WAY, SUITE 200 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES

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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)
81 INTERNAL MEDICINE PRACTICE OF NORTHS 10745 WESTSIDE WAY, SUITE 125 ALPHARETTA, GA 30009	PHYSICIAN SERVICES
82 ALPHARETTA FOOT AND ANKLE SPECIALIST 2000 HOWARD FARM DRIVE, SUITE 340 CUMMING, GA 30041	PHYSICIAN SERVICES
83 LAUREATE MEDICAL GROUP 684 SIXES ROAD, SUITE 265 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
84 NORTH GEORGIA DIABETES AND ENDOCRINO 3350 PADDOCKS PARKWAY SUWANEE, GA 30024	PHYSICIAN SERVICES
85 ATLANTA LIVER AND PANCREAS SURGICAL 980 JOHNSON FERRY ROAD, SUITE 170 ATLANTA, GA 30342	PHYSICIAN SERVICES
86 ATLANTA COLON AND RECTAL SURGERY 1505 NORTHSIDE BOULEVARD, SUITE 1900 CUMMING, GA 30041	PHYSICIAN SERVICES
87 BARIATRIC INNOVATIONS OF ATLANTA 6135 BARFIELD ROAD, SUITE 150 SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
88 GEORGIA COLON AND RECTAL SURGICAL AS 1505 NORTHSIDE BOULEVARD, SUITE 2900 CUMMING, GA 30041	PHYSICIAN SERVICES
89 NORTHSIDE CHEROKEE SURGICAL ASSOCIAT 900 TOWNE LAKE PARKWAY, SUITE 412 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
90 NORTHSIDE HOSPITAL SPORTS MEDICINE N 5555 PEACHTREE DUNWOODY ROAD NORTHEA ATLANTA, GA 30342	PHYSICIAN SERVICES

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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)
91 ANKLE AND FOOT CENTERS OF NORTH GEOR 81 NORTHSIDE DAWSON DRIVE, SUITE 204 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
92 CUMMING FAMILY MEDICINE 133 PROMINENCE COURT, SUITE 230 DAWSONVILLE, GA 30535	PHYSICIAN SERVICES
93 CUMMING FAMILY MEDICINE 25 FOOTHILLS PARKWAY MARBLE HILL, GA 30149	PHYSICIAN SERVICES
94 EAST COBB FAMILY MEDICINE 1121 JOHNSON FERRY ROAD, BUILDING ON MARIETTA, GA 30068	PHYSICIAN SERVICES
95 ROSWELL INTERNAL MEDICINE SPECIALIST 11785 NORTHFALL LANE, SUITE 505 ALPHARETTA, GA 30004	PHYSICIAN SERVICES
96 WINDERMERE MEDICAL CLINIC 200 EAGLES NEST DRIVE, SUITE 300D CANTON, GA 30115	PHYSICIAN SERVICES
97 MEDICAL ASSOCIATES OF NORTH GEORGIA 470 VALLEY STREET, SUITE 200 BALL GROUND, GA 30107	PHYSICIAN SERVICES
98 NORTHSIDE HOSPITAL SPORTS MEDICINE N 4800 OLDE TOWNE PARKWAY, SUITE 430 MARIETTA, GA 30068	PHYSICIAN SERVICES
99 NORTH ATLANTA BREAST CARE 1400 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
100 REPRODUCTIVE SURGICAL SPECIALISTS 1800 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES

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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)
101 ARTHRITIS AND TOTAL JOINT SPECIALIST 1255 FRIENDSHIP ROAD, SUITE 200 BRASELTON, GA 30517	PHYSICIAN SERVICES
102 NEWTOWN MEDICAL 3400-A OLD MILTON PARKWAY, SUITE 200 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
103 ANDERSON FAMILY MEDICINE 81 NORTHSIDE DAWSON DRIVE, SUITE 205 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
104 KENNESAW FAMILY MEDICINE 6110 PINE MOUNTAIN ROAD, SUITE 102 KENNESAW, GA 30152	PHYSICIAN SERVICES
105 GEORGIA COLON AND RECTAL SURGICAL AS 1110 WEST PEACHTREE STREET NORTHWEST ATLANTA, GA 30309	PHYSICIAN SERVICES
106 LANIER FAMILY PRACTICE 1080 SANDERS ROAD, SUITE 100 CUMMING, GA 30041	PHYSICIAN SERVICES
107 NORTHSIDE HOSPITAL SPORTS MEDICINE N 960 JOHNSON FERRY ROAD, SUITE 415 ATLANTA, GA 30342	PHYSICIAN SERVICES
108 NORTHSIDE FAMILY MEDICINE AND URGENT 11685 ALPHARETTA HIGHWAY, SUITE 150 ROSWELL, GA 30076	PHYSICIAN SERVICES
109 GEORGIA COLON AND RECTAL SURGICAL AS 2801 NORTH DECATUR ROAD, SUITE 120 DECATUR, GA 30033	PHYSICIAN SERVICES
110 NORTHSIDE HOSPITAL SPORTS MEDICINE N 684 SIXES ROAD, SUITE 130 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES

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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)
111 SLEEP DISORDERS CENTER OF GEORGIA 993-C JOHNSON FERRY ROAD, SUITE 301 ATLANTA, GA 30342	PHYSICIAN SERVICES
112 SOUTHEASTERN PRIMARY CARE SPECIALIST 105 CARNEGIE PLACE, SUITE 103 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
113 GEORGIA COLON AND RECTAL SURGICAL AS 3400-A OLD MILTON PARKWAY, SUITE 440 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
114 ATLANTA GYNECOLOGIC ONCOLOGY 460 NORTHSIDE CHEROKEE BOULEVARD, SU CANTON, GA 30115	PHYSICIAN SERVICES
115 CHEROKEE BREAST CARE 684 SIXES ROAD, SUITE 230 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
116 PERIMETER NORTH MEDICAL ASSOCIATES 10515 BELLS FERRY ROAD, SUITE 200 CANTON, GA 30114	PHYSICIAN SERVICES
117 LAUREATE MEDICAL GROUP 460 NORTHSIDE CHEROKEE BOULEVARD, SU CANTON, GA 30115	PHYSICIAN SERVICES
118 ATLANTA CARDIAC AND THORACIC SURGICA 1100 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
119 CHEROKEE LUNG AND SLEEP 900 TOWNE LAKE PARKWAY, SUITE 206 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
120 GORDON J. AZAR SR., MD INTERNAL MEDI 960 JOHNSON FERRY ROAD, SUITE 235 ATLANTA, GA 30342	PHYSICIAN SERVICES

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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)
121 INTERNAL MEDICINE SPECIALIST OF ROSW 11685 ALPHARETTA HIGHWAY, SUITE 270 ATLANTA, GA 30076	PHYSICIAN SERVICES
122 ATLANTA GYNECOLOGIC ONCOLOGY 780 CANTON ROAD, SUITE 405 MARIETTA, GA 30060	PHYSICIAN SERVICES
123 NORTH POINT PULMONARY ASSOCIATES 1400 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
124 NORTH POINT PRIMARY CARE 3180 NORTH POINT PARKWAY, BUILDING 2 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
125 PRIMARY CARE OF MILTON 980 BIRMINGHAM VILLAGE, SUITE 304 MILTON, GA 30004	PHYSICIAN SERVICES
126 GEORGIA GYNECOLOGIC ONCOLOGY 980 JOHNSON FERRY ROAD, SUITE 910 ATLANTA, GA 30342	PHYSICIAN SERVICES
127 NORTH GEORGIA OB/GYN SPECIALISTS 433 HIGHLAND PARKWAY, SUITE 203 EAST ELIJAY, GA 30540	PHYSICIAN SERVICES
128 UNIVERSITY GYNECOLOGIC ONCOLOGY 1100 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
129 PERIMETER ADVANCED SURGERY CENTER 1100 JOHNSON FERRY ROAD, CENTER POIN ATLANTA, GA 30342	AMBULATORY SURGERY
130 NORTHSIDE HOSPITAL SPORTS MEDICINE N 1839 BUFORD HIGHWAY NORTHEAST, SUITE BUFORD, GA 30518	PHYSICIAN SERVICES

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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)
131 NORTH GEORGIA OB/GYN SPECIALISTS 2855 OLD HIGHWAY 5 NORTH, SUITE 110 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES
132 NORTHSIDE HOSPITAL SPORTS MEDICINE N 11685 ALPHARETTA HIGHWAY, SUITE 170 ROSWELL, GA 30076	PHYSICIAN SERVICES
133 NORTHSIDE HOSPITAL SPORTS MEDICINE N 1110 WEST PEACHTREE STREET, SUITE 95 ATLANTA, GA 30309	PHYSICIAN SERVICES
134 WINDERMERE MEDICAL CLINIC 386 HIGHWAY 441 BYPASS BALDWIN, GA 30511	PHYSICIAN SERVICES
135 CUMMING FAMILY MEDICINE 765 LANIER 400 PARKWAY, SUITE 200 CUMMING, GA 30040	PHYSICIAN SERVICES
136 NORTHSIDE FAMILY MEDICINE AND URGENT 1110 WEST PEACHTREE STREET NORTHWEST ATLANTA, GA 30309	PHYSICIAN SERVICES
137 NORTHSIDE HOSPITAL SPORTS MEDICINE N 2000 HOWARD FARM DRIVE, SUITE 305 CUMMING, GA 30041	PHYSICIAN SERVICES
138 LAUREATE MEDICAL GROUP 2000 HOWARD FARM DRIVE, SUITE 400 CUMMING, GA 30041	PHYSICIAN SERVICES
139 NORTHSIDE HEART 900 TOWNE LAKE PARKWAY, SUITE 400 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
140 NORTHSIDE HEART 4800 OLDE TOWNE PARKWAY, SUITE 420 MARIETTA, GA 30068	PHYSICIAN SERVICES

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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)
141 NORTHSIDE HEART 3400-C OLD MILTON PARKWAY, SUITE 360 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
142 NORTHSIDE HEART 5670 PEACHTREE DUNWOODY ROAD, SUITE ATLANTA, GA 30342	PHYSICIAN SERVICES
143 NORTHSIDE HEART 6135 BARFIELD ROAD NORTHEAST, SUITE SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
144 ARTHRITIS AND TOTAL JOINT SPECIALIST 1100 NORTHSIDE FORSYTH DRIVE, SUITE CUMMING, GA 30041	PHYSICIAN SERVICES
145 ARTHRITIS AND TOTAL JOINT SPECIALIST 1110 WEST PEACHTREE STREET NORTHWEST ATLANTA, GA 30309	PHYSICIAN SERVICES
146 ARTHRITIS AND TOTAL JOINT SPECIALIST 1505 NORTHSIDE BOULEVARD, SUITE 3500 CUMMING, GA 30041	PHYSICIAN SERVICES
147 ARTHRITIS AND TOTAL JOINT SPECIALIST 5670 PEACHTREE DUNWOODY ROAD, SUITE ATLANTA, GA 30342	PHYSICIAN SERVICES
148 ARTHRITIS AND TOTAL JOINT SPECIALIST 960 WOODSTOCK PARKWAY, SUITE 200 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
149 ARTHRITIS AND TOTAL JOINT SPECIALIST 771 OLD NORCROSS ROAD, SUITE 135 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
150 NORTHSIDE HOSPITAL SPORTS MEDICINE N 3280 PEACHTREE ROAD NORTHEAST, SUITE ATLANTA, GA 30309	PHYSICIAN SERVICES

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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)
151 ATLANTA CARDIAC AND THORACIC SURGICA 1110 WEST PEACHTREE STREET NORTHEAST ATLANTA, GA 30309	PHYSICIAN SERVICES
152 SOUTHEASTERN NEUROSURGICAL SPECIALIS 631 CAMPBELL HILL STREET, SUITE 100 MARIETTA, GA 30060	PHYSICIAN SERVICES
153 ALPHARETTA FOOT AND ANKLE SPECIALIST 3400-A OLD MILTON PARKWAY, SUITE 500 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
154 NORTHSIDE MEDICAL SPECIALISTS 145 RIVERSTONE TERRACE, SUITE 100 CANTON, GA 30114	PHYSICIAN SERVICES
155 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1240 JESSE JEWEL PARKWAY, SUITE 500 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
156 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1270 FRIENDSHIP ROAD, SUITE 100 BRASELTON, GA 30517	PHYSICIAN SERVICES

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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.

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 VI Supplemental Information (Continuation)

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).

PART II, COMMUNITY BUILDING ACTIVITIES:

BIENNIALY, 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 VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE.

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

Part VI Supplemental Information (Continuation)

(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

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

PROCESS FOR SUCH PATIENTS, NORTHSIDE PROVIDES A PRE-APPROVAL PROCESS FOR

ALL PATIENTS WHO ARE REFERRED FOR MEDICALLY NECESSARY SERVICES VIA A

COMMUNITY OUTREACH PROGRAM. THIS PROCESS ALLOWS PATIENTS TO QUALIFY FOR

FINANCIAL ASSISTANCE PRIOR TO RECEIVING HOSPITAL SERVICES, THEREBY

RELIEVING THE PATIENTS OF THE STRESS AND BURDEN OF THE FINANCIAL ASPECT OF

THEIR CARE AND ALLOWING THEM TO FOCUS ON THEIR HEALTH, WELL-BEING AND

RECOVERY.

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

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY P.O. BOX 56566 ATLANTA, GA 30343	13-1788491	501(C)(3)	144,250.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 1101 NORTHCHASE PKWY, SUITE 1 MARIETTA, GA 30067	13-5613797	501(C)(3)	250,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	53-0196605	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ARCS FOUNDATION, INC. P.O. BOX 52124 ATLANTA, GA 30355	58-2004368	501(C)(3)	47,500.	0.			GENERAL SUPPORT
ARTHRITIS FOUNDATION OF GEORGIA P.O. BOX 78423 ATLANTA, GA 30357	58-1341679	501(C)(3)	130,000.	0.			GENERAL SUPPORT
ATLANTA BALLET, INC. 1695 MARIETTA BOULEVARD NW ATLANTA, GA 30318	58-1047778	501(C)(3)	50,000.	0.			GENERAL SUPPORT

- 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.**

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA BELTLINE PARTNERSHIP, INC. 112 KROG STREET, SUITE 14 ATLANTA, GA 30307	56-2464486	501(C)(3)	45,000.	0.			GENERAL SUPPORT
ATLANTA TRACK CLUB, INC. 3097 E. SHADOWLAWN AVE. NE ATLANTA, GA 30305	58-1367422	501(C)(3)	165,000.	0.			GENERAL SUPPORT
BE THE MATCH FOUNDATION 500 NORTH 5TH STREET MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BICYCLE RIDE ACROSS GEORGIA P.O. BOX 871111 STONE MOUNTAIN, GA 30087	58-1576748	501(C)(4)	75,000.	0.			GENERAL SUPPORT
CANCER SUPPORT COMMUNITY OF ATLANTA - 5775 PEACHTREE DUNWOODY RD, SUITE C-225 - ATLANTA, GA 30342	58-2142151	501(C)(3)	211,964.	0.			GENERAL SUPPORT
CHATTAHOOCHEE NATURE CENTER, INC. P.O. BOX 769769 ROSWELL, GA 30076	58-1275604	501(C)(3)	70,000.	0.			GENERAL SUPPORT
COBB CHAMBER OF COMMERCE P.O. BOX 671868 MARIETTA, GA 30006-0032	58-0198114	501(C)(6)	28,500.	0.			GENERAL SUPPORT
DUNWOODY NATURE CENTER INC. P.O. BOX 88070 DUNWOODY, GA 30356	58-2009823	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GEORGIA AQUARIUM, INC. 225 BAKER STREET NW ATLANTA, GA 30313	58-2574918	501(C)(3)	112,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA OVARIAN CANCER ALLIANCE 6065 ROSWELL ROAD, SUITE 512 ATLANTA, GA 30328	58-2424106	501(C)(3)	30,000.	0.			GENERAL SUPPORT
GREATER NORTH FULTON CHAMBER OF COMMERCE - 11605 HAYNES BRIDGE RD - ALPHARETTA, GA 30004	58-1157316	501(C)(6)	25,000.	0.			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.	0.			GENERAL SUPPORT
INMAN PARK NEIGHBORHOOD ASSOCIATION - 245 N HIGHLAND AVE NE, STE 230 #401 - ATLANTA, GA 30307	58-1869166	501(C)(4)	25,000.	0.			GENERAL SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY 3715 NORTHSIDE PARKWAY NW NORTHCREEK 400, SUITE 300 - ATLANTA, GA 30327	13-5644916	501(C)(3)	30,000.	0.			GENERAL SUPPORT
LOVE NOT LOST, INC. 1551 DUNWOODY VILLAGE PARKWAY 88872 DUNWOODY, GA 30338	47-4760639	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MARCH OF DIMES 1275 MAMORONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	478,365.	0.			GENERAL SUPPORT
MARIETTA COBB MUSEUM OF ART 30 ATLANTA ST SE MARIETTA, GA 30060	58-1528144	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	60,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310-1495	58-1438873	501(C)(3)	105,000.	0.			GENERAL SUPPORT
MUSEUM OF CONTEMPORARY ART OF GEORGIA - 75 BENNETT STREET - ATLANTA, GA 30309	58-2562811	501(C)(3)	40,000.	0.			GENERAL SUPPORT
OVARIAN CANCER INSTITUTE 960 JOHNSON FERRY RD, STE 130 ATLANTA, GA 30342	58-2445245	501(C)(3)	320,000.	0.			GENERAL SUPPORT
PGA TOUR INC. 100 PGA TOUR BLVD PONTE VEDRA, FL 32082	52-0999206	501(C)(6)	38,000.	0.			GENERAL SUPPORT
PIEDMONT PARK CONSERVANCY, INC. 400 PARK DRIVE NE ATLANTA, GA 30306	58-1551369	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SANDY SPRINGS SOCIETY P.O. BOX 720074 ATLANTA, GA 30358	58-1868282	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SANDY SPRINGS/PERIMETER CHAMBER OF COMMERCE - SIX CONCOURSE, SUITE 3 - SANDY SPRINGS, GA 30328	26-0677794	501(C)(6)	21,000.	0.			GENERAL SUPPORT
SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS - 12100 SUNSET HILLS ROAD, SUITE 130 - RESTON, VA 20190-3221	58-1431500	501(C)(6)	40,000.	0.			GENERAL SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION - P.O. BOX 934048 - ATLANTA, GA 31193-4048	58-1959763	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DRAKE HOUSE, INC 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE - P.O. BOX 361969 - DECATUR, GA 30036	82-3295945	501(C)(3)	118,000.	0.			GENERAL SUPPORT
TRAVELER'S AID OF METRO ATLANTA 75 MARIETTA STREET, SUITE 400 ATLANTA, GA 30303	58-0566247	501(C)(3)	30,000.	0.			GENERAL SUPPORT
VISITING NURSE HEALTH SYSTEM 5775 GLENRIDGE DRIVE NE, SUITE E200 ATLANTA, GA 30328	58-0566250	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP / EDUCATIONAL ASSISTANCE	3	19,572.	0.		

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

PART I, LINE 2:

THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING

THE ELIGIBILITY OF GRANTEEES. ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND

APPROPRIATE LEVELS OF APPROVAL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **NORTHSIDE HOSPITAL, INC.**
 Employer identification number: **58-1954432**

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b** X
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2** X

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? **5a** X
- b** Any related organization? **5b** X
- 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** X
- b** Any related organization? **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** X
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WAYNE L. AMBROZE, M.D. BOARD MEMBER	(i)	445,669.	63,117.	5,008.	1,385.	20,115.	535,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT 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.
(3) JORGE 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.
(4) DEBORAH 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.
(5) SHANNON 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.
(6) WILLIAM 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.
(7) JANIS 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.
(8) ROBERT 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.
(9) TINA 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.
(10) WILLIAM EARLY, M.D. GASTROENTEROLOGY/INTERNAL	(i)	634,357.	125,936.	169,212.	0.	26,902.	956,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GERALD FEUER, M.D. GYNECOLOGIST/SURGEON	(i)	742,621.	119,239.	6,592.	6,115.	29,254.	903,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KENNETH KRESS, M.D. 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.
(13) CHARLES DECOOK, M.D. 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.
(14) NANCY WIGGERS, M.D. RADIATION ONCOLOGIST	(i)	592,404.	258,620.	3,358.	6,000.	29,405.	889,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, 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.

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.

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.

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
NORTHSIDE ANESTHESIOLOGY C	K. DOUGLAS SMITH, M	5,381,513.	K. DOUGLAS		X
J. BRYAN WHITLEY	ROBERT E. WHITLEY,	126,683.	ROBERT E. W		X
MEDLOCK MEDICAL, LLC	DALE M. BEARMAN, M.	407,384.	DALE M. BEA		X
RACHEL BEARMAN	DALE M. BEARMAN, M.	83,039.	DALE M. BEA		X
JENNIFER WHITLEY	ROBERT E. WHITLEY,	35,917.	ROBERT E. W		X
ROBERT E. WHITLEY, JR.	ROBERT E. WHITLEY,	85,749.	ROBERT E. W		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NORTHSIDE ANESTHESIOLOGY CONSULTANTS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

K. DOUGLAS SMITH, M.D., BOARD MEMBER & NS ANESTHESIOLOGY CONS OFF./OWNER

(C) AMOUNT OF TRANSACTION \$ 5,381,513.

(D) DESCRIPTION OF TRANSACTION: 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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: J. BRYAN WHITLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROBERT E. WHITLEY, BOARD MEMBER & J. BRYAN WHITLEY FAMILY MEMBER

(C) AMOUNT OF TRANSACTION \$ 126,683.

(D) DESCRIPTION OF TRANSACTION: 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

Part V Supplemental Information

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

REPRESENTS FAIR MARKET VALUE COMPENSATION PAID DURING CALENDAR YEAR 2017

TO J. BRYAN WHITLEY FOR SERVICES RENDERED TO THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MEDLOCK MEDICAL, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DALE M. BEARMAN, M.D., BOARD MEMBER & MEDLOCK MEDICAL, LLC OWNER

(C) AMOUNT OF TRANSACTION \$ 407,384.

(D) DESCRIPTION OF TRANSACTION: 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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RACHEL BEARMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DALE M. BEARMAN, M.D., BOARD MEMBER & RACHEL BEARMAN FAMILY MEMBER

(C) AMOUNT OF TRANSACTION \$ 83,039.

(D) DESCRIPTION OF TRANSACTION: 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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JENNIFER WHITLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

ROBERT E. WHITLEY, BOARD MEMBER & JENNIFER WHITLEY FAMILY MEMBER

(C) AMOUNT OF TRANSACTION \$ 35,917.

(D) DESCRIPTION OF TRANSACTION: 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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBERT E. WHITLEY, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROBERT E. WHITLEY, BOARD MEMBER & ROBERT E. WHITLEY, JR. FAMILY MEMBER

(C) AMOUNT OF TRANSACTION \$ 85,749.

(D) DESCRIPTION OF TRANSACTION: 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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

NORTHSIDE HOSPITAL, INC.

Employer identification number

58-1954432

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

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.

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 RESERVES 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

CAPITAL INVESTMENTS IN FY2018. NUMEROUS OF THESE ALLOCATIONS WERE

DESIGNATED TO KEY SERVICE LINES SUCH AS ONCOLOGY, CARDIOLOGY AND

WOMEN'S SERVICES, MANY OF WHICH OVERLAP WITH NORTHSIDE'S TOP IDENTIFIED

HEALTH NEEDS IN ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT.

SELECT EARMARKED INVESTMENTS INCLUDE: \$62 MILLION FOR INPATIENT

CAPACITY AND NEONATAL SERVICES EXPANSION, CONSTRUCTION OF AN ADDITIONAL

MEDICAL OFFICE BUILDING AND EXPANDED PARKING FOR THE NEW NORTHSIDE

HOSPITAL-CHEROKEE CAMPUS; \$25.9 MILLION FOR SURGICAL SERVICES; \$10.8

MILLION FOR RADIOLOGY SERVICES; \$6.8 MILLION FOR ONCOLOGY SERVICES;

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

Schedule O (Form 990 or 990-EZ) (2017)

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\$3.3 MILLION FOR GENERAL 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 NEEDS, NORTHSIDE HOSPITAL ENGAGES IN NUMEROUS OUTREACH AND COMMUNITY BENEFIT ACTIVITIES THROUGHOUT THE YEAR. THE CULMINATION OF THESE EFFORTS RESULTED IN NORTHSIDE HOSPITAL REACHING OVER 270,000 PERSONS, SPENDING OVER 62,000 HOURS AND PROVIDING MORE THAN \$8 MILLION IN COMMUNITY BENEFIT PROGRAM ACTIVITIES. THE HIGHEST DOLLAR IMPACT CATEGORIES (I.E., BENEFIT IN EXCESS OF \$1 MILLION) INCLUDE CASH AND IN-KIND DONATIONS AND COMMUNITY HEALTH IMPROVEMENT SERVICES.

THROUGH CASH AND IN-KIND DONATIONS, NORTHSIDE HOSPITAL SUPPORTED OVER 200 COMMUNITY ORGANIZATIONS WHOSE MISSIONS COMPLEMENT THE HOSPITAL'S MISSION AND WHOSE INITIATIVES ALIGN WITH THE HOSPITAL'S IDENTIFIED HEALTH NEEDS. WHILE SOME OF THE RECIPIENT ORGANIZATIONS ARE WELL-KNOWN COMMUNITY GROUPS SUCH AS THE AMERICAN CANCER SOCIETY AND THE AMERICAN HEART ASSOCIATION, NORTHSIDE ALSO SUPPORTED SMALLER, GRASSROOTS ORGANIZATIONS SUCH AS BOAT PEOPLE SOS. BOAT PEOPLE SOS WAS ESTABLISHED IN 2000 WITH THE MISSION TO EMPOWER, ORGANIZE, AND EQUIP VIETNAMESE INDIVIDUALS AND COMMUNITIES IN THEIR PURSUIT OF LIBERTY AND DIGNITY. THROUGH THEIR HEALTH AWARENESS AND PROMOTION PROGRAM, BOAT PEOPLE SOS HAS PROVIDED NECESSARY HEALTH SERVICES TO OVER 2,000 UNINSURED PATIENTS. NORTHSIDE'S FINANCIAL SUPPORT HELPS TO FUND THEIR LOCAL CLINIC AND TO PROVIDE COMMUNITY HEALTH IMPROVEMENT SERVICES FOR PERSONS

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LIVING IN POVERTY.

THE SECOND HIGHEST DOLLAR IMPACT CATEGORY, COMMUNITY HEALTH IMPROVEMENT

SERVICES, INCLUDES ALMOST FIFTY PROGRAMS WITH NEARLY 470 OCCURRENCES.

MUCH OF THE ACTIVITY INCLUDES COMMUNITY AND CORPORATE HEALTH

SCREENINGS, COMMUNITY HEALTH EDUCATION EVENTS AND COMMUNITY-BASED

CANCER SCREENINGS. HOWEVER, A COUPLE OF UNIQUE PROGRAMS MAY APPEAR

SMALLER IN TERMS OF OCCURRENCES BUT HAVE A MEANINGFUL IMPACT ON THE

COMMUNITY'S DISPARATE POPULATION. ONE SUCH PROGRAM IS THE FINANCIAL

ACCESS SURGERY PROGRAM OR FASP. NORTHSIDE'S FASP WAS DESIGNED

SPECIFICALLY TO ADDRESS AN UNMET COMMUNITY-BASED NEED FOR HIGH QUALITY,

FINANCIALLY ACCESSIBLE, SPECIALTY SERVICES FOR THE UNINSURED OR

UNDERINSURED POPULATION. MORE SPECIFICALLY, VARIOUS CHARITY

ORGANIZATIONS AND FREE CLINICS SERVING THE METROPOLITAN ATLANTA AREA

HAVE CONFIRMED DIFFICULTY 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. PATIENTS ARE PRE-SCREENED BASED ON

FINANCIAL STATUS AND MEDICAL NECESSITY, AMONG OTHER FACTORS. THE FASP

IS DESIGNED TO COVER THE ENTIRE SURGICAL EPISODE OF CARE INCLUDING PRE-

AND POST-OPERATIVE SERVICES AND, AS NEEDED, RELATED SERVICES SUCH AS

ANESTHESIA, RADIOLOGY, PHARMACY AND LABORATORY. THE FASP BEGAN IN 2012

WITH ONE (1) LOCATION AND HAS GROWN TO FOUR (4) LOCATIONS BASED ON

COMMUNITY DEMAND.

ANOTHER UNIQUE COMMUNITY HEALTH IMPROVEMENT PROGRAM IS NORTHSIDE'S

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IMAGING OUTREACH PROGRAM. THROUGH THIS PROGRAM, NORTHSIDE PROVIDES A
 COMPREHENSIVE 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,
 SCHEDULES THE PATIENT'S EXAM, AND SENDS THE RESULTS BACK TO THE
 REFERRING CLINIC. IN ESSENCE, NORTHSIDE HAS ESTABLISHED A SUCCESSFUL
 MEDICAL HOME NETWORK MODEL OF CARE THAT IS DEDICATED 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 BENEFITS TO ITS
 COMMUNITY.

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.

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.

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.

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

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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.

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.

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.

FORM 990, PART VI, SECTION C, LINE 19:
THE CORPORATE GOVERNANCE DOCUMENTS (SPECIFICALLY ALL ARTICLES OF

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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.

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.

FORM 990, PART VII, SECTION B:

TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH GEORGIA

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CANCER SPECIALISTS I, P.C. ("GCS") TO ENSURE ONCOLOGY AND HEMATOLOGY SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY. NORTHSIDE HAS PROVIDED A BROAD RANGE OF CANCER CARE SERVICES THROUGH ITS CANCER CARE PROGRAM AT THE NORTHSIDE HOSPITAL CANCER INSTITUTE ("NHCI"). THE NHCI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONCOLOGY DIAGNOSIS, TREATMENT AND RESEARCH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEMIC-BASED PROGRAMS ALONG WITH THE PERSONALIZED AND ATTENTIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL. NORTHSIDE HAS COMMITTED TO BECOMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES THE EXPANSION OF ITS GEOGRAPHIC FOOTPRINT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN INTEGRATED CANCER CARE PROGRAM THAT FACILITATES COLLABORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES. GCS HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL ONCOLOGY AND HEMATOLOGY AND THE PROVISION OF INFUSION THERAPY SERVICES AND MEDICAL AND CLINICAL RESEARCH SERVICES. IN ACCORDANCE WITH THE PSA, GCS REMAINS A PRIVATELY-HELD ORGANIZATION WITHOUT OWNERSHIP OR MANAGEMENT BY NORTHSIDE. GCS MAINTAINS RESPONSIBILITY FOR PROVIDING ALL ADMINISTRATIVE OPERATIONS OF THE PRACTICE (E.G., STAFF BENEFITS, MALPRACTICE INSURANCE, ETC.). NORTHSIDE MAKES PAYMENTS TO GCS AT FAIR MARKET VALUE RATES FOR 1) PERSONALLY PERFORMED AND MODIFIER ADJUSTED PROFESSIONAL SERVICES 2) MANAGEMENT OVERSIGHT RESPONSIBILITIES AND 3) BILLING ARRANGEMENTS. GCS EMPLOYS APPROXIMATELY 89 CLINICIANS AND 110 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE.

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TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH AGA, LLC TO ENSURE GASTROENTEROLOGY ("GI") SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY, REGARDLESS OF THE PATIENTS' ABILITY TO PAY. AS SUCH, THIS ARRANGEMENT ALLOWS NORTHSIDE TO ESTABLISH CENTERS OF EXCELLENCE IN GI SERVICES, ESPECIALLY RELATED TO ENDOSCOPIC ULTRASOUND AND ENDOSCOPIC RETROGRADE CLOANGIOPANCREATOGRAPHY. GI SERVICES ALSO HAVE A SIGNIFICANT TIE-IN TO ONCOLOGY SERVICES FOR WHICH NORTHSIDE IS A LEADER IN THE ATLANTA SERVICE AREA IN TERMS OF DIAGNOSIS AND TREATMENT. AGA, LLC HAS A LARGE COMPLEMENT OF CLINICIANS THAT PROVIDE GI SERVICES INCLUDING GI ONCOLOGY. IN ACCORDANCE WITH THE PSA, AGA, LLC REMAINS A PRIVATELY-HELD ORGANIZATION WITHOUT OWNERSHIP OR MANAGEMENT BY NORTHSIDE. AGA, LLC MAINTAINS RESPONSIBILITY FOR ALL EXPENSES TYPICALLY FOUND IN A GI CLINICIANS PRACTICE (E.G., STAFF, BILLING, MEDICAL SUPPLIES, MEDICAL RECORDS, OCCUPANCY, MALPRACTICE INSURANCE, ETC.). UNDER THE PSA, NORTHSIDE PAYS AGA A FAIR MARKET VALUE RATE BASED ON PERSONALLY PERFORMED AND MODIFIER ADJUSTED WRVUS. AGA, LLC PROVIDES APPROXIMATELY 126 CLINICIANS TO ENSURE GI SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE. THE COMPENSATION REFLECTED ON FORM 990, PART VII, SECTION B, COLUMN (C), REPRESENTS PROFESSIONAL SERVICES UNDER THE PSA TO INCLUDE RELATED COMPENSATION AND BENEFITS.

TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH ATLANTA

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CANCER CARE ("ACC") TO ENSURE ONCOLOGY AND HEMATOLOGY SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY. NORTHSIDE HAS PROVIDED A BROAD RANGE OF CANCER CARE SERVICES THROUGH ITS CANCER CARE PROGRAM AT THE NORTHSIDE HOSPITAL CANCER INSTITUTE ("NHCI"). THE NHCI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONCOLOGY DIAGNOSIS, TREATMENT AND RESEARCH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEMIC-BASED PROGRAMS ALONG WITH THE PERSONALIZED AND ATTENTIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL. NORTHSIDE HAS COMMITTED TO BECOMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES THE EXPANSION OF ITS GEOGRAPHIC FOOTPRINT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN INTEGRATED CANCER CARE PROGRAM THAT FACILITATES COLLABORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES. ACC HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL ONCOLOGY AND HEMATOLOGY AND THE PROVISION OF INFUSION THERAPY SERVICES AND MEDICAL AND CLINICAL RESEARCH SERVICES. IN ACCORDANCE WITH THE PSA, ACC REMAINS A PRIVATELY-HELD ORGANIZATION WITHOUT OWNERSHIP BY NORTHSIDE. ACC MAINTAINS RESPONSIBILITY FOR PROVIDING ALL ADMINISTRATIVE OPERATIONS OF THE PRACTICE (E.G., STAFF BENEFITS, MALPRACTICE INSURANCE, ETC.). NORTHSIDE MAKES PAYMENTS TO ACC AT FAIR MARKET VALUE RATES FOR 1) PERSONALLY PERFORMED AND MODIFIER ADJUSTED PROFESSIONAL SERVICES 2) MANAGEMENT OVERSIGHT RESPONSIBILITIES AND 3) BILLING ARRANGEMENTS. ACC EMPLOYS APPROXIMATELY 28 CLINICIANS AND 61 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE.

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

OTHER FEES:

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

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

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.
TOTAL TO FORM 990, PART XI, LINE 9	87,452,448.

COMMUNITY BENEFITS REPORT - FISCAL YEAR 2018

ABOUT US

NORTHSIDE'S COMMITMENT TO HEALTH AND WELLNESS IN THE ATLANTA COMMUNITY

BEGAN IN 1970 WITH THE OPENING OF NORTHSIDE HOSPITAL ATLANTA. SINCE

THEN, THE NORTHSIDE HOSPITAL SYSTEM HAS GROWN TO INCLUDE THREE GENERAL

ACUTE CARE HOSPITALS, 1,051 INPATIENT BEDS, A NETWORK OF MORE THAN

2,900 PHYSICIANS, AND 15,000 EMPLOYEES. ADDITIONALLY, NORTHSIDE

OPERATES MORE THAN 150 OUTPATIENT LOCATIONS IN COUNTIES ACROSS THE

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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 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. AND TO ENHANCE THE WELLNESS OF OUR COMMUNITY, WE
 COMMIT OURSELVES TO PROVIDING A DIVERSE ARRAY OF EDUCATIONAL AND
 OUTREACH PROGRAMS.

OUR VALUES

NORTHSIDE'S OUTSTANDING REPUTATION IS FUELED BY AN INSTINCTIVE DEVOTION
 TO A UNIQUE SET OF VALUES. THIS STATEMENT OF VALUES DEFINES AND
 COMMUNICATES THOSE GUIDING, MOTIVATING PHILOSOPHIES THAT HAVE LED US TO
 DISTINCTION:

EXCELLENCE - A PRIMARY VALUE IN ALL MATTERS OF HEALTH CARE, OUR
 EXCELLENCE IS BORN OF INDIVIDUAL COMMITMENT TO THE HIGHEST PERSONAL
 POTENTIAL. FOR IF WE REACH OUR INDIVIDUAL POTENTIALS, WE CAN ACHIEVE
 EXCELLENCE AS AN INSTITUTION.

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COMPASSION - WE BELIEVE THAT EACH PERSON IS UNIQUE - PATIENT, FAMILY OR CAREGIVER - 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 CORPORATE CONTRIBUTION, EXPRESSED THROUGH INVOLVEMENT WITH THE PEOPLE, ORGANIZATIONS AND JURISDICTIONS THAT VITALIZE, ENERGIZE AND SUPPORT OUR REGION.

SERVICE - WE RECOGNIZE A PERSONALIZED 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 MAINTAINING 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 BELIEVE IN MUTUAL REGARD FOR EACH OTHER AND FOR OUR PATIENTS. WE ENCOURAGE TEAMWORK BY WORKING TOGETHER RESPECTFULLY, COMMUNICATING OPENLY AND SUPPORTING THE EXPRESSION OF DIFFERING OPINIONS AND PERSPECTIVES.

PROGRESS & INNOVATION - WE UNDERSTAND THE NEED FOR THESE ATTRIBUTES IN PATIENT CARE AND ORGANIZATIONAL MANAGEMENT. WHILE PRESERVING THE TRADITION AND WISDOM OF THOSE WHO HAVE GONE BEFORE US, WE SEEK NEW INFORMATION AND STATE-OF-THE-ART TECHNOLOGY. WE WELCOME NEW INSIGHTS, NEW TECHNIQUES, NEW IDEAS AND WILL REMAIN LEADERS IN THE HEALTH CARE OF

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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 COMMUNITY'S HEALTH NEEDS. GIVEN THE

GEOGRAPHIC PROXIMITY OF NORTHSIDE'S THREE HOSPITALS, NORTHSIDE HOSPITAL

ATLANTA ("NHA"), NORTHSIDE HOSPITAL CHEROKEE ("NHC") AND NORTHSIDE

HOSPITAL FORSYTH ("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, NORTHSIDE WOULD HAVE UNLIMITED RESOURCES TO ADDRESS ALL OF THE

COMMUNITY'S IDENTIFIED NEEDS. HOWEVER, IT IS NOT REALISTIC FOR ANY

SINGLE ORGANIZATION TO ADDRESS ALL OF A COMMUNITY'S NEEDS, HENCE THE

IMPORTANCE OF PRIORITIZING THE IDENTIFIED NEEDS. NORTHSIDE SELECTED

THOSE NEEDS THAT IMPACT THE GREATEST NUMBER OF INDIVIDUALS IN THE

COMMUNITY; THOSE NEEDS THAT DISPROPORTIONATELY 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, NORTHSIDE'S FY 2016 - FY 2018 PRIORITIZED HEALTH NEEDS

INCLUDE:

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- 1. CANCER
- 2. CARDIOVASCULAR DISEASE
- 3. HEALTHY LIFESTYLE BEHAVIORS
- 4. MATERNAL AND INFANT HEALTH
- 5. PREVENTIVE HEALTH BEHAVIORS
- 6. OBESITY AND DIABETES

IT IS IMPORTANT TO NOTE THAT OVER THE COURSE OF ITS CHNA DEVELOPMENT, NORTHSIDE IDENTIFIED OVER FOUR HUNDRED (400) RESOURCES LOCATED THROUGHOUT THE COMMUNITY. THESE RESOURCES ARE AVAILABLE TO THE COMMUNITY TO HELP ADDRESS ALL OF THE NEEDS NORTHSIDE IDENTIFIED, INCLUDING THOSE NEEDS THAT NORTHSIDE IS NOT FORMALLY ADDRESSING.

SEEKING COMMUNITY INPUT

NORTHSIDE IDENTIFIED INDIVIDUALS IN THE COMMUNITY WHO COULD PROVIDE A UNIQUE PERSPECTIVE AND CONNECTION TO THE COMMUNITY AND ITS MEMBERS' HEALTH NEEDS. NORTHSIDE MADE SPECIFIC EFFORTS TO IDENTIFY STAKEHOLDERS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. AFTER IDENTIFYING STAKEHOLDERS TO INTERVIEW, NORTHSIDE DEVELOPED THE STAKEHOLDER ASSESSMENT DISCUSSION GUIDE. THIS GUIDE WAS USED TO LEAD A DISCUSSION WITH EACH STAKEHOLDER TO LEARN ABOUT THE NEEDS AND RESOURCES WITHIN THE NORTHSIDE COMMUNITY. FOR THIS PROCESS, NORTHSIDE REACHED OUT TO 41 STAKEHOLDERS, INCLUDING REPRESENTATIVES AT ALL COUNTY-LEVEL PUBLIC HEALTH DEPARTMENTS IN THE COMMUNITY. THIS OUTREACH EFFORT RESULTED IN THE COMPLETION OF 23 STAKEHOLDER INTERVIEWS COMPRISING: PUBLIC HEALTH DEPARTMENTS (7), SAFETY-NET CLINICS (7), COMMUNITY ORGANIZATIONS (5), OTHER LOCAL GOVERNMENT (2), AND BUSINESS COMMUNITY

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(2).

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. NORTHSIDE 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 ARE BECOMING MORE STRATEGIC IN NATURE AND MORE COLLABORATIVE. ALSO, THERE IS NOW A FORMAL FRAMEWORK AND STRUCTURE SURROUNDING NORTHSIDE'S OUTREACH EFFORTS WHICH ENABLES IMPROVED CAPTURE AND REPORTING. SINCE FY 2016, NORTHSIDE HAS INCREASED THE NUMBER OF PEOPLE REACHED VIA 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 TO 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 2016 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 HEALTH NEEDS NOTED ABOVE AND AS OUTLINED IN ITS IMPLEMENTATION STRATEGY. NORTHSIDE PAID PARTICULAR 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 HIGH-LEVEL SUMMARY OF THE OBJECTIVE MEASURES (DOLLARS SPENT AND NUMBER SERVED) OF THESE COMMUNITY BENEFIT

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EFFORTS.

CANCER

COMMUNITY HEALTH EDUCATION:

-HEALTH FAIRS: NORTHSIDE'S ONCOLOGY DEPARTMENT ATTENDED 230 HEALTH FAIRS/COMMUNITY EVENTS, WHERE THEY DISTRIBUTED EDUCATIONAL MATERIALS REGARDING CANCER RISK, TREATMENT AND PREVENTION AS WELL AS PROVIDED SCREENINGS IN FY 2017 - FY 2018. EDUCATIONAL MATERIALS AND SCREENINGS WERE PROVIDED TO APPROXIMATELY 62,717 ATTENDEES, ACCOUNTING FOR \$94,352 IN COMMUNITY BENEFIT.

-EDUCATIONAL PRESENTATIONS: NORTHSIDE'S ONCOLOGY DEPARTMENT MADE 59 EDUCATIONAL PRESENTATIONS THROUGHOUT THE COMMUNITY TO 10,231 ATTENDEES FROM FY 2017 - FY 2018, ACCOUNTING FOR \$14,875 IN COMMUNITY BENEFIT.

-SMOKING CESSATION: NORTHSIDE FACILITATED 25 SMOKING CESSATION COURSES FROM FY 2017 - FY 2018 WHERE 100% OF PARTICIPANTS (87) QUIT.

COMMUNITY-BASED CLINICAL HEALTH SERVICES:

-PROSTATE CANCER SCREENING: THE PROSTATE CANCER SCREENING TARGETING BLACK MEN PROVIDED 94 SCREENINGS AT A 2017 EVENT, ACCOUNTING FOR \$1,688 IN COMMUNITY BENEFIT. 14 ATTENDEES WITH ABNORMAL RESULTS WERE LINKED TO FOLLOW-UP CARE.

-NON-HEALTH FAIR SCREENINGS: OUTSIDE OF HEALTH 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, ACCOUNTING 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

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CREDITS TO HEALTH PROFESSIONALS: 1) NHCI SYMPOSIUM 2017: ONCOLOGY FOR
 PRIMARY CARE PHYSICIANS, 2) NHCI SYMPOSIUM 2018: A MULTIDISCIPLINARY
 APPROACH TO GASTROINTESTINAL CANCER, 3) GLOBAL BREAKTHROUGHS: BREAST &
 OVARIAN 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 WHERE
 166 ATTENDEES RECEIVED SCREENINGS, ACCOUNTING FOR \$9,993 IN COMMUNITY
 BENEFIT. NORTHSIDE'S CORPORATE & COMMUNITY HEALTH SOLUTIONS DEPARTMENT
 HOSTED 112 SCREENING EVENTS WHERE CARDIOVASCULAR 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 BENEFIT. NORTHSIDE
 FORSYTH'S CARDIOLOGY DEPARTMENT ATTENDED 7 COMMUNITY EVENTS FROM FY
 2017 - FY 2018 WHERE EDUCATIONAL MATERIALS WERE DISTRIBUTED.
 APPROXIMATELY 652 ATTENDEES RECEIVED THESE MATERIALS, ACCOUNTING FOR
 \$5,165 IN COMMUNITY BENEFIT.

HEALTH PROFESSIONALS EDUCATION: FROM FY 2017 TO FY 2018, NORTHSIDE HELD
 4 CARDIOVASCULAR-RELATED CONFERENCES THAT PROVIDED CONTINUING EDUCATION
 CREDITS TO HEALTH PROFESSIONALS. THESE CONFERENCES HAD A TOTAL OF 518

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ATTENDEES.

HEALTHY LIFESTYLE BEHAVIORS

COMMUNITY HEALTH EDUCATION: FROM FY 2017 - FY 2018, COMMUNITY MEMBERS

WERE EDUCATED ON HEALTHY LIFESTYLE BEHAVIORS BY NORTHSIDE THROUGH 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 REACHED.

MATERNAL AND INFANT HEALTH

COMMUNITY HEALTH EDUCATION:

-CLASSES: NORTHSIDE OFFERS LOW-COST EDUCATIONAL COURSES ON SEVERAL

SUBJECT MATTERS RELATED TO MATERNAL AND INFANT HEALTH, 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 ATTENDED THESE COURSES. NORTHSIDE'S

COMMUNITY BENEFIT STEERING COMMITTEE ("CBSC") IS DEVELOPING A PROGRAM

AIMED AT REDUCING THE INCIDENCE OF GESTATIONAL DIABETES IN HISPANIC

MOTHERS. COMMITTEE MEMBERS SPENT APPROXIMATELY 21 STAFF HOURS ON

PLANNING ACTIVITIES FOR THIS PROGRAM IN 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 2018

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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 GROUPS AND ATLANTA WALK TO REMEMBER. THESE PROGRAMS REACHED 954 ATTENDEES AND ACCOUNTED FOR \$11,216 IN COMMUNITY BENEFIT FROM FY 2017 TO FY 2018.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT AND SAFETY: NORTHSIDE'S WOMEN'S SERVICES AND STRATEGIC PLANNING DEPARTMENTS PARTICIPATED IN TWO COMMITTEES THAT ADVOCATED FOR IMPROVEMENTS IN MATERNAL AND INFANT HEALTH IN GEORGIA: 1) THE GEORGIA PERINATAL QUALITY COLLABORATIVE AND 2) THE GEORGIA MATERNAL MORTALITY REVIEW COMMITTEE. NORTHSIDE REPRESENTATIVES DEDICATED 127 STAFF HOURS TO THESE EFFORTS, ACCOUNTING FOR \$8,985 IN COMMUNITY BENEFIT.

PREVENTIVE HEALTH BEHAVIORS

COMMUNITY-BASED CLINICAL HEALTH SERVICES: NORTHSIDE CONTINUED TO PROVIDE ACCESS TO (NON-EMERGENT YET MEDICALLY-NECESSARY) OUTPATIENT SURGICAL 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 OTHERWISE WOULD HAVE GONE UNTREATED UNTIL THEIR NEED BECAME SO GREAT THAT THEY WOULD HAVE NO OPTION BUT TO SEEK CARE IN A LOCAL HOSPITAL'S EMERGENCY ROOM. ALSO, AS NOTED IN ITS

FY 2016 - FY 2018 IMPLEMENTATION STRATEGY, NORTHSIDE DID EXPAND THE

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FASP BY OPENING A NORTH GEORGIA LOCATION IN WOODSTOCK, CHEROKEE COUNTY.

THIS LATEST FASP LOCATION BECAME OPERATIONAL IN APRIL 2018.

OBESITY & DIABETES

COMMUNITY HEALTH EDUCATION: NHC'S LEARNING & EDUCATIONAL DEVELOPMENT

DEPARTMENT HOSTED 30 EVENTS AT COMMUNITY ELEMENTARY SCHOOLS IN FY 2018

RELATED TO OBESITY PREVENTION. THESE EVENTS WERE ATTENDED BY

APPROXIMATELY 4,955 STUDENTS, ACCOUNTING FOR \$17,257 IN COMMUNITY

BENEFIT.

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

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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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTH ATLANTA PROFESSIONAL SERVICES, LLC - 20-5106086, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE CARDIOVASCULAR PROFESSIONAL SERVICES, LLC - 33-1105310, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE SURGERY CENTERS, LLC - 01-0642336 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	HEALTHCARE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
SURGERY CENTER OF GEORGIA, LLC - 58-2169517 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	0.	0.	NORTHSIDE SURGERY CENTERS, LLC

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

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

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

Schedule R (Form 990) 2017

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTHSIDE SURGICAL PROFESSIONAL SERVICES, LLC - 45-1259671, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES, LLC - 45-1259435, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
SURGICOE REAL ESTATE, LLC - 58-2558486 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	0.	0.	NORTHSIDE SURGERY CENTERS, LLC
NORTHSIDE ATLANTA SURGERY CENTERS, LLC - 45-4364531, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	HEALTHCARE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
ATLANTA ADVANCED SURGERY CENTER, LLC - 37-1663139, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	0.	0.	NORTHSIDE ATLANTA SURGERY CENTERS, LLC
NORTHSIDE FORSYTH SURGERY CENTERS, LLC - 45-4364708, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
GWINNETT ADVANCED SURGERY CENTER, LLC - 45-5067682, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	2,353,482.	3,690,144.	NORTHSIDE HOSPITAL, INC.
AGA PROFESSIONAL SERVICES, LLC - 45-3694469 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
GALEN ADVISORS, LLC - 26-2016143 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	MEDICAL BILLING SERVICES	GEORGIA	6,434,111.	4,197,362.	NORTHSIDE HOSPITAL, INC.
LMG AT NORTHSIDE, LLC - 58-1436087 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	35,828,134.	18,399,860.	NORTHSIDE HOSPITAL, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTHSIDE 993, LLC - 46-6251430 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NSH CANCER INSTITUTE PROFESSIONAL SERVICES A, LLC - 46-0667707, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	ONCOLOGY SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NSH CANCER INSTITUTE PROFESSIONAL SERVICES G, LLC - 46-0676654, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	ONCOLOGY SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
GEORGIA SURGICAL PROFESSIONAL SERVICES, LLC - 46-3858353, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
MEDICAL ASSOCIATES PROFESSIONAL SERVICES, LLC - 46-3806922, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
UROLOGICAL PROFESSIONAL SERVICES, LLC - 46-5757579, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
PERIMETER PROFESSIONAL SERVICES, LLC - 47-1088986, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
CHEROKEE COUNTY INVESTORS, LLC - 30-0834387 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	FORREST PARK PRESERVE HOLDINGS, LLC
NORTHSIDE URGENT CARE HOLDING, LLC - 47-1625673, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
FORREST PARK PRESERVE HOLDINGS, LLC - 47-4363731, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ADVANCED JOINT SURGERY SPECIALISTS, LLC - 47-4793694, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
UROLOGY SPECIALISTS OF ATLANTA NORTH, LLC - 47-2619158, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE IMAGING, LLC - 47-3958809 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	RADIOLOGY SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
ADVANCED SURGERY CENTER PERIMETER, LLC - 47-3080613, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	179,327.	5,912,524.	NORTHSIDE HOSPITAL, INC.
AGA CLINICAL SERVICES, LLC - 81-1319493 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
UROLOGY CLINICAL SERVICES, LLC - 81-3281163 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE HEALTH NETWORK, LLC - 82-1654872 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHEAST GEORGIA DIAGNOSTIC ASSOCIATES AND CLINIC, LLC - 82-5415284, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE SEPC PROFESSIONAL SERVICES, LLC - 82-5334312, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE PEDIATRIC ORTHOPAEDIC PROFESSIONAL SERVICES, LLC - 82-5113736, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ENT SURGERY CENTER OF ATLANTA, LLC - 20-0075229, 5673 PEACHTREE DUNWOODY RD. STE 945, ATLANTA, GA 30342	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	129,985.	1,420,471.		X	N/A		X	64.30%
HAND & UPPER EXTREMITY SURGERY CENTER OF GA, LLC - 20-0147862, 993 JOHNSON FERRY RD, ATLANTA, GA 30342	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	197,064.	2,876,936.		X	N/A		X	51.00%
SOVEREIGN REHABILITATION OF GEORGIA, LLC - 20-5084665, 5555 PEACHTREE DUNWOODY RD. STE 225, ATLANTA, GA 30342	REHABILITATION CENTER	GA	NORTHSIDE HOSPITAL, INC.	RELATED	-374,912.	3,014,822.		X	N/A		X	88.00%
NASA SURGERY CENTER, LLC - 26-4824662, 1100 JOHNSON FERRY RD, STE 180, SANDY SPRINGS, GA 30342	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	-77,461.	846,236.		X	N/A		X	70.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NORTHSIDE VENTURES, INC. - 58-1954456 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	LEASING COMPANY	GA	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of 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) Disproportion- ate 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	
NORTHERN CRESCENT ENDOSCOPY SUITE, LLC - 58-2453504, 550 PEACHTREE STREET, SUITE 1620, ATLANTA, GA 30308	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	2,072,919.	12,124,904.		X	N/A		X	70.00%
UROLOGY SURGICAL PARTNERS, LLC - 58-2622573, 5673 PEACHTREE DUNWOODY RD. SUITE 900, ATLANTA, GA 30342	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	104,382.	2,277,407.		X	N/A		X	70.00%
WOODSTOCK ENDOSCOPY CENTER, LLC - 58-2656248, 550 PEACHTREE STREET, SUITE 1620, ATLANTA, GA 30308	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	413,871.	3,833,227.		X	N/A		X	70.00%
ADVANCED CENTER FOR JOINT SURGERY, LLC - 82-0606082, 2000 HOWARD FARM DRIVE, SUITE T100, CUMMING, GA 30041	ORTHOPEDIC SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	-4,568.	1,981,857.		X	N/A		X	51.00%
1110 INVESTOR, LLC - 82-1783922, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	CONSTRUCTION	GA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
AOA AMC, LLC - 81-3018210 320 PARKWAY DRIVE NE ATLANTA, GA 30312	ONCOLOGY CLINIC	GA	NORTHSIDE HOSPITAL, INC.	RELATED	153,871.	4,352,308.		X	N/A		X	49.00%

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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.