

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020

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 \$ 5,197,809,342.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: ROBERT T. QUATTROCCHI SAME AS C ABOVE				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: WWW.NORTHSIDE.COM **H(c)** Group exemption number ▶

K Form of organization: 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)	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	25608
	6 Total number of volunteers (estimate if necessary)	961
	7a Total unrelated business revenue from Part VIII, column (C), line 12	19,075,930.
7b Net unrelated business taxable income from Form 990-T, line 39	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 794,925. Current Year: 76,788,591.
	9 Program service revenue (Part VIII, line 2g)	3,707,807,833. 5,008,789,762.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,579,713. 41,770,964.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,446,891. 70,460,025.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,759,629,362. 5,197,809,342.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,763,605. 2,772,220.
Expenses	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)	1,447,690,596. 2,043,151,730.
	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)	2,194,614,728. 2,976,264,536.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,645,068,929. 5,022,188,486.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	114,560,433. 175,620,856.
	20 Total assets (Part X, line 16)	Beginning of Current Year: 3,566,126,908. End of Year: 4,253,386,534.
	21 Total liabilities (Part X, line 26)	1,418,189,612. 1,906,243,891.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,147,937,296. 2,347,142,643.

Part II Signature Block

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

Sign Here	Signature of officer <i>Shannon A. Banna</i>	Date 8.16.21
	SHANNON A. BANNA, VP FINANCE / CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DEBORAH O. ERNSBERGER	Preparer's signature <i>Deborah O. Ernsberger</i>	Date 08/16/21	Check if self-employed <input type="checkbox"/>	PTIN P00364912
	Firm's name PYA, P. C.	Firm's EIN 62-1517792		Firm's address 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919	
Phone no. 865-673-0844					

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 \$ 4,084,669,674. including grants of \$ 2,772,220.) (Revenue \$ 4,871,880,139.) 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,084,669,674.

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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) BARBARA PARE' CHAIR	1.00 1.00	X					0.	0.	0.	
(2) DALE M. BEARMAN, M.D. VICE CHAIR	1.00 1.00	X					0.	0.	0.	
(3) ANTHONY J. SALVATORE TREASURER	1.00 1.00	X					0.	0.	0.	
(4) MARK J. SWEENEY SECRETARY	1.00 1.00	X					0.	0.	0.	
(5) WAYNE L. AMBROZE, JR., M.D. BOARD MEMBER	40.00 1.00	X					495,681.	0.	22,929.	
(6) THURBERT E. BAKER BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(7) CARLTON BUCHANAN, M.D. BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(8) KEITH CARNES, M.D. BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(9) NORWOOD DAVIS BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(10) GENEVIEVE FAIRBROTHER, M.D. BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(11) IQBAL GARCHA, M.D. BOARD MEMBER	1.00 1.00	X					167,846.	0.	10,032.	
(12) WILLIAM G. HASTY, JR. BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(13) TERRI JONDAHL BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(14) J. MICHAEL LEVENGOOD BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(15) WAYNE SIKES BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(16) K. DOUGLAS SMITH, M.D. BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(17) ROBERT T. QUATTROCCHI PRESIDENT & CEO NSH, INC.	40.00 1.00	X	X				4,748,486.	0.	37,425.	

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) SHANNON BANNA VP/CFO NSH, INC.	40.00 1.00			X				611,652.	0.	12,382.
(19) JORGE J. HERNANDEZ VICE PRESIDENT/ASST. SECRE	40.00			X				752,058.	0.	18,468.
(20) JANIS DUBOW VICE PRESIDENT	40.00				X			566,351.	0.	15,212.
(21) WILLIAM HAYES CEO, NORTHSIDE HOSPITAL-CH	40.00				X			581,960.	0.	34,100.
(22) ROBERT PUTNAM VICE PRESIDENT	40.00				X			990,416.	0.	24,067.
(23) TINA WAKIM VICE PRESIDENT/COO	40.00				X			972,446.	0.	14,320.
(24) DEBORAH S. MITCHAM CEO, NORTHSIDE HOSPITAL GWINNETT	40.00				X			246,213.	0.	6,628.
(25) ROBERT AYER, M.D. NEUROSURGEON	40.00					X		1,578,875.	0.	30,723.
(26) CHARLES DECOOK, M.D. ORTHOPEDIC SURGEON	40.00					X		2,308,296.	0.	36,476.
1b Subtotal								14,020,280.	0.	262,762.
c Total from continuation sheets to Part VII, Section A								4,264,484.	0.	74,642.
d Total (add lines 1b and 1c)								18,284,764.	0.	337,404.

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 **1,687**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GEORGIA CANCER SPECIALISTS I, P.C., 1835 SAVOY DRIVE, STE 300, ATLANTA, GA 30342	SEE SCHEDULE O	46,412,145.
BAKER & HOSTETLER LLP, 1170 PEACHTREE STREET, NE, STE 2400, ATLANTA, GA 30309	LEGAL SERVICES	35,310,149.
ATLANTA GASTROENTEROLOGY ASSOCIATES, 550 PEACHTREE ST., STE. 1620, ATLANTA, GA	SEE SCHEDULE O	22,299,147.
ATLANTA CANCER CARE, P.C., 1100 JOHNSON FERRY ROAD, STE 150, SANDY SPRINGS, GA	SEE SCHEDULE O	22,162,001.
GE PRECISION HEALTHCARE, LLC, 1575 NORTHSIDE DR NW #305, ATLANTA, GA 30318	BIOMEDICAL SERVICES	13,347,556.

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 **475**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	655,366.			
	e	Government grants (contributions)	1e	73,623,125.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,510,100.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		76,788,591.			
Program Service Revenue	2 a	NET PATIENT REVENUE	621990	4,968,982,443.	4,788,754,414.	8,215,785.	172,012,244.
	b	RENTAL INCOME	531120	20,376,237.	20,376,237.		
	c	CAFETERIA & VENDING	722210	6,519,072.			6,519,072.
	d	BILLING REVENUE	561000	5,844,085.		3,149,608.	2,694,477.
	e	PARKING REVENUE	812930	5,740,182.			5,740,182.
	f	All other program service revenue	900099	1,327,743.			1,327,743.
	g	Total. Add lines 2a-2f		5,008,789,762.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		41,770,964.			41,770,964.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	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	7b				
c	Gain or (loss)	7c					
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						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	62,654,567.	56,556,263.	6,098,304.	
	b	PASSTHROUGH INVESTMENT	621300	7,805,458.	6,193,225.	1,612,233.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		70,460,025.			
12	Total revenue. See instructions		5,197,809,342.	4,871,880,139.	19,075,930.	230,064,682.	

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 ...	2,752,609.	2,752,609.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,611.	19,611.		
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	16,121,235.	12,558,947.	3,562,288.	
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	1,588,131,450.	1,237,204,157.	350,927,293.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,119,575.	77,217,254.	21,902,321.	
9 Other employee benefits	235,335,361.	183,333,619.	52,001,742.	
10 Payroll taxes	104,444,109.	81,365,233.	23,078,876.	
11 Fees for services (nonemployees):				
a Management	18,250,955.	18,250,955.		
b Legal	34,621,821.		34,621,821.	
c Accounting	1,918,801.		1,918,801.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,002,111.		3,002,111.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	579,383,108.	482,775,989.	96,607,119.	
12 Advertising and promotion	9,755,511.	4,340,472.	5,415,039.	
13 Office expenses	89,062,754.	39,626,257.	49,436,497.	
14 Information technology	51,805,255.	23,049,460.	28,755,795.	
15 Royalties				
16 Occupancy	124,842,839.	55,545,716.	69,297,123.	
17 Travel	2,923,427.	1,300,706.	1,622,721.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,297,429.	577,259.	720,170.	
20 Interest	844,881.		844,881.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	210,771,710.	124,050,398.	86,721,312.	
23 Insurance	69,566,808.	30,952,021.	38,614,787.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	1,150,689,491.	1,142,809,955.	7,879,536.	
b BAD DEBT EXPENSE	526,931,186.	526,931,186.		
c MINOR EQUIPMENT PURCHAS	22,845,611.	10,164,586.	12,681,025.	
d PUBLIC RELATIONS	9,721,323.	4,325,261.	5,396,062.	
e All other expenses	68,029,515.	25,518,023.	42,511,492.	
25 Total functional expenses. Add lines 1 through 24e	5,022,188,486.	4,084,669,674.	937,518,812.	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	82,399.	1	82,427.
	2 Savings and temporary cash investments	358,235,119.	2	942,654,146.
	3 Pledges and grants receivable, net	1,330,748.	3	0.
	4 Accounts receivable, net	353,006,270.	4	372,231,779.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	239,265.	7	0.
	8 Inventories for sale or use	70,193,814.	8	86,731,072.
	9 Prepaid expenses and deferred charges	66,664,152.	9	80,205,147.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,352,688,672.		
	b Less: accumulated depreciation	10b 1,634,063,310.	1,741,463,412.	10c 1,718,625,362.
	11 Investments - publicly traded securities	610,655,791.	11	673,898,098.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	295,418,364.	14	292,768,609.
	15 Other assets. See Part IV, line 11	68,837,574.	15	86,189,894.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,566,126,908.	16	4,253,386,534.	
Liabilities	17 Accounts payable and accrued expenses	582,082,338.	17	879,123,009.
	18 Grants payable		18	
	19 Deferred revenue	3,043,724.	19	135,792,004.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	60,011,697.	23	61,925,000.
	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	773,051,853.	25	829,403,878.
	26 Total liabilities. Add lines 17 through 25	1,418,189,612.	26	1,906,243,891.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,147,937,296.	27	2,347,142,643.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,147,937,296.	32	2,347,142,643.
33 Total liabilities and net assets/fund balances	3,566,126,908.	33	4,253,386,534.	

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	5,197,809,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,022,188,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	175,620,856.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,147,937,296.
5	Net unrealized gains (losses) on investments	5	27,132,913.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,548,422.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,347,142,643.

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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization NORTHSIDE HOSPITAL, INC.	Employer identification number 58-1954432
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Horizontal lines for supplemental information input.

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

2019

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).

Name of organization NORTHSIDE HOSPITAL, INC.	Employer identification number 58-1954432
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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	\$ 655,366.	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	\$ 15,306.	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 CANCE 270 CARPENTER DRIVE, SUITE 515 ATLANTA, GA 30328	\$ 44,813.	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	\$ 20,050.	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.)
		\$ _____	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
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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	
(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

2019

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) 2019**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		640,497.
j Total. Add lines 1c through 1i			640,497.
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.

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

2019
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 (for example, 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,973,195.	10,180,369.	9,083,135.	8,616,383.	7,742,074.
b Contributions	786,795.	1,829,101.	2,049,190.	1,701,861.	1,758,394.
c Net investment earnings, gains, and losses	171,961.	286,184.	185,144.	150,580.	128,084.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,322,824.	1,322,459.	1,137,100.	1,385,689.	1,012,169.
f Administrative expenses					
g End of year balance	10,609,127.	10,973,195.	10,180,369.	9,083,135.	8,616,383.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 28.76 %
 - c Term endowment 71.24 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 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		402,252,782.		402,252,782.
b Buildings		1,762,372,027.	764,178,807.	998,193,220.
c Leasehold improvements				
d Equipment		1,132,039,977.	869,884,503.	262,155,474.
e Other		56,023,886.		56,023,886.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,718,625,362.

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	1,501,991.
(3) RESERVE FOR MALPRACTICE	316,032,370.
(4) RETIREMENT PLAN OBLIGATIONS	280,441,121.
(5) PERIODIC CAPITAL FINANCING LIABILITY	-1,021,867.
(6) REAL ESTATE FINANCING LIABILITY	112,604,427.
(7) RENT/LEASE RELATED LIABILITIES	59,980,583.
(8) OTHER LIABILITIES	59,865,253.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	829,403,878.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART 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, 2020 AND 2019, 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

2019

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>300</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 type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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)	0	0	250,964,106.	0.	250,964,106.	5.00%
b Medicaid (from Worksheet 3, column a)	0	0	382,499,887.	246,615,220.	135,884,667.	2.71%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			633,463,993.	246,615,220.	386,848,773.	7.71%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	78	215,665	2,624,828.	252,103.	2,372,725.	.05%
f Health professions education (from Worksheet 5)	28	2,259	21,356,900.	8,831,669.	12,525,231.	.25%
g Subsidized health services (from Worksheet 6)	2	1,384	26,790,234.	25,077,009.	1,713,225.	.03%
h Research (from Worksheet 7)	1	996	725,112.	0.	725,112.	.01%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	0	2,495,345.	9,856.	2,485,489.	.05%
j Total. Other Benefits	114	220,304	53,992,419.	34,170,637.	19,821,782.	.39%
k Total. Add lines 7d and 7j	114	220,304	687,456,412.	280,785,857.	406,670,555.	8.10%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	2	0	18,890.	0.	18,890.	.00%
2 Economic development						
3 Community support	3	0	312,560.	0.	312,560.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	2	0	2,340.	0.	2,340.	.00%
8 Workforce development	3	0	129,092.	1,200.	127,892.	.00%
9 Other						
10 Total	10		462,882.	1,200.	461,682.	.01%

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	108,728,314.
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	528,829,144.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	736,022,152.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-207,193,008.
8 Describe in Part VI the extent to which any shortfall reported on 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, LLC	OUTPATIENT CENTER	15.00%		55.00%
2 MIDTOWN ENDOSCOPY CENTER, LLC	OUTPATIENT CENTER	15.00%		55.00%
3 NORTHERN CRESCENT ENDOSCOPY SUITE, LLC	OUTPATIENT CENTER	51.00%		30.00%
4 NORTHWEST ENDOSCOPY CENTER, LLC	OUTPATIENT CENTER	15.00%		55.00%
5 SOUTHERN CRESCENT ENDOSCOPY, LLC	OUTPATIENT CENTER	15.00%		55.00%
6 WOODSTOCK ENDOSCOPY CENTER, LLC	OUTPATIENT CENTER	51.00%		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, 3, 4

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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>SEE EXPLANATION FOR LINE 7D</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 checked="" 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 18</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>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</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 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>SEE RESPONSE TO 16J</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE RESPONSE TO 16J</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE RESPONSE TO 16J</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

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 (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input 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

Schedule H (Form 990) 2019

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 - B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2, 5

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	X	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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>SEE EXPLANATION FOR LINE 7D</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 checked="" 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 18</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 - B

		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>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</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 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>SEE RESPONSE TO 16J</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE RESPONSE TO 16J</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE RESPONSE TO 16J</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

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

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

		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.	23	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.	24	X

Schedule H (Form 990) 2019

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: NORTHSIDE HOSPITAL

- FACILITY 3: NORTHSIDE HOSPITAL - FORSYTH

- FACILITY 4: NORTHSIDE HOSPITAL - CHEROKEE

GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH

PART V, SECTION B, LINE 5: NORTHSIDE IDENTIFIED AND REACHED OUT TO A

TOTAL OF 44 COMMUNITY STAKEHOLDERS WHO BROADLY REPRESENTED THE INTERESTS

OF NORTHSIDE'S COMMUNITY, INCLUDING STAKEHOLDERS WHO REPRESENT MEDICALLY

UNDERSERVED, UNINSURED, AND DISPARATE POPULATIONS, UNDERSTAND THE HEALTH

NEEDS OF THE COMMUNITY AND WHO HAVE A SPECIAL KNOWLEDGE OF, OR EXPERTISE

IN, PUBLIC HEALTH. NORTHSIDE THEN DEVELOPED THE STAKEHOLDER ASSESSMENT

DISCUSSION GUIDE TO LEARN ABOUT THE NEEDS AND RESOURCES WITHIN THE

COMMUNITY (A COPY OF WHICH IS INCLUDED AS APPENDIX A TO NORTHSIDE'S CHNA)

AND CONDUCTED IN-PERSON AND TELEPHONE INTERVIEWS WITH A QUALIFIED

REPRESENTATIVE OF EACH IDENTIFIED STAKEHOLDER. IN TOTAL, NORTHSIDE

COMPLETED INTERVIEWS WITH THE FOLLOWING 19 OF THE 44 STAKEHOLDERS

IDENTIFIED:

(1) CHEROKEE COUNTY HEALTH DEPARTMENT,

(2) COBB/DOUGLAS HEALTH DEPARTMENT,

(3) PICKENS COUNTY HEALTH DEPARTMENT,

(4) BETHESDA COMMUNITY CLINIC,

(5) GOOD SAMARITAN ATLANTA,

(6) GOOD SAMARITAN COBB,

(7) GOOD SAMARITAN GWINNETT,

Part V Facility Information (continued)

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

(8) CENTER FOR BLACK WOMEN'S WELLNESS,

(9) COMMUNITY ADVANCED PRACTICE NURSES,

(10) URBAN HEALTH AND WELLNESS,

(11) GOOD SHEPHERD OF DAWSON COUNTY,

(12) NORTH FULTON COMMUNITY CHARITIES,

(13) UNITED WAY - FORSYTH,

(14) LIFELINK,

(15) CHEROKEE COUNTY SCHOOLS,

(16) LA AMISTAD,

(17) HEALTHY MOTHERS HEALTHY BABIES COALITION OF GEORGIA,

(18) CHEROKEE COUNTY CHAMBER OF COMMERCE, AND

(19) CUMMING/FORSYTH CHAMBER OF COMMERCE.

GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH

PART V, SECTION B, LINE 6A: THE NORTHSIDE HOSPITAL, INC. SYSTEM COMPRISES

THREE HOSPITAL FACILITIES: (1) NORTHSIDE HOSPITAL-ATLANTA, (2) NORTHSIDE

HOSPITAL-CHEROKEE AND (3) NORTHSIDE HOSPITAL-FORSYTH. GIVEN THE

SIGNIFICANT OVERLAP IN SERVICE AREAS AMONG ITS THREE FACILITIES, NORTHSIDE

CONDUCTED A JOINT CHNA (OR SYSTEM-LEVEL CHNA).

GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH

PART V, SECTION B, LINE 7D: HOSPITAL WEBSITE:

WWW.NORTHSIDE.COM/COMMUNITY-WELLNESS/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEED

S-ASSESSMENT

GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 11: BASED ON THE RESULTS OF NORTHSIDE'S 2019 CHNA,

NORTHSIDE HOSPITAL, INC. ADOPTED AN IMPLEMENTATION STRATEGY WHICH OUTLINED

SEVERAL INITIATIVES TO HELP ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN

THE COMMUNITY. AS SET FORTH IN THE 2019 CHNA, NORTHSIDE IS UNABLE TO

ADDRESS EACH IDENTIFIED COMMUNITY NEED DUE TO AVAILABILITY OF RESOURCES,

MAGNITUDE/SEVERITY OF THE ISSUES IDENTIFIED, AND EXISTING RESOURCES

ALREADY AVAILABLE TO MEET SUCH NEEDS. THE NEEDS THAT WILL NOT BE ADDRESSED

DIRECTLY FOLLOW:

(1) RESPIRATORY DISEASE & SMOKING, (2) TRANSPORTATION, (3) HIV/AIDS, (4)

AFFORDABLE/ADEQUATE HOUSING/HOMELESSNESS, AND (5) CULTURALLY COMPETENT

SERVICES.

A DETAILED ANALYSIS OF WHY EACH OF THESE NEEDS WILL NOT BE ADDRESSED IS

INCLUDED IN NORTHSIDE'S CHNA.

GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH

PART V, SECTION B, LINE 13B: IN ADDITION TO FPG NORTHSIDE ALSO USES MEDICAL

INDIGENCY AS WELL AS PROPENSITY TO PAY TO DETERMINE ELIGIBILITY FOR

FINANCIAL ASSISTANCE.

GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH

PART V, SECTION B, LINE 16J: THE FULL URL TO ACCESS THE FINANCIAL

ASSISTANCE POLICY IS:

WWW.NORTHSIDE.COM/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-

PROGRAM-POLICY

Part V Facility Information (continued)

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

GROUP A-FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH

PART V, SECTION B, LINE 20E: NORTHSIDE FOLLOWS A VERY DETAILED AND ROBUST

PROCESS PRIOR TO INITIATING ECAS. AS INDICATED IN RESPONSE TO QUESTION 20,

NORTHSIDE (1) PROVIDES A WRITTEN NOTICE ABOUT UPCOMING ECAS AND A PLAIN

LANGUAGE SUMMARY OF THE FAP AT LEAST 30 DAYS BEFORE INITIATING ANY ECAS,

(2) NORTHSIDE MAKES REASONABLE EFFORTS TO ORALLY (AND VIA OTHER MEANS)

NOTIFY INDIVIDUALS ABOUT THE FAP AND FAP APPLICATION PROCESS, AND (3)

NORTHSIDE MAKES PRESUMPTIVE ELIGIBILITY DETERMINATIONS TO QUALIFY PATIENTS

FOR FINANCIAL ASSISTANCE. NORTHSIDE PROMPTLY PROCESSES ALL COMPLETE FAP

APPLICATIONS. NORTHSIDE ALSO EVALUATES ALL INCOMPLETE FAP APPLICATIONS,

AND IN CONNECTION WITH SUCH INCOMPLETE APPLICATIONS, TAKES THE FOLLOWING

STEPS: IF NORTHSIDE DETERMINES THAT A PATIENT HAS SUBMITTED AN INCOMPLETE

FAP APPLICATION, NORTHSIDE WILL (A) IMMEDIATELY SUSPEND ANY ECAS THAT MAY

HAVE BEEN INITIATED AGAINST THE PATIENT AFTER THE EXPIRATION OF THE

NOTIFICATION PERIOD BUT BEFORE THE EXPIRATION OF THE APPLICATION PERIOD;

(B) PROVIDE THE PATIENT WITH WRITTEN NOTICE THAT DESCRIBES THE ADDITIONAL

INFORMATION AND/OR DOCUMENTATION THE INDIVIDUAL MUST SUBMIT TO COMPLETE

THE FAP APPLICATION AND INCLUDE A COPY OF THE FAP WITH THE WRITTEN NOTICE;

AND (C) MAKE A NOTE IN THE BILLING SYSTEM INDICATING THAT ECAS SHOULD NOT

BE INITIATED (OR RE-INITIATED) ON THE PATIENT'S ACCOUNT UNTIL THE

EXPIRATION OF THE APPLICATION PERIOD, AND ONLY IF AT THAT POINT THE

PATIENT HAS NOT SUBMITTED THE NECESSARY INFORMATION TO COMPLETE THE FAP

APPLICATION.

NORTHSIDE DEFINES THE "NOTIFICATION PERIOD" TO MEAN THE PERIOD DURING

WHICH IT MUST NOTIFY AN INDIVIDUAL ABOUT THE FAP AND BEGINS ON THE DATE

Part V Facility Information (continued)

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

THE 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.

GROUP A-FACILITY 3 -- NORTHSIDE HOSPITAL - FORSYTH

PART V, SECTION B, LINE 16J: THE FULL URL TO ACCESS THE FINANCIAL

ASSISTANCE POLICY IS:

WWW.NORTHSIDE.COM/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-

PROGRAM-POLICY

GROUP A-FACILITY 4 -- NORTHSIDE HOSPITAL - CHEROKEE

PART V, SECTION B, LINE 16J: THE FULL URL TO ACCESS THE FINANCIAL

ASSISTANCE POLICY IS:

Part V Facility Information (continued)

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

WWW.NORTHSIDE.COM/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-

PROGRAM-POLICY

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 2: NORTHSIDE HOSPITAL GWINNETT

- FACILITY 5: NORTHSIDE HOSPITAL DULUTH

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 2: IN AUGUST 2019, NORTHSIDE AND GWINNETT HEALTH

SYSTEM, INC. ("GWINNETT") EXECUTED AN AFFILIATION AND MERGER AGREEMENT

WHEREBY GWINNETT AND CERTAIN SUBSIDIARIES AND AFFILIATES WERE MERGED INTO

NORTHSIDE, AND NORTHSIDE WAS THE SURVIVING ENTITY. THE GWINNETT HEALTH

SYSTEM WAS COMPRISED OF TWO LICENSED HOSPITAL FACILITIES IN LAWRENCEVILLE

AND DULUTH, GEORGIA.

WHILE THE GWINNETT HEALTH SYSTEM MERGED WITH NORTHSIDE HOSPITAL, INC. IN

AUGUST 2019, THE LEGACY GWINNETT'S CHNA REMAINS THE OPERATIVE CHNA. THUS,

ALL RESPONSES TO THE NARRATIVES IN PART V, SECTION C ARE BASED ON LEGACY

GWINNETT'S CHNA AND ITS HOSPITALS GWINNETT MEDICAL CENTER - LAWRENCEVILLE

AND GWINNETT MEDICAL CENTER - DULUTH. GWINNETT COMPLETED A COMBINED CHNA

IN JUNE 2019. A CHNA WAS NOT REQUIRED FOR THE PERIOD ENDING SEPTEMBER 30,

2020 FOR THE GWINNETT HOSPITAL FACILITIES POST-MERGER.

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 5: GWINNETT COMPLETED A COMBINED CHNA IN AUGUST

2018 FOR ITS TWO HOSPITAL FACILITIES DURING ITS YEAR ENDED JUNE 30, 2019.

Part V Facility Information (continued)

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

DURING THIS TIME, GWINNETT COLLABORATED WITH THE GWINNETT COALITION FOR

HEALTH AND HUMAN SERVICES AND THE GWINNETT COUNTY HEALTH DEPARTMENT TO

COORDINATE VARIOUS FOCUS GROUP MEETINGS INVOLVING THE DEMOGRAPHICS

REPRESENTATIVE OF THE COMMUNITY TO DISCUSS COMMUNITY RELATIONS AND

ENGAGEMENT, ECONOMIC AND FINANCIAL STABILITY, EDUCATION, SAFETY, AGE

FOCUS, AND HEALTH AND WELLNESS.

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 6A: NORTHSIDE HOSPITAL GWINNETT (FORMERLY GWINNETT

MEDICAL CENTER - LAWRENCEVILLE) AND NORTHSIDE HOSPITAL DULUTH (FORMERLY

GWINNETT MEDICAL CENTER - DULUTH) ARE NORTHSIDE HOSPITAL FACILITIES BOTH

LOCATED IN GWINNETT COUNTY. AS THE TWO HOSPITAL FACILITIES ARE LOCATED

WITHIN 10 MILES OF EACH OTHER, THE CHNA REPRESENTS THE COMBINED RESULTS OF

EACH FACILITY.

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED THROUGH COLLABORATIONS

WITH THE GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES AND THE GWINNETT

COUNTY HEALTH DEPARTMENT.

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 7D: HOSPITAL WEBSITE:

WWW.NORTHSIDE.COM/COMMUNITY-WELLNESS/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEED

S-ASSESSMENT

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 11: BASED ON THE RESULTS OF THE 2019 CHNA THE TOP

OPPORTUNITIES LIE IN THE FOLLOWING AREAS:

-MANAGING HEALTH CONDITIONS AND CHRONIC DISEASE TREATMENTS

-IMPROVING ACCESS TO CARE

-PREVENTING CHRONIC DISEASES AND INCREASING WELLNESS

COMMUNITY NEEDS OUTSIDE THE HOSPITAL'S SCOPE AS A HEALTHCARE PROVIDER WERE

NOT ADDRESSED SUCH AS TRANSPORTATION, COMMUNITY COMMUNICATION AND

ENGAGEMENT, HOMELESSNESS/UNEMPLOYMENT, CRIME, LACK OF DIVERSITY IN

COMMUNITY LEADERSHIP AND RESIDENTS WITHOUT ADEQUATE HEALTH INSURANCE.

ADDITIONAL INFORMATION IS PROVIDED WITHIN GWINNETT HEALTH SYSTEM'S 2018

FORM 990 FOR THE YEAR ENDED JUNE 30, 2019.

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 13B: IN ADDITION TO FPG NORTHSIDE ALSO USES MEDICAL

INDIGENCY AS WELL AS PROPENSITY TO PAY TO DETERMINE ELIGIBILITY FOR

FINANCIAL ASSISTANCE.

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 16J: THE FULL URL TO ACCESS THE FINANCIAL

ASSISTANCE POLICY IS:

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PROGRAM-POLICY

Part V Facility Information (continued)

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

GROUP B-FACILITY 2 -- HOSPITALS - GWINNETT AND DULUTH

PART V, SECTION B, LINE 20E: NORTHSIDE FOLLOWS A VERY DETAILED AND ROBUST

PROCESS PRIOR TO INITIATING ECAS. AS INDICATED IN RESPONSE TO QUESTION

20, NORTHSIDE (1) PROVIDES A WRITTEN NOTICE ABOUT UPCOMING ECAS AND A

PLAIN LANGUAGE SUMMARY OF THE FAP AT LEAST 30 DAYS BEFORE INITIATING ANY

ECAS, (2) NORTHSIDE MAKES REASONABLE EFFORTS TO ORALLY (AND VIA OTHER

MEANS) NOTIFY INDIVIDUALS ABOUT THE FAP AND FAP APPLICATION PROCESS, AND

(3) NORTHSIDE MAKES PRESUMPTIVE ELIGIBILITY DETERMINATIONS TO QUALIFY

PATIENTS FOR FINANCIAL ASSISTANCE. NORTHSIDE PROMPTLY PROCESSES ALL

COMPLETE FAP APPLICATIONS. NORTHSIDE ALSO EVALUATES ALL INCOMPLETE FAP

APPLICATIONS, AND IN CONNECTION WITH SUCH INCOMPLETE APPLICATIONS, TAKES

THE FOLLOWING STEPS: IF NORTHSIDE DETERMINES THAT A PATIENT HAS SUBMITTED

AN INCOMPLETE FAP APPLICATION, NORTHSIDE WILL (A) IMMEDIATELY SUSPEND ANY

ECAS THAT MAY HAVE BEEN INITIATED AGAINST THE PATIENT AFTER THE EXPIRATION

OF THE NOTIFICATION PERIOD BUT BEFORE THE EXPIRATION OF THE APPLICATION

PERIOD; (B) PROVIDE THE PATIENT WITH WRITTEN NOTICE THAT DESCRIBES THE

ADDITIONAL INFORMATION AND/OR DOCUMENTATION THE INDIVIDUAL MUST SUBMIT TO

COMPLETE THE FAP APPLICATION AND INCLUDE A COPY OF THE FAP WITH THE

WRITTEN NOTICE; AND (C) MAKE A NOTE IN THE BILLING SYSTEM INDICATING THAT

ECAS SHOULD NOT BE INITIATED (OR RE-INITIATED) ON THE PATIENT'S ACCOUNT

UNTIL THE EXPIRATION OF THE APPLICATION PERIOD, AND ONLY IF AT THAT POINT

THE PATIENT HAS NOT SUBMITTED THE NECESSARY INFORMATION TO COMPLETE THE

FAP APPLICATION.

NORTHSIDE DEFINES THE "NOTIFICATION PERIOD" TO MEAN THE PERIOD DURING

WHICH IT MUST NOTIFY AN INDIVIDUAL ABOUT THE FAP AND BEGINS ON THE DATE

THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE WAS PROVIDED TO THE

Part V Facility Information (continued)

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

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.

GROUP B-FACILITY 5 -- NORTHSIDE HOSPITAL DULUTH

PART V, SECTION B, LINE 7D: HOSPITAL WEBSITE:

WWW.NORTHSIDE.COM/COMMUNITY-WELLNESS/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEED

S-ASSESSMENT

GROUP B-FACILITY 5 -- NORTHSIDE HOSPITAL DULUTH

PART V, SECTION B, LINE 16J: THE FULL URL TO ACCESS THE FINANCIAL

ASSISTANCE POLICY IS:

WWW.NORTHSIDE.COM/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-

PROGRAM-POLICY

Part V Facility Information *(continued)*

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

Multiple horizontal lines for providing supplemental information.

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? 273

Name and address	Type of Facility (describe)
1 NORTHSIDE HOSPITAL CANCER INSTITUTE 308 COLISEUM DRIVE, STE 102 MACON, GA 31217	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
2 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PARKWAY, STE 500 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
3 NORTHSIDE HOSPITAL CANCER INSTITUTE 101 RIVERSTONE VISTA, STE 102 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
4 NORTHSIDE HOSPITAL CANCER INSTITUTE 308 DEEP SOUTH FARM ROAD, STE 200 BLAIRSVILLE, GA 30512	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
5 NORTHSIDE HOSPITAL CANCER INSTITUTE 820 NORTH COBB STREET MILLEDGEVILLE, GA 31061	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
6 NORTHSIDE HOSPITAL CANCER INSTITUTE 747 SOUTH 8TH STREET, STE C GRIFFIN, GA 30224	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
7 LAUREATE MEDICAL GROUP ATLANTA 6135 BARFIELD ROAD, STE 160 AND 200 ATLANTA, GA 30328	PHYSICIAN SERVICES
8 PERIMETER ADVANCED SURGERY CENTER 1100 JOHNSON FERRY ROAD, STE 300 ATLANTA, GA 30342	PHYSICIAN SERVICES
9 NORTHSIDE HOSPITAL CANCER INSTITUTE 1000 COWLES CLINIC WAY, STE 102 GREENSBORO, GA 30642	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
10 ARTHRITIS AND TOTAL JOINT SPECIALIST 3400 OLD MILTON PARKWAY, BLDG C, STE ALPHARETTA, 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? 273

Name and address	Type of Facility (describe)
11 MEDICAL ASSOCIATES OF NORTH GEORGIA 320 HOSPITAL ROAD, STE A CANTON, GA 30114	PHYSICIAN SERVICES
12 NORTHSIDE HEART ATLANTA 5670 PEACHTREE DUNWOODY RD, STE 880 ATLANTA, GA 30342	PHYSICIAN SERVICES
13 NORTHSIDE HOSPITAL CANCER INSTITUTE 214 PERRY HIGHWAY HAWKINSVILLE, GA 31036	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
14 NORTHSIDE VASCULAR SURGERY ATLANTA 980 JOHNSON FERRY ROAD, STE 1040 ATLANTA, GA 30342	PHYSICIAN SERVICES
15 NORTHSIDE HEART BLUE RIDGE 2855 OLD HIGHWAY 5, STE 103 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES
16 ATLANTA CLINICAL CARE 5673 PEACHTREE DUNWOODY ROAD, STE 33 ATLANTA, GA 30342	PHYSICIAN SERVICES
17 NEUROSURGERY AND SPINE ASSOCIATES 631 PROFESSIONAL DRIVE, STE 360 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
18 SOUTHEASTERN PRIMARY CARE SPECIALIST 1035 SOUTHCREST DRIVE, STE 200 STOCKBRIDGE, GA 30281	PHYSICIAN SERVICES
19 CHEROKEE LUNG AND SLEEP CANTON 460 NORTHSIDE CHEROKEE BLVD, STE 130 CANTON, GA 30115	PHYSICIAN SERVICES
20 NORTHSIDE GWINNETT SURGICAL ASSOCIAT 631 PROFESSIONAL DRIVE, STE 300 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
21 NORTH GEORGIA OB/GYN SPECIALISTS WOO 900 TOWNE LAKE PARKWAY, STE 404 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
22 UROLOGY SPECIALISTS OF ATLANTA 5673 PEACHTREE DUNWOODY RD, STE 910 ATLANTA, GA 30342	PHYSICIAN SERVICES
23 LAUREATE MEDICAL GROUP ATLANTA 1110 WEST PEACHTREE STREET, STE 1100 ATLANTA, GA 30309	PHYSICIAN SERVICES
24 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1250 JESSE JEWELL PARKWAY, STE 400 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
25 THE IMAGING CENTER OF WARNER ROBINS 2706 WATSON BOULEVARD, STE D WARNER ROBINS, GA 31093	PHYSICIAN SERVICES
26 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 470 NORTHSIDE CHEROKEE BLVD, STE 180 CANTON, GA 30115	PHYSICIAN SERVICES
27 NHCI RADIATION ONCOLOGY - MACON 308 COLISEUM DRIVE, STE 100 MACON, GA 31217	RADIATION THERAPY CENTER AND PHYSICIAN SERVICES
28 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 2000 HOWARD FARM DRIVE, STE 300 CUMMING, GA 30041	PHYSICIAN SERVICES
29 PREMIER CARE FOR WOMEN 960 JOHNSON FERRY ROAD, STE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
30 SOUTHEASTERN NEUROSURGICAL SPECIALIS 980 JOHNSON FERRY ROAD, STE 490 ATLANTA, GA 30342	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
31 WINDERMERE MEDICAL CLINIC CANTON 200 EAGLES NEST DRIVE, STE 300 CANTON, GA 30115	PHYSICIAN SERVICES
32 ENDOCRINE SPECIALISTS OF ATLANTA 975 JOHNSON FERRY ROAD, STE 400 ATLANTA, GA 30342	PHYSICIAN SERVICES
33 SURGICAL SPECIALISTS OF ATLANTA 1110 WEST PEACHTREE STREET, STE 1010 ATLANTA, GA 30309	PHYSICIAN SERVICES
34 GWINNETT PHYSICIANS GROUP OBGYN LAWR 1942 ATKINSON ROAD, STE 100 LAWRENCEVILLE, GA 30043	PHYSICIAN SERVICES
35 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 960 JOHNSON FERRY ROAD, STE 415 ATLANTA, GA 30342	PHYSICIAN SERVICES
36 CHATTAHOOCHEE SURGICAL GROUP ALPHARE 3400 OLD MILTON PARKWAY, BLDG A, STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES
37 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PARKWAY, STE 380 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
38 INTERNAL MEDICINE ASSOCIATES OF JOHN 3380 PADDOCKS PARKWAY, STE 100 SUWANEE, GA 30024	PHYSICIAN SERVICES
39 JOHNS CREEK SPECIALIST CENTER 3340 PADDOCKS PARKWAY, STE 100 SUWANEE, GA 30024	PHYSICIAN SERVICES
40 NORTHSIDE FAMILY MEDICINE AND URGENT 5610 BETHELVIEW ROAD, STE 500 CUMMING, GA 30040	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
41 NORTHSIDE HEART CUMMING 1505 NORTHSIDE BOULEVARD, STE 3600 CUMMING, GA 30041	PHYSICIAN SERVICES
42 MASON PEDIATRICS 665 DULUTH HIGHWAY, STE 920 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
43 NORTHSIDE CHEROKEE SURGICAL ASSOCIAT 470 NORTHSIDE CHEROKEE BLVD, STE 230 CANTON, GA 30115	PHYSICIAN SERVICES
44 PERIMETER NORTH MEDICAL ASSOCIATES W 900 TOWNE LAKE PARKWAY, STE 210 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
45 UNIVERSITY GYNECOLOGIC ONCOLOGY CUMM 1100 NORTHSIDE FORSYTH DR, STE 420 CUMMING, GA 30041	PHYSICIAN SERVICES
46 NORTH POINT PULMONARY ASSOCIATES CUM 1505 NORTHSIDE BOULEVARD, STE 3500 CUMMING, GA 30041	PHYSICIAN SERVICES
47 MOUNT VERNON INTERNAL MEDICINE ATLAN 755 MT VERNON HIGHWAY, STE 400 ATLANTA, GA 30328	PHYSICIAN SERVICES
48 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 900 TOWNE LAKE PARKWAY, STE 320 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
49 GWINNETT CONSULTANTS IN CARDIOLOGY 755 WALTHER ROAD LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
50 NORTHSIDE PULMONARY AND SLEEP MEDICI 1400 NORTHSIDE FORSYTH DR, STE 210 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? 273

Name and address	Type of Facility (describe)
51 CUMMING FAMILY MEDICINE 765 LANIER 400 PARKWAY, STE A CUMMING, GA 30040	PHYSICIAN SERVICES
52 SPECTRUM NEUROSURGICAL SPECIALISTS 1505 NORTHSIDE BOULEVARD, STE 2500 CUMMING, GA 30041	PHYSICIAN SERVICES
53 LAUREATE MEDICAL GROUP ATLANTA 6135 BARFIELD ROAD, STE 130 ATLANTA, GA 30328	PHYSICIAN SERVICES
54 COMPLETE CARDIOLOGY 1100 JOHNSON FERRY ROAD, STE 450 ATLANTA, GA 30342	PHYSICIAN SERVICES
55 GWINNETT INTERNAL MEDICINE ASSOCIATE 2850 HOG MOUNTAIN ROAD, STE 101 DACULA, GA 30019	PHYSICIAN SERVICES
56 NEUROSURGERY ANSWER 1100 NORTHSIDE FORSYTH DR, STE 310 CUMMING, GA 30041	PHYSICIAN SERVICES
57 ATLANTA COLON AND RECTAL SURGERY 5667 PEACHTREE DUNWOODY RD, STE 330 ATLANTA, GA 30342	PHYSICIAN SERVICES
58 NORTHSIDE FAMILY PRACTICE 960 WOODSTOCK PARKWAY, STE 300 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
59 VASCULAR MEDICINE AND SURGERY SPECIA 1462 MONTREAL ROAD, STE 201 TUCKER, GA 30084	PHYSICIAN SERVICES
60 PERIMETER NORTH MEDICAL ASSOCIATES A 960 JOHNSON FERRY ROAD, STE 300 ATLANTA, GA 30342	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
61 PEACHTREE DUNWOODY MEDICAL ASSOCIATE 875 JOHNSON FERRY ROAD, STE 200 ATLANTA, GA 30342	PHYSICIAN SERVICES
62 ATLANTA CARDIAC AND THORACIC SURGICA 960 JOHNSON FERRY ROAD, STE 100 ATLANTA, GA 30342	PHYSICIAN SERVICES
63 NORTHSIDE CARDIAC SURGERY 631 PROFESSIONAL DRIVE, STE 200 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
64 NORTHSIDE NEUROLOGY CUMMING 1400 NORTHSIDE FORSYTH DR, STE 220 CUMMING, GA 30041	PHYSICIAN SERVICES
65 NORTHSIDE FAMILY MEDICINE AND URGENT 4800 OLDE TOWNE PARKWAY, STE 150 MARIETTA, GA 30068	PHYSICIAN SERVICES
66 SOUTHEASTERN NEUROSURGICAL SPECIALIS 470 NORTHSIDE CHEROKEE BLVD, STE 375 CANTON, GA 30115	PHYSICIAN SERVICES
67 PERIMETER NORTH MEDICAL ASSOCIATES 3400 OLD MILTON PARKWAY, BLDG A, STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES
68 CUMMING FAMILY MEDICINE CUMMING 303 PIRKLE FERRY ROAD, STE A CUMMING, GA 30040	PHYSICIAN SERVICES
69 NORTHSIDE FAMILY MEDICINE AND URGENT 684 SIXES ROAD, STE 125 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
70 NORTHSIDE HOSPITAL CARDIOVASCULAR CA 980 JOHNSON FERRY ROAD, STE 520 ATLANTA, GA 30342	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
71 NORTH GEORGIA DIABETES AND ENDOCRINO 1505 NORTHSIDE BOULEVARD, STE 2800 CUMMING, GA 30041	PHYSICIAN SERVICES
72 MRI & IMAGING OF ATHENS 845 PRINCE AVENUE ATHENS, GA 30606	PHYSICIAN SERVICES
73 NORTHSIDE CHEROKEE PEDIATRICS HOLLY 684 SIXES ROAD, STE 130 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
74 ATLANTA GYNECOLOGIC ONCOLOGY ATLANTA 980 JOHNSON FERRY ROAD, STE 900A ATLANTA, GA 30342	PHYSICIAN SERVICES
75 GENERAL SURGEONS OF GWINNETT SUWANEE 3890 JOHNS CREEK PARKWAY, STE 240D SUWANEE, GA 30024	PHYSICIAN SERVICES
76 LAUREATE MEDICAL GROUP JONESBORO 7823 SPIVEY STATION BLVD, STE 310 JONESBORO, GA 30236	PHYSICIAN SERVICES
77 MEDICAL ASSOCIATES OF NORTH GEORGIA 460 NORTHSIDE CHEROKEE BLVD, STE 300 CANTON, GA 30115	PHYSICIAN SERVICES
78 GEORGIA COLON AND RECTAL SURGICAL AS 5445 MERIDIAN MARK ROAD, STE 180 ATLANTA, GA 30342	PHYSICIAN SERVICES
79 ACADEMIC INTERNAL MEDICINE 665 DULUTH HIGHWAY, STE 401 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
80 LAUREATE MEDICAL GROUP ALPHARETTA 3400 OLD MILTON PARKWAY, STE 500 AND ALPHARETTA, GA 30005	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
81 GROFF FAMILY MEDICINE 115 LEE BYRD ROAD LOGANVILLE, GA 30052	PHYSICIAN SERVICES
82 GWINNETT ADVANCED SURGERY CENTER 2131 FOUNTAIN DRIVE, STE 100 SNELLVILLE, GA 30078	PHYSICIAN SERVICES
83 ATLANTA COLON AND RECTAL SURGERY CAN 470 NORTHSIDE CHEROKEE BLVD, STE 385 CANTON, GA 30115	PHYSICIAN SERVICES
84 PERIMETER NORTH MEDICAL ASSOCIATES C 1505 NORTHSIDE BOULEVARD, STE 4400 CUMMING, GA 30041	PHYSICIAN SERVICES
85 ADULT PRIMARY CARE 575 PROFESSIONAL DRIVE, STE 510 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
86 GEORGIA GYNECOLOGIC ONCOLOGY LAWRENC 771 OLD NORCROSS ROAD, STE 165 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
87 NORTH GEORGIA DIABETES AND ENDOCRINO 3350 PADDOCKS PARKWAY, STE 100 SUWANEE, GA 30024	PHYSICIAN SERVICES
88 MIDTOWN MEDICAL ASSOCIATES 1110 WEST PEACHTREE STREET, STE 1040 ATLANTA, GA 30309	PHYSICIAN SERVICES
89 PERIMETER NORTH MEDICAL ASSOCIATES 3890 JOHNS CREEK PARKWAY, STE 230 SUWANEE, GA 30024	PHYSICIAN SERVICES
90 MEDICAL ASSOCIATES OF NORTH GEORGIA 470 VALLEY STREET, STE 200 BALL GROUND, GA 30107	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? 273

Name and address	Type of Facility (describe)
91 LAUREATE MEDICAL GROUP MARIETTA 4800 OLDE TOWNE PARKWAY, STE 400 MARIETTA, GA 30068	PHYSICIAN SERVICES
92 MRI & IMAGING OF HABERSHAM 638 HISTORIC HIGHWAY 441 N, STE D DEMOREST, GA 30535	PHYSICIAN SERVICES
93 ATLANTA LIVER AND PANCREAS SURGICAL 980 JOHNSON FERRY ROAD, STE 170 ATLANTA, GA 30342	PHYSICIAN SERVICES
94 TOWN LAKE PRIMARY CARE HOLLY SPRINGS 684 SIXES ROAD, STE 105 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
95 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 1110 WEST PEACHTREE STREET, STE 920 ATLANTA, GA 30309	PHYSICIAN SERVICES
96 GOYCO INTERNAL MEDICINE 900 SANDERS ROAD, STE B CUMMING, GA 30041	PHYSICIAN SERVICES
97 COVENANT FAMILY MEDICINE 2069 TERON TRACE, STE 100 DACULA, GA 30019	PHYSICIAN SERVICES
98 NORTHSIDE FAMILY MEDICINE AND URGENT 1110 WEST PEACHTREE STREET, STE P200 ATLANTA, GA 30309	PHYSICIAN SERVICES
99 HARPER AND ASSOC FAMILY MEDICINE 6000 HILLANDALE DRIVE, STE 100 LITHONIA, GA 30058	PHYSICIAN SERVICES
100 ALPHARETTA FOOT AND ANKLE SPECIALIST 2000 HOWARD FARM DRIVE, STE 340A 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? 273

Name and address	Type of Facility (describe)
101 NORTHSIDE CHEROKEE PEDIATRICS WOODST 900 TOWNE LAKE PARKWAY, STE 306 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
102 ANKLE AND FOOT CENTERS OF NORTH GEOR 2000 HOWARD FARM DRIVE, STE 340B CUMMING, GA 30041	PHYSICIAN SERVICES
103 LAUREATE MEDICAL GROUP HOLLY SPRINGS 684 SIXES ROAD, STE 250 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES
104 ATLANTA COLON AND RECTAL SURGERY ROS 1380 UPPER HEMBREE ROAD, STE A ROSWELL, GA 30076	PHYSICIAN SERVICES
105 RAVRY MEDICAL GROUP 5505 PEACHTREE DUNWOODY RD, STE 650 ATLANTA, GA 30342	PHYSICIAN SERVICES
106 GEORGIA COLON AND RECTAL SURGICAL AS 1505 NORTHSIDE BOULEVARD, STE 2900 CUMMING, GA 30041	PHYSICIAN SERVICES
107 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 6135 BARFIELD ROAD, STE 100 AND 110 ATLANTA, GA 30328	PHYSICIAN SERVICES
108 MEDICAL ASSOCIATES OF NORTH GEORGIA 470 NORTHSIDE CHEROKEE BLVD, STE 380 CANTON, GA 30115	PHYSICIAN SERVICES
109 NORTH ATLANTA BREAST CARE 1400 NORTHSIDE FORSYTH DR, STE 280 CUMMING, GA 30041	PHYSICIAN SERVICES
110 NORTH FULTON RHEUMATOLOGY 1300 UPPER HEMBREE ROAD BLDG 100, ST ALPHARETTA, 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? 273

Name and address	Type of Facility (describe)
111 JOHN ATTOKAREN MD 11600 ATLANTIS PLACE, STE B ALPHARETTA, GA 30022	PHYSICIAN SERVICES
112 MELANOMA AND SARCOMA SPECIALISTS OF 980 JOHNSON FERRY ROAD, STE 940 ATLANTA, GA 30342	PHYSICIAN SERVICES
113 NORTH ATLANTA PULMONARY AND SLEEP 993C JOHNSON FERRY ROAD, STE 300 ATLANTA, GA 30342	PHYSICIAN SERVICES
114 BOSTOCK FAMILY MEDICINE 771 OLD NORCROSS ROAD, STE 255 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
115 GWINNETT PHYSICIANS GROUP OBGYN LAWR 1942 ATKINSON ROAD, STE 100 LAWRENCEVILLE, GA 30043	PHYSICIAN SERVICES
116 GEORGIA COLON AND RECTAL SURGICAL AS 1260 HIGHWAY 54 WEST, STE 100 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
117 GWINNETT EAR, NOSE AND THROAT 3855 PLEASANT HILL ROAD, STE 280 DULUTH, GA 30096	PHYSICIAN SERVICES
118 NORTHSIDE FAMILY MEDICINE AND URGENT 11685 ALPHARETTA HWY, STE 150 ROSWELL, GA 30076	PHYSICIAN SERVICES
119 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 1110 WEST PEACHTREE STREET, STE 950 ATLANTA, GA 30309	PHYSICIAN SERVICES
120 ROSWELL INTERNAL MEDICINE SPECIALIST 1357 HEMBREE ROAD, STE 130 ROSWELL, GA 30076	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
121 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1255 FRIENDSHIP ROAD, STE 220 BRASELTON, GA 30517	PHYSICIAN SERVICES
122 PRIMARY CARE OF BROOKHAVEN 4062 PEACHTREE ROAD, STE C ATLANTA, GA 30319	PHYSICIAN SERVICES
123 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 3855 PLEASANT HILL ROAD, STE 270 DULUTH, GA 30096	PHYSICIAN SERVICES
124 NORTH GEORGIA OBGYN - CANTON 470 NORTHSIDE CHEROKEE BLVD, STE 290 CANTON, GA 30115	PHYSICIAN SERVICES
125 GEORGIA COLON AND RECTAL SURGICAL AS 721 WELLNESS WAY, STE 200 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
126 NORTHSIDE ORTHOPEDIC SPECIALISTS 2220 WISTERIA DRIVE SW, STE 202 SNELLVILLE, GA 30078	PHYSICIAN SERVICES
127 MARTHA M. BOONE, MD 3400 OLD MILTON PARKWAY, STE 560 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
128 DACULA FAMILY MEDICINE 2850 HOG MOUNTAIN ROAD, STE 102 DACULA, GA 30019	PHYSICIAN SERVICES
129 CUMMING FAMILY MEDICINE DAWSONVILLE 133 PROMINENCE COURT, STE 230 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
130 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 3400 OLD MILTON PARKWAY, BLDG C, STE 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? 273

Name and address	Type of Facility (describe)
131 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 1150 HAMMOND DRIVE, STE 520 SANDY SPRINGS, GA 30328	PHYSICIAN SERVICES
132 NORTHSIDE GRAYSON PRIMARY CARE 1132 ATHENS HIGHWAY, STE 207 GRAYSON, GA 30017	PHYSICIAN SERVICES
133 EAST COBB FAMILY MEDICINE 1121 JOHNSON FERRY ROAD, STE 320 MARIETTA, GA 30068	PHYSICIAN SERVICES
134 NORTHSIDE GWINNETT WOMENS HEALTH 1800 TREE LANE, STE 300 SNELLVILLE, GA 30078	PHYSICIAN SERVICES
135 NORTH ATLANTA MEDICAL ASSOCIATES DUL 10700 MEDLOCK BRIDGE ROAD, STE 201 DULUTH, GA 30097	PHYSICIAN SERVICES
136 GWINNETT FAMILY MEDICAL CARE SNELLVI 2835 CENTERVILLE HIGHWAY BLDG ONE SNELLVILLE, GA 30078	PHYSICIAN SERVICES
137 REPRODUCTIVE SURGICAL SPECIALISTS 1800 NORTHSIDE FORSYTH DR, STE 380 CUMMING, GA 30041	PHYSICIAN SERVICES
138 SUWANEE PRIMARY CARE 1120 PEACHTREE INDUSTRIAL BLVD, STE SUWANEE, GA 30024	PHYSICIAN SERVICES
139 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 470 NORTHSIDE CHEROKEE BLVD, STE 480 CANTON, GA 30115	PHYSICIAN SERVICES
140 GEORGIA GYNECOLOGIC ONCOLOGY ATLANTA 1110 WEST PEACHTREE ST, STE 1050B 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? 273

Name and address	Type of Facility (describe)
141 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 4800 OLDE TOWNE PARKWAY, STE 430 MARIETTA, GA 30068	PHYSICIAN SERVICES
142 CHEROKEE BREAST CARE CANTON 470 NORTHSIDE CHEROKEE BLVD, STE 770 CANTON, GA 30115	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
143 CHEROKEE LUNG AND SLEEP WOODSTOCK 900 TOWNE LAKE PARKWAY, STE 206 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
144 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 771 OLD NORCROSS ROAD, STE 105 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
145 NORTH POINT PRIMARY CARE 3180 NORTH POINT PARKWAY, BLDG 200, ALPHARETTA, GA 30005	PHYSICIAN SERVICES
146 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 1839 BUFORD HIGHWAY NE, STE 100 BUFORD, GA 30518	PHYSICIAN SERVICES
147 NORTHSIDE MEDICAL SPECIALISTS 145 RIVERSTONE TERRACE, STE 100 CANTON, GA 30114	PHYSICIAN SERVICES
148 INTERNAL MEDICINE PRACTICE OF NORTHS 10745 WESTSIDE WAY, STE 125 ALPHARETTA, GA 30009	PHYSICIAN SERVICES
149 NEWTOWN MEDICAL 3400 OLD MILTON PARKWAY, STE 200 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
150 ANDERSON FAMILY MEDICINE 81 NORTHSIDE DAWSON DRIVE, STE 205 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
151 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 575 PROFESSIONAL DRIVE, STE 400 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
152 PEACHTREE CORNERS PRIMARY CARE 5277 PEACHTREE PARKWAY NORCROSS, GA 30092	PHYSICIAN SERVICES
153 INTERNAL MEDICINE SPECIALIST OF ROSW 11685 ALPHARETTA HWY, STE 270 ROSWELL, GA 30076	PHYSICIAN SERVICES
154 GWINNETT PHYSICIAN GROUP CONCUSSION 3855 PLEASANT HILL ROAD, STE 130 DULUTH, GA 30096	PHYSICIAN SERVICES
155 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 11685 ALPHARETTA HWY, STE 170 ROSWELL, GA 30076	PHYSICIAN SERVICES
156 WOMENS SPECIALISTS OF NORTHSIDE GWIN 1942 ATKINSON ROAD, STE 100 LAWRENCEVILLE, GA 30043	PHYSICIAN SERVICES
157 SLEEP DISORDERS CENTER OF GEORGIA 993C JOHNSON FERRY ROAD, STE 301 ATLANTA, GA 30342	PHYSICIAN SERVICES
158 LANIER FAMILY PRACTICE 1080 SANDERS ROAD, STE 100 CUMMING, GA 30041	PHYSICIAN SERVICES
159 NORTH GEORGIA OB/GYN SPECIALISTS BLU 2855 OLD HIGHWAY 5, STE 110 BLUE RIDGE, GA 30513	PHYSICIAN SERVICES
160 SURGICAL SPECIALISTS OF ATLANTA ALPH 3400 OLD MILTON PARKWAY, BLDG A, STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
161 STRICKLAND FAMILY MEDICINE LAWRENCEV 665 DULUTH HIGHWAY, STE 501 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
162 GEORGIA COLON AND RECTAL SURGICAL AS 3400 OLD MILTON PARKWAY, BLDG A, STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES
163 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1270 FRIENDSHIP ROAD, STE 100 BRASELTON, GA 30517	PHYSICIAN SERVICES
164 NORTH ATLANTA MEDICAL ASSOCIATES STO 1505 LILBURN STONE MOUNTAIN RD, STE STONE MOUNTAIN, GA 30087	PHYSICIAN SERVICES
165 NORTH GEORGIA OB/GYN SPECIALISTS EAS 433 HIGHLAND CROSSING, STE 203 EAST ELLIJAY, GA 30540	PHYSICIAN SERVICES
166 PRIMARY CARE OF MILTON 980 BIRMINGHAM ROAD, STE 304 MILTON, GA 30004	PHYSICIAN SERVICES
167 GEORGIA COLON AND RECTAL SURGICAL AS 1110 WEST PEACHTREE STREET, STE 1030 ATLANTA, GA 30309	PHYSICIAN SERVICES
168 GEORGIA ORTHOPEDIC SPECIALISTS 460 NORTHSIDE CHEROKEE BLVD, STE 430 CANTON, GA 30115	PHYSICIAN SERVICES
169 SPORTS MEDICINE SOUTH OF GWINNETT 1900 RIVERSIDE PARKWAY LAWRENCEVILLE, GA 30043	PHYSICIAN SERVICES
170 INTERNAL MEDICINE OF EAST COBB 1121 JOHNSON FERRY ROAD, STE 100 MARIETTA, GA 30068	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
171 WINDERMERE MEDICAL CLINIC BALDWIN 386 HIGHWAY 441 BYPASS BALDWIN, GA 30551	PHYSICIAN SERVICES
172 SOVEREIGN REHABILITATION - STOCKBRID 125 MEDICAL BLVD STOCKBRIDGE, GA 30281	PHYSICIAN SERVICES
173 SOVEREIGN REHABILITATION - LAWRENCEV 575 PROFESSIONAL DRIVE, STE 370 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
174 SOVEREIGN REHABILITATION - EAST COBB 4800 OLDE TOWNE PKWY, STE 130 MARIETTA, GA 30068	PHYSICIAN SERVICES
175 SOVEREIGN REHABILITATION - DUNWOODY 5555 PEACHTREE DUNWOODY RD NE, #225 ATLANTA, GA 30342	PHYSICIAN SERVICES
176 SOVEREIGN REHABILITATION - DECATUR 495 WINN WAY, #120 DECATUR, GA 30030	PHYSICIAN SERVICES
177 SOVEREIGN REHABILITATION - ALPHARETT 3400-C OLD MINTON PARKWAY, STE 390 ALPHARETTA, GA 30005	PHYSICIAN SERVICES
178 GEORGIA COLON AND RECTAL SURGICAL AS 2801 N DECATUR ROAD, STE 120 DECATUR, GA 30033	PHYSICIAN SERVICES
179 WOUND TREATMENT CENTER 100 MEDICAL CENTER BLVD, STE 165 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
180 SOVEREIGN REHABILITATION - CONYERS 1301 SIGMAN RD NE, STE 220 CONYERS, GA 30012	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
181 NORTHSIDE CENTER FOR UROGYNECOLOGY 595 HURRICANE SHOALS ROAD NW, STE 30 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
182 GWINNETT FAMILY MEDICAL CARE LAWRENC 771 OLD NORCROSS ROAD, STE 350 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
183 SOVEREIGN REHABILITATION - LOGANVILL 3541 GEORGIA 81 LOGANVILLE, GA 30052	PHYSICIAN SERVICES
184 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 2000 HOWARD FARM DRIVE, STE 450 CUMMING, GA 30041	PHYSICIAN SERVICES
185 SOVEREIGN REHABILITATION - MIDTOWN 1110 WEST PEACHTREE NW, STE 1060 ATLANTA, GA 30309	PHYSICIAN SERVICES
186 GWINNETT PHYSICIANS GROUP OBGYN LAWR 1942 ATKINSON ROAD, STE 100 5553 PEACHTREE ROAD, STE 105, GA 300	PHYSICIAN SERVICES
187 ATLANTA GYNECOLOGIC ONCOLOGY MARIETT 780 CANTON ROAD, STE 405 MARIETTA, GA 30060	PHYSICIAN SERVICES
188 SOVEREIGN REHABILITATION - HAPEVILLE 747 VIRGINIA AVENUE, STE 200 HAPEVILLE, GA 30354	PHYSICIAN SERVICES
189 ACADEMIC INTERNAL MED - STAFF 500 MEDICAL CENTER BLVD, STE 310 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
190 SOVEREIGN REHABILITATION - CUMMING 5610 BETHELVIEW RD, STE 400 CUMMING, GA 30040	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
191 PEACHTREE CORNERS INTERNAL MEDICINE 6460 SPALDING DRIVE, STE A NORCROSS, GA 30092	PHYSICIAN SERVICES
192 KENNESAW FAMILY MEDICINE 6110 PINE MOUNTAIN ROAD, STE 102 KENNESAW, GA 30152	PHYSICIAN SERVICES
193 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 3280 PEACHTREE ROAD NE, STE 160 ATLANTA, GA 30305	PHYSICIAN SERVICES
194 SOVEREIGN REHABILITATION - CHAMBLEE 5553 PEACHTREE ROAD, STE 105 CHAMBLEE, GA 30341	PHYSICIAN SERVICES
195 CHEROKEE LUNG AND SLEEP EAST ELLIJAY 433 HIGHLAND CROSSING, STE 203A EAST ELLIJAY, GA 30540	PHYSICIAN SERVICES
196 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 1255 FRIENDSHIP ROAD, STE 120 BRASELTON, GA 30517	PHYSICIAN SERVICES
197 ATLANTA CARDIAC AND THORACIC SURGICA 1110 WEST PEACHTREE STREET, STE 1010 ATLANTA, GA 30309	PHYSICIAN SERVICES
198 TOWNE LAKE PRIMARY CARE - BRIDGEMILL 10515 BELLS FERRY ROAD, STE 200 CANTON, GA 30114	PHYSICIAN SERVICES
199 SOVEREIGN REHABILITATION - CANTON 470 NORTHSIDE CHEROKEE BLVD, STE 190 CANTON, GA 30115	PHYSICIAN SERVICES
200 NORTHSIDE HOSPITAL CARDIOVASCULAR IN 684 SIXES ROAD, STE 230 HOLLY SPRINGS, GA 30115	PHYSICIAN SERVICES

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How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
201 CUMMING FAMILY MEDICINE CUMMING 765 LANIER 400 PARKWAY, STE 200 CUMMING, GA 30040	PHYSICIAN SERVICES
202 STRICKLAND FAMILY MED CLINIC LAWRENC 665 DULUTH HIGHWAY, STE 501 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
203 LAUREATE MEDICAL GROUP CANTON 470 NORTHSIDE CHEROKEE BLVD, STE 490 CANTON, GA 30115	PHYSICIAN SERVICES
204 ARTHRITIS AND TOTAL JOINT SPECIALIST 4800 OLDE TOWNE PARKWAY, STE 430A MARIETTA, GA 30068	PHYSICIAN SERVICES
205 ARTHRITIS AND TOTAL JOINT SPECIALIST 5670 PEACHTREE DUNWOODY RD, STE 1230 ATLANTA, GA 30342	PHYSICIAN SERVICES
206 ARTHRITIS AND TOTAL JOINT SPECIALIST 1110 WEST PEACHTREE STREET, STE 940 ATLANTA, GA 30309	PHYSICIAN SERVICES
207 ARTHRITIS AND TOTAL JOINT SPECIALIST 1255 FRIENDSHIP ROAD, STE 200 BRASELTON, GA 30517	PHYSICIAN SERVICES
208 ARTHRITIS AND TOTAL JOINT SPECIALIST 1475 JESSE JEWELL PKWY NE, STE 302 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
209 ARTHRITIS AND TOTAL JOINT SPECIALIST 960 WOODSTOCK PARKWAY, STE 200 WOODSTOCK, GA 30188	PHYSICIAN SERVICES
210 ARTHRITIS AND TOTAL JOINT SPECIALIST 470 NORTHSIDE CHEROKEE BLVD, STE 160 CANTON, GA 30115	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
211 ARTHRITIS AND TOTAL JOINT SPECIALIST 771 OLD NORCROSS ROAD, STE 135 LAWRENCEVILLE, GA 30045	PHYSICIAN SERVICES
212 NORTH POINT PULMONARY ASSOCIATES ALP 3400 OLD MILTON PARKWAY, BLDG C, STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES
213 NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 5555 PEACHTREE DUNWOODY RD, STE 101 ATLANTA, GA 30342	PHYSICIAN SERVICES
214 GWINNETT SURGERY CENTER 631 PROFESSIONAL DRIVE, STE 300A LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
215 NORTHSIDE HEART ROSWELL 1285 UPPER HEMBREE ROAD, STE 100 ROSWELL, GA 30076	PHYSICIAN SERVICES
216 SOUTHEASTERN NEUROSURGICAL SPECIALIS 3300 OLD MILTON PARKWAY, STE 225A ALPHARETTA, GA 30005	PHYSICIAN SERVICES
217 ATLANTA CARDIAC AND THORACIC SURGICA 1100 NORTHSIDE FORSYTH DR, STE 410 CUMMING, GA 30041	PHYSICIAN SERVICES
218 ATLANTA GYNECOLOGIC ONCOLOGY ALPHARE 3400 OLD MILTON PARKWAY, BLDG A, STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES
219 GENERAL SURGEONS OF GWINNETT SNELLVI 1800 TREE LANE, STE 330 SNELLVILLE, GA 30078	PHYSICIAN SERVICES
220 GEORGIA GYNECOLOGIC ONCOLOGY CUMMING 1505 NORTHSIDE BOULEVARD, STE 3800B CUMMING, GA 30041	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
221 BARIATRIC INNOVATIONS OF ATLANTA CAN 470 NORTHSIDE CHEROKEE BLVD, STE 170 CANTON, GA 30115	PHYSICIAN SERVICES
222 SOUTHEASTERN NEUROSURGICAL SPECIALIS 631 CAMPBELL HILL STREET, STE 100 MARIETTA, GA 30060	PHYSICIAN SERVICES
223 UNIVERSITY GYNECOLOGIC ONCOLOGY ATLA 1110 WEST PEACHTREE STREET, STE 810C ATLANTA, GA 30309	PHYSICIAN SERVICES
224 UNIVERSITY GYNECOLOGIC ONCOLOGY ATLA 960 JOHNSON FERRY ROAD, STE 130 ATLANTA, GA 30342	PHYSICIAN SERVICES
225 NORTHSIDE NEUROLOGY CUMMING 1400 NORTHSIDE FORSYTH DR, STE 250 CUMMING, GA 30041	PHYSICIAN SERVICES
226 LAUREATE MEDICAL GROUP FORSYTH 2000 HOWARD FARM DRIVE, STE 400 CUMMING, GA 30041	PHYSICIAN SERVICES
227 WINDERMERE MEDICAL CLINIC CUMMING 3850 WINDERMERE PARKWAY, STE 105 CUMMING, GA 30041	PHYSICIAN SERVICES
228 NORTHSIDE CHEROKEE SURGICAL ASSOCIAT 900 TOWNE LAKE PARKWAY, STE 412 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
229 NORTHSIDE FAMILY MEDICINE AND URGENT 81 NORTHSIDE DAWSON DRIVE, STE 100 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
230 ATLANTA CARDIAC AND THORACIC SURGICA 308 DEEP SOUTH FARM ROAD, STE 100 BLAIRSVILLE, GA 30512	PHYSICIAN SERVICES

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

How many non-hospital health care facilities did the organization operate during the tax year? 273

Name and address	Type of Facility (describe)
231 ATLANTA CARDIAC AND THORACIC SURGICA 460 NORTHSIDE CHEROKEE BLVD, STE 140 CANTON, GA 30115	PHYSICIAN SERVICES
232 ATLANTA GYNECOLOGIC ONCOLOGY CANTON 460 NORTHSIDE CHEROKEE BLVD, STE 400 CANTON, GA 30115	PHYSICIAN SERVICES
233 ATLANTA GYNECOLOGIC ONCOLOGY WOODSTO 900 TOWNE LAKE PARKWAY, STE 302F WOODSTOCK, GA 30189	PHYSICIAN SERVICES
234 NORTHSIDE HEART ALPHARETTA 3400 OLD MILTON PARKWAY, BLDG C,STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES
235 NORTHSIDE HEART MARIETTA 4800 OLDE TOWNE PARKWAY, STE 420 MARIETTA, GA 30068	PHYSICIAN SERVICES
236 NORTH GEORGIA DIABETES AND ENDOCRINO 1505 NORTHSIDE BOULEVARD, STE 2850 CUMMING, GA 30041	PHYSICIAN SERVICES
237 TOWN LAKE PRIMARY CARE WOODSTOCK 900 TOWNE LAKE PARKWAY, STE 410 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
238 NORTHSIDE VASCULAR SURGERY CANTON 460 NORTHSIDE CHEROKEE BLVD, STE 100 CANTON, GA 30115	PHYSICIAN SERVICES
239 NORTHSIDE VASCULAR SURGERY CUMMING 1505 NORTHSIDE BOULEVARD, STE 2400 CUMMING, GA 30041	PHYSICIAN SERVICES
240 NORTHSIDE HEART CANTON 460 NORTHSIDE CHEROKEE BLVD, STE 150 CANTON, 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? 273

Name and address	Type of Facility (describe)
241 NORTHSIDE HEART WOODSTOCK 900 TOWNE LAKE PARKWAY, STE 400 WOODSTOCK, GA 30189	PHYSICIAN SERVICES
242 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1276 JESSE JEWELL PARKWAY, STE B-C1 GAINESVILLE, GA 30501	PHYSICIAN SERVICES
243 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1270 FRIENDSHIP ROAD, STE 130 BRASELTON, GA 30517	PHYSICIAN SERVICES
244 NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1255 FRIENDSHIP ROAD, STE 230 BRASELTON, GA 30517	PHYSICIAN SERVICES
245 ARTHRITIS AND TOTAL JOINT SPECIALIST 2000 HOWARD FARM DRIVE, STE 200 CUMMING, GA 30041	PHYSICIAN SERVICES
246 NORTHSIDE PULMONARY AND SLEEP MEDICI 4700 NELSON BROGDON BLVD, STE 125 BUFORD, GA 30019	PHYSICIAN SERVICES
247 NORTHSIDE PULMONARY AND SLEEP MEDICI 81 NORTHSIDE DAWSON DRIVE, STE 315B DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
248 BARIATRIC INNOVATIONS OF ATLANTA DUL 3215 MCCLURE BRIDGE ROAD DULUTH, GA 30096	PHYSICIAN SERVICES
249 BARIATRIC INNOVATIONS OF ATLANTA 6135 BARFIELD ROAD, STE 150 ATLANTA, GA 30328	PHYSICIAN SERVICES
250 ALPHARETTA FOOT AND ANKLE SPECIALIST 3400 OLD MILTON PARKWAY, BLDG A, STE ALPHARETTA, GA 30005	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
251 ATLANTA COLON AND RECTAL SURGERY MAR 780 CANTON ROAD, STE 315 MARIETTA, GA 30060	PHYSICIAN SERVICES
252 ATLANTA COLON AND RECTAL SURGERY CUM 1505 NORTHSIDE BOULEVARD, STE 1900 CUMMING, GA 30041	PHYSICIAN SERVICES
253 CHATTAHOOCHEE SURGICAL GROUP DAWSONV 81 NORTHSIDE DAWSON DRIVE, STE 305D DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
254 CHATTAHOOCHEE SURGICAL GROUP CUMMING 980 SANDERS ROAD, STE 100 CUMMING, GA 30042	PHYSICIAN SERVICES
255 ANKLE AND FOOT CENTERS OF NORTH GEOR 81 NORTHSIDE DAWSON DRIVE, STE 204 DAWSONVILLE, GA 30534	PHYSICIAN SERVICES
256 NORTHSIDE CHEROKEE SURGICAL ASSOCIAT 780 CANTON ROAD, STE 320 MARIETTA, GA 30060	PHYSICIAN SERVICES
257 GENERAL SURGEONS OF GWINNETT LAWRENC 631 PROFESSIONAL DRIVE, STE 470 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
258 GEORGIA GYNECOLOGIC ONCOLOGY ATLANTA 980 JOHNSON FERRY ROAD, STE 900 ATLANTA, GA 30342	PHYSICIAN SERVICES
259 SOUTHEASTERN PRIMARY CARE SPECIALIST 105 CARNEGIE PLACE, STE 103 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES
260 SOUTHEASTERN PRIMARY CARE SPECIALIST 105 CARNEGIE PLACE, STE 111 FAYETTEVILLE, GA 30214	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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? 273

Name and address	Type of Facility (describe)
261 SURGICAL SPECIALISTS OF ATLANTA MARI 4800 OLDE TOWNE PARKWAY, STE 110C MARIETTA, GA 30068	PHYSICIAN SERVICES
262 SURGICAL SPECIALISTS OF ATLANTA PEAC 5670 PEACHTREE DUNWOODY RD, STE 920 ATLANTA, GA 30342	PHYSICIAN SERVICES
263 SURGICAL SPECIALISTS OF ATLANTA 960 JOHNSON FERRY ROAD, STE 336B ATLANTA, GA 30342	PHYSICIAN SERVICES
264 NORTH ATLANTA MEDICAL ASSOCIATES DEC 2545 LAWRENCEVILLE HIGHWAY, STE 200 DECATUR, GA 30033	PHYSICIAN SERVICES
265 GWINNETT INTERNAL MEDICINE ASSOCIATE 601 OLD NORCROSS ROAD, STE A LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
266 SPECTRUM NEUROSURGICAL SPECIALISTS C 470 NORTHSIDE CHEROKEE BLVD, STE 460 CANTON, GA 30115	PHYSICIAN SERVICES
267 WOMENS SPECIALISTS OF NORTHSIDE GWIN 601-A PROFESSIONAL DRIVE, STE 310 LAWRENCEVILLE, GA 30046	PHYSICIAN SERVICES
268 NORTHSIDE CENTER FOR UROGYNECOLOGY 960 JOHNSON FERRY ROAD, STE 336A ATLANTA, GA 30342	PHYSICIAN SERVICES
269 NORTHSIDE HOSPITAL CANCER INSTITUTE 1110 WEST PEACHTREE STREET, STE 100 ATLANTA, GA 30309	PHYSICIAN SERVICES
270 ATLANTA CARDIAC AND THORACIC SURGERY 780 CANTON ROAD NE, STE 320 MARIETTA, GA 30060	PHYSICIAN SERVICES

Schedule H (Form 990) 2019

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 AN ADDITIONAL OPPORTUNITY TO
 QUALIFY FOR CHARITY. AN APPLICATION IS COMPLETED BY THE PATIENT AND/OR A
 SCORING METHODOLOGY IS GATHERED FROM A THIRD PARTY USING ITS PROPRIETARY
 SOURCE TO DETERMINE PROPENSITY TO PAY. THESE TOOLS ARE USED TO DETERMINE
 SOMEONE'S QUALIFICATIONS FOR A CHARITY DISCOUNT OR FREE CARE IN ADDITION
 TO THE FPG THRESHOLDS STATED ABOVE.

PART I, LINE 7:

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 7
 IS THE COST TO CHARGE RATIO CALCULATED PURSUANT TO THE IRS SCHEDULE H
 WORKSHEET 2 INSTRUCTIONS.

PART I, LN 7 COL(F):

BAD DEBT EXPENSE IN THE AMOUNT OF \$391,640,441 HAS BEEN REMOVED FROM TOTAL
 EXPENSE TO COMPUTE THE PERCENTAGE IN COLUMN (F).

Part VI Supplemental Information (Continuation)

PART I, LINE 7H

THE COST OF RESEARCH PER SCHEDULE H IS LIMITED TO INTERNALLY-FUNDED RESEARCH OR RESEARCH FUNDED BY GOVERNMENT AND NON-PROFIT ENTITIES THAT IS PUBLISHED OR INTENDED TO BE MADE AVAILABLE TO THE PUBLIC. NORTHSIDE INCURS COSTS FOR RESEARCH THAT, ALTHOUGH NOT MADE AVAILABLE TO THE PUBLIC AND THUS NOT INCLUDED IN SCHEDULE H, IS USED INTERNALLY FOR THE BENEFIT OF THE COMMUNITY AS A WHOLE. DURING THE YEAR ENDING SEPTEMBER 30, 2020, NORTHSIDE INCURRED TOTAL RESEARCH COSTS OF \$16.4 MILLION.

PART II, COMMUNITY BUILDING ACTIVITIES:

AS A COMMUNITY HOSPITAL SYSTEM, NORTHSIDE IS ACTIVELY INVOLVED IN IMPROVING THE HEALTH STATUS OF ITS COMMUNITY EITHER THROUGH ITS COMMUNITY BENEFIT ACTIVITIES OR THROUGH ITS COMMUNITY BUILDING ACTIVITIES. THE LATTER INCLUDES ACTIVITIES LIKE PHYSICAL IMPROVEMENTS AND HOUSING; ECONOMIC DEVELOPMENT; COMMUNITY SUPPORT; ENVIRONMENTAL IMPROVEMENTS; LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS; COALITION BUILDING; COMMUNITY HEALTH IMPROVEMENT ADVOCACY; WORKFORCE DEVELOPMENT; AND OTHERS. NORTHSIDE SUPPORTED MULTIPLE COMMUNITY BUILDING ACTIVITIES OVER THE PAST YEAR INCLUDING ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, WORKFORCE DEVELOPMENTS, AND PHYSICAL IMPROVEMENTS/HOUSING.

TO ILLUSTRATE OUR COMMUNITY BUILDING SUPPORT ACTIVITIES, NORTHSIDE CONTRIBUTED TO THE NON-PROFIT, CHATTAHOOCHEE NATURE CENTER (CNC). THE CNC'S MISSION IS TO CONNECT PEOPLE WITH NATURE. THE CNC CREATES AND DELIVERS HEALTHY OUTDOOR PROGRAMMING FOR BOTH CHILDREN AND ADULTS TO BETTER HELP THE COMMUNITY CONNECT WITH NATURE IN A SAFE AND EASILY ACCESSIBLE ENVIRONMENT. STUDIES SHOW THAT SPENDING TIME IN NATURE HELPS TO

Part VI Supplemental Information (Continuation)

REDUCE BLOOD PRESSURE, RELAX THE BRAIN AND LOWER STRESS HORMONE LEVELS.

THE CNC IS DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY AND CREATING

LIFE-LONG LEARNING OPPORTUNITIES THAT ENHANCE THE EDUCATIONAL, SCIENTIFIC,

AND CULTURAL LIFE OF THE REGION.

NORTHSIDE RECOGNIZES THAT HOUSING IS AN IMPORTANT SOCIAL DETERMINANT OF

HEALTH. AFFORDABLE HOMEOWNERSHIP HELPS FAMILIES BREAK THE CYCLE OF POVERTY

AND BUILD LONG-TERM FINANCIAL STABILITY, WHICH IMPROVES HEALTH STATUS.

THUS, NORTHSIDE SUPPORTED THE GWINNETT HABITAT FOR HUMANITY WHOSE MISSION

IS TO PROVIDE SAFE, DECENT, AFFORDABLE HOUSING TO THOSE IN NEED THROUGH

TWO MAIN PROGRAMS: NEW HOME CONSTRUCTION AND CRITICAL HOME REPAIRS FOR

LOW-INCOME FAMILIES.

PART II, LINE 8

BIANNUALLY, 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.

Part VI Supplemental Information (Continuation)

THROUGH THESE ANALYSES, NORTHSIDE HAS IDENTIFIED A DEFINED NUMERIC NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN TWENTY-SIX SPECIALTIES IN NHC'S STARK-COMPLIANT GEOGRAPHIC AREA AND A NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN TWENTY-SEVEN SPECIALTIES IN NHF'S STARK-COMPLIANT GEOGRAPHIC AREA. BOTH NHC AND NHF ARE CONCENTRATING RECRUITMENT EFFORTS ON PRIMARY CARE AND MEDICAL AND SURGICAL SPECIALTIES WITH AN EMPHASIS ON RECRUITING NEEDED PHYSICIANS INTO FORSYTH, DAWSON, PICKENS, AND CHEROKEE COUNTIES TO MEET THE IDENTIFIED COMMUNITY PHYSICIAN NEED.

NORTHSIDE'S OTHER WORKFORCE DEVELOPMENT ACTIVITY FOCUSSES ON SUPPORTING SCHOOLS IN THEIR EFFORTS TO PREPARE YOUTH TO SUCCESSFULLY HANDLE THE COMPLEXITIES OF CONTEMPORARY SOCIETY. THE LEARNING FOR LIFE CURRICULUM PREPARES STUDENTS TO ENHANCE THEIR SELF-CONFIDENCE, MOTIVATION, AND SELF-ESTEEM. THE PROGRAM USES AGE-APPROPRIATE, GRADE-SPECIFIC LESSON PLANS TO GIVE YOUTH SKILLS AND INFORMATION THAT WILL HELP THEM MAKE POSITIVE DECISIONS FOR THEMSELVES, THEIR FAMILIES AND THEIR FUTURES. OVER THE PAST YEAR, NORTHSIDE EMPLOYEES SPENT 121 HOURS ASSISTING 30 STUDENTS VIA THE LEARNING FOR LIFE HEALTHCARE EXPLORER'S PROGRAM. PARTICIPATING STUDENTS VISIT MANY AREAS OF THE HOSPITAL, PERFORMING EXERCISES AND PARTICIPATING DURING LECTURES BY HEALTHCARE PROFESSIONALS. EACH CLASS FOCUSES ON A DIFFERENT AREA OF HEALTH CARE - CARDIOLOGY, ROBOTIC SURGERY, RADIOLOGY, PHARMACY, WOMEN'S SERVICES AND OTHER SPECIALTIES.

IN ADDITION TO THE WORKFORCE DEVELOPMENT ACTIVITIES NOTED ABOVE, NORTHSIDE ALSO PARTICIPATED IN OTHER COMMUNITY BUILDING ACTIVITIES SUCH AS THE GEORGIA MATERNAL MORTALITY REVIEW COMMITTEE, THE ATLANTA HEART

Part VI Supplemental Information (Continuation)

FAILURE PROJECT AND THE CORPORATE KITCHEN FOOD RESCUE PROGRAM.

PART III, LINE 4:

NORTHSIDE DETERMINES ITS ESTIMATES OF EXPLICIT AND IMPLICIT PRICE

CONCESSIONS USING A PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT IN

ACCORDANCE WITH FASB ASU 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS

(TOPIC 606). SUBSEQUENT CHANGES IN THE TRANSACTION PRICE THAT ARE

DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY

TO PAY ARE RECORDED AS OPERATING EXPENSES IN THE CONSOLIDATED STATEMENTS

OF OPERATIONS. THE PROVISION FOR BAD DEBTS FOR THE YEARS ENDED SEPTEMBER

30, 2020 AND 2019 WAS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL

STATEMENTS.

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 2020 MEDICARE COST REPORT

APPLIED TO MEDICARE CHARGES. THE MEDICARE PROGRAM PAYS AT AMOUNTS WHICH

ARE LESS THAN THE COST OF PROVIDING SERVICES. ANY COST NOT REIMBURSED BY

MEDICARE IS BORNE BY NORTHSIDE HOSPITAL WHICH EASES THE BURDEN TO THE

GOVERNMENT FOR THE PROVISION OF HEALTH CARE UNDER THE MEDICARE PROGRAM. AS

SUCH, THIS SHORTFALL IS REPORTED AS A COMMUNITY BENEFIT.

Part VI Supplemental Information (Continuation)

PART III, LINE 9B:

THE COLLECTION POLICY IS SPECIFIC TO THE TIMING AND PROTOCOLS FOLLOWED IN THE DEBT COLLECTION PROCESS. HOWEVER, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY SUPERSEDES THE DEBT COLLECTION POLICY IN ANY SITUATION WHERE A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE.

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-WELLNESS/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEED S-ASSESSMENT AND PROVIDING AN OPPORTUNITY FOR PUBLIC FEEDBACK VIA NORTHSIDE.CHNA@NORTHSIDE.COM.

NORTHSIDE UTILIZED AN EVIDENCE-BASED MODEL OF POPULATION HEALTH ADAPTED

Part VI Supplemental Information (Continuation)

FROM THE WISCONSIN POPULATION HEALTH INSTITUTE AND ALSO UTILIZED BY COUNTY

HEALTH RANKINGS AND ROADMAPS. THIS MODEL ILLUSTRATES THE COMPLEXITY OF

ASSESSING A COMMUNITY'S HEALTH STATUS BY OUTLINING THE FACTORS THAT ACT IN

COMBINATION TO DETERMINE THE CURRENT STATUS OF A COMMUNITY'S HEALTH. THE

EVIDENCE-BASED MODEL OUTLINES THE HEALTH DETERMINANTS (DEMOGRAPHICS AND

SOCIAL ENVIRONMENT, HEALTHCARE ACCESS AND QUALITY, HEALTH BEHAVIORS, AND

THE PHYSICAL ENVIRONMENT) THAT LEAD TO THE HEALTH OUTCOMES IN A COMMUNITY

(MORBIDITY AND MORTALITY).

THE CENTERS FOR DISEASE CONTROL AND PREVENTION ("CDC") PERFORMED A

SYSTEMATIC LITERATURE REVIEW TO DETERMINE A COMMON SET OF HEALTH METRICS

THAT SHOULD BE USED TO MEASURE BOTH THE HEALTH DETERMINANTS AND HEALTH

OUTCOMES. NORTHSIDE USED THE CDC'S LIST OF "MOST FREQUENTLY RECOMMENDED

HEALTH METRICS" TO DETERMINE WHAT VARIABLES TO CONSIDER FOR NORTHSIDE'S

CURRENT CHNA. NORTHSIDE UTILIZED THE CDC'S RECOMMENDED VARIABLES AND

METRIC WHEN THEY WERE READILY AVAILABLE AT THE COUNTY LEVEL.

FOR GWINNETT HEALTH SYSTEM, IN AUGUST 2018, THE PLAN TO CONDUCT THE THIRD

THREE-YEAR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS APPROVED BY

HOSPITAL LEADERSHIP, THE BOARD COMMUNITY BENEFIT COMMITTEE AND THE

COMMUNITY HEALTH AND WELLNESS COUNCIL. IN JANUARY 2018 THE GWINNETT

COALITION FOR HEALTH AND HUMAN SERVICES AND THE GWINNETT COUNTY HEALTH

DEPARTMENT AGREED TO COLLABORATE WITH GWINNETT MEDICAL CENTER AND TO

GATHER COMMUNITY DATA TO BE SHARED BY ALL THREE ORGANIZATIONS AS PART OF A

CONTINUOUS COMMUNITY ASSESSMENT PROCESSES. THESE THREE ENTITIES COMMITTED

TO PROVIDING FINANCIAL AND IN-KIND SUPPORT FOR THE ASSESSMENT PROCESS. THE

ASSESSMENT ALSO INCLUDED PARTICIPATION OF COUNTY DEPARTMENTS, SCHOOL

DISTRICT AND COMMUNITY SERVICE AGENCIES PROVIDING HEALTH AND RELATED

Part VI Supplemental Information (Continuation)

SERVICES. TO ENSURE INPUT FROM PERSONS WITH BROAD KNOWLEDGE OF THE
COMMUNITY, THE PARTNERSHIP CONDUCTED FOCUS GROUPS, COMMUNITY SERVICE
AGENCY COMMITTEES' INPUT, COMMUNITY KEY LEADER INTERVIEWS AND COMMUNITY
ASSESSMENTS. SUMMARY COMMUNITY REFERRAL DATA FROM THE GWINNETT COALITION'S
HELPLINE WERE INCLUDED IN THE ANALYSIS. IN ADDITION, THE GWINNETT COUNTY
2014 YOUTH SURVEY RESULTS WERE INCLUDED IN THE COMMUNITY INPUT DATA SET.

PART VI, LINE 3:

NORTHSIDE INFORMS AND EDUCATES PATIENTS AND PERSONS WHO ARE BILLED FOR
PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE AND
NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM IN NUMEROUS WAYS.

NORTHSIDE CONSPICUOUSLY POSTS NOTICE OF ITS FINANCIAL ASSISTANCE PROGRAM
AND HOW TO ACCESS ITS FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE
APPLICATION AT ALL MAJOR POINTS OF ACCESS TO ITS INPATIENT AND OUTPATIENT
FACILITIES, THESE POINTS OF ACCESS INCLUDE THE HOSPITALS' PATIENT WAITING
ROOMS AND EMERGENCY DEPARTMENTS. FOR PATIENTS THAT PRE-REGISTER OVER THE
PHONE FOR HOSPITAL SERVICES, NORTHSIDE VERBALLY INFORMS PATIENTS OF ITS
FINANCIAL ASSISTANCE PROGRAM AND PROVIDES PATIENTS WITH INFORMATION ON HOW
TO OBTAIN A COPY OF NORTHSIDE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL
ASSISTANCE APPLICATION VIA NORTHSIDE'S WEBSITE OR VIA MAIL. ADDITIONALLY,
UPON ADMISSION TO ONE OF ITS HOSPITALS FOR SERVICES, NORTHSIDE PROVIDES
EACH PATIENT A REGISTRATION PACKET THAT INCLUDES INFORMATION ON ITS
FINANCIAL ASSISTANCE PROGRAM. FURTHER, A FINANCIAL COUNSELOR WILL SPEAK
WITH ALL PATIENTS DURING EITHER THE PRE-REGISTRATION PROCESS OR UPON
ADMISSION AND EXPLAIN NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM. IF A
PATIENT INDICATES A NEED OR REQUESTS MORE INFORMATION REGARDING FINANCIAL
ASSISTANCE, NORTHSIDE WILL REFER THE PATIENT TO A FINANCIAL ASSISTANCE

Part VI Supplemental Information (Continuation)

COUNSELOR WHO WILL WORK DIRECTLY WITH THE PATIENT TO ASSIST THE PATIENT IN APPLYING FOR FINANCIAL ASSISTANCE.

IN ORDER TO EXPEDITE THE FINANCIAL ASSISTANCE PROCESS, NORTHSIDE USES THIRD PARTY SOFTWARE TO HELP IDENTIFY PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE BASED ON PUBLICLY AVAILABLE INFORMATION (E.G., PARTICIPATION IN STATE FUNDED PRESCRIPTION PROGRAMS, PARTICIPATION IN THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, PARTICIPATION IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP, FORMERLY FOOD STAMPS), SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, OR ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS). PATIENTS THAT ARE IDENTIFIED BY SUCH THIRD-PARTY SOFTWARE AS ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE WILL NOT BE REQUIRED TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND INSTEAD WILL AUTOMATICALLY BE DEEMED TO QUALIFY FOR FINANCIAL ASSISTANCE. FURTHER, NORTHSIDE'S FINANCIAL COUNSELORS WILL ASSIST PATIENTS WITH APPLYING TO PROGRAMS THAT THEY ARE ELIGIBLE FOR, BUT NOT CURRENTLY ENROLLED IN, SUCH AS STATE OR FEDERAL HEALTHCARE PROGRAMS OR DRUG DISCOUNT PROGRAMS.

NORTHSIDE ALSO INCLUDES A SUMMARY OF ITS FINANCIAL ASSISTANCE PROGRAM, INCLUDING HOW TO OBTAIN MORE INFORMATION AND APPLY FOR FINANCIAL ASSISTANCE, ON ALL PATIENT BILLS.

LASTLY, NORTHSIDE WORKS WITH MANY COMMUNITY OUTREACH PROGRAMS TO PROVIDE FINANCIAL ASSISTANCE TO PATIENTS WHO QUALIFY FOR FREE OR DISCOUNTED SERVICES THROUGH THESE PROGRAMS. TO EXPEDITE THE FINANCIAL ASSISTANCE PROCESS FOR SUCH PATIENTS, NORTHSIDE PROVIDES A PRE-APPROVAL PROCESS FOR ALL PATIENTS WHO ARE REFERRED FOR MEDICALLY NECESSARY SERVICES VIA A COMMUNITY OUTREACH PROGRAM. THIS PROCESS ALLOWS PATIENTS TO QUALIFY FOR

Part VI Supplemental Information (Continuation)

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 IRS SECTION 501(R) FINAL RULE.
THE NORTHSIDE COMMUNITY CONSISTS OF CHEROKEE, COBB, DAWSON, DEKALB,
FORSYTH, FULTON, GWINNETT, AND PICKENS COUNTIES.

IN 2017, THE ESTIMATED 3.9 MILLION RESIDENTS OF THE NORTHSIDE COMMUNITY
ACCOUNTED FOR 38% OF GEORGIA'S TOTAL POPULATION. THE NORTHSIDE COMMUNITY
IS SLIGHTLY YOUNGER THAN GEORGIA OVERALL, WITH A MEDIAN AGE OF 35.9
COMPARED TO GEORGIA'S 36.5. OVERALL, THE 2017 NORTHSIDE COMMUNITY WAS
COMPRISED OF A DIVERSE POPULATION. INDIVIDUAL COUNTIES, HOWEVER, HAVE
VARYING RACIAL COMPOSITIONS, INCLUDING TWO COUNTIES THAT HAVE 90 PERCENT
OF THEIR POPULATIONS BELONGING TO JUST ONE RACIAL GROUP.

Part VI Supplemental Information (Continuation)

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.

NORTHSIDE HOSPITAL GWINNETT AND NORTHSIDE HOSPITAL DULUTH (COLLECTIVELY
 "LEGACY GWINNETT") ARE NOT-FOR-PROFIT AND TAX-EXEMPT ORGANIZATIONS WHICH
 OPERATE EXCLUSIVELY TO SERVE THE COMMUNITY AND ARE LED BY A BOARD MADE UP
 OF COMMUNITY LEADERS. LEGACY GWINNETT'S MISSION IS TO PROVIDE QUALITY
 HEALTH SERVICES TO OUR COMMUNITY. OUR VISION IS TO BE THE HEALTH SYSTEM OF
 CHOICE IN OUR COMMUNITY BY ENHANCING THE HEALTH OF OUR PATIENTS AND OTHER
 CUSTOMERS AND OUR VALUES INCLUDE SERVICE TO THE COMMUNITY. FOR MORE THAN
 65 YEARS, WE HAVE BEEN COMMITTED TO SERVING THE GREATER GWINNETT COUNTY
 AREA, AND ESPECIALLY THE UNDER-SERVED, UNINSURED AND INDIGENT POPULATIONS.

LEGACY GWINNETT'S TWO ACUTE-CARE HOSPITALS ARE 10 MILES APART AND BOTH
 SERVE RESIDENTS OF GWINNETT COUNTY. EACH FACILITY FOCUSES ON PROVIDING
 HEALTHCARE SERVICES FOR THEIR LOCAL COMMUNITY AS WELL AS MEETING THE
 HEALTH NEEDS OF RESIDENTS ACROSS GWINNETT COUNTY. THE COMMUNITY HEALTH
 NEEDS ASSESSMENT FOCUSES ON THE RESIDENTS OF GWINNETT COUNTY BECAUSE
 APPROXIMATELY 80 PERCENT OF LEGACY GWINNETT'S PRIMARY SERVICE AREA
 ORIGINATES FROM GWINNETT COUNTY.

IN ADDITION TO OUR FACILITIES, GWINNETT COUNTY HAS ONE FOR-PROFIT

Part VI Supplemental Information (Continuation)

HOSPITAL, EASTSIDE MEDICAL CENTER IN SNELLVILLE. THERE ARE MANY HOSPITALS

IN SURROUNDING COUNTIES OF THE METROPOLITAN ATLANTA AREA. SUMMITRIDGE

HOSPITAL IN LAWRENCEVILLE AND LAKEVIEW BEHAVIORAL HEALTH IN NORCROSS ARE

FOR-PROFIT HOSPITALS TO SERVE MENTAL HEALTH AND SUBSTANCE ABUSE. FOUR

CENSUS TRACTS ARE DESIGNATED MEDICALLY UNDERSERVED AREAS (CT 0503.19, CT

0503.20, CT 0504.19 AND CT 0504.21) IN GWINNETT COUNTY. THERE ARE THREE

FEDERALLY QUALIFIED HEALTH CENTERS IN GWINNETT COUNTY (NORCROSS) SERVING

RESIDENTS FROM THESE CENSUS TRACTS, AS WELL AS OTHER GWINNETT COUNTY

RESIDENTS.

GWINNETT COUNTY IS CONSIDERED 98 PERCENT URBAN AND IS LOCATED IN THE

NORTHEAST SUBURBS OF THE METROPOLITAN ATLANTA, GEORGIA AREA. IN 2017, THE

ESTIMATED POPULATION WAS 920,260. TREMENDOUS GROWTH OVER THE PAST 50 YEARS

HAS BROUGHT A YOUNG, RACIALLY AND ETHNICALLY DIVERSE POPULATION TO THE

COUNTY FROM ACROSS THE NATION AND AROUND THE WORLD.

ACCORDING TO THE 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES, THE

MEDIAN AGE OF RESIDENTS IS 34.9. IN 2017, 30 PERCENT OF THE POPULATION WAS

UNDER 20 YEARS OF AGE AND 14.3 PERCENT WAS 60 YEARS OF AGE AND OLDER,

ACCORDING TO THE GEORGIA DIVISION OF PUBLIC HEALTH (ONLINE ANALYTICAL

STATISTICAL INFORMATION SYSTEM, OASIS, 2018).

IN 2013-2017, THE AMERICAN COMMUNITY SURVEY ESTIMATED THE GWINNETT COUNTY

POPULATION TO BE 349,434 (39.3 PERCENT) WHITES ALONE, 230,815 (25.9

PERCENT) BLACKS ALONE, 99,659 (11.2 PERCENT) ASIANS ALONE AND 1,688 (0.2

PERCENT) WAS AMERICAN INDIAN OR ALASKA NATIVE, NATIVE HAWAIIAN OR PACIFIC

ISLANDER, AND 19,491, TWO OR MORE RACES. IT WAS ALSO NOTED 184,621 (20.7

PERCENT) OF THE POPULATION WAS HISPANIC OR LATINO. IN 2009-2013, THE

Part VI Supplemental Information (Continuation)

AMERICAN COMMUNITY SURVEY ESTIMATED 33 PERCENT THE GWINNETT COUNTY

POPULATION OVER THE AGE OF FIVE SPEAK A LANGUAGE OTHER THAN ENGLISH (18

PERCENT SPANISH, 5.9 PERCENT OTHER INDO-EUROPEAN, 7.4 PERCENT ASIAN AND

PACIFIC ISLAND, 1.6 PERCENT OTHER LANGUAGES).

IN 2013-2017 THE AMERICAN COMMUNITY SURVEY ESTIMATED 34.4 PERCENT THE

GWINNETT COUNTY POPULATION OVER THE AGE OF FIVE SPEAK A LANGUAGE OTHER

THAN ENGLISH (18.5 PERCENT SPANISH, 6.1 PERCENT OTHER INDO-EUROPEAN, 7.4

PERCENT ASIAN AND PACIFIC ISLAND, 2.4 PERCENT OTHER LANGUAGES). OF THE

POPULATION 18 YEARS AND OVER, 22.5 PERCENT SPEAK A LANGUAGE OTHER THAN

ENGLISH (8.6 PERCENT SPANISH AND 13.9 PERCENT OTHER LANGUAGES) FOR THE

SAME TIME PERIOD. THE 2018-19 GWINNETT COUNTY PUBLIC SCHOOL SYSTEM WEBSITE

REPORTED HAVING 140 SCHOOLS AND OTHER EDUCATIONAL FACILITIES SERVING

180,320 STUDENTS, A 4,500 STUDENT INCREASE SINCE THE LAST CHNA.

IN 2013-2017, THE AMERICAN COMMUNITY SURVEY ESTIMATED EIGHTY-SEVEN PERCENT

OF GWINNETT RESIDENTS 25 YEARS OF AGE AND OVER HAD AT LEAST GRADUATED FROM

HIGH SCHOOL AND 32.4 PERCENT HAD A BACHELOR'S DEGREE OR HIGHER. THIS IS A

DECREASE FROM THE LAST CHNA (33.9 PERCENT, 2009-2013).

ACCORDING TO THE AMERICAN COMMUNITY SURVEY FROM 2013-2017, THE GWINNETT

COUNTY RESIDENT MEDIAN HOUSEHOLD INCOME WAS \$64,496, AN INCREASE OF INCOME

PER HOUSEHOLD OF \$4,051 SINCE THE LAST CHNA AND 12.1 PERCENT OF RESIDENTS

LIVE BELOW THE POVERTY LEVEL, A DECREASE OF 2.8 PERCENT SINCE THE LAST

CHNA. ACCORDING TO THE AMERICAN COMMUNITY SURVEY FROM 2013-2017, 17.7

PERCENT OF RELATED CHILDREN UNDER 18 YEARS OF AGE WERE LIVING BELOW THE

POVERTY LEVEL (14.9 PERCENT 2009-2013), AND 7.5 PERCENT OF THE PEOPLE 65

YEARS OF AGE OLD AND OVER FOR THE SAME TIME PERIOD (8.4 PERCENT

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

2009-2013). IN 2017, THE RATE OF ADULTS WITH HEALTH INSURANCE WAS 76.4

PERCENT (U.S. COUNTIES AVERAGE: 87.7 PERCENT). THIS IS AN IMPROVEMENT WHEN

COMPARED WITH 75.1 PERCENT REPORTED IN 2014. HOWEVER, THE NUMBER OF

RESIDENTS WITH INSURANCE IS WELL BELOW THE HEALTHY PEOPLE 2020 TARGET OF

100 PERCENT (HEALTH COMMUNITIES INSTITUTE).

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 COMMITTED TO INVEST \$23.8 MILLION TO DEVELOP A

FREESTANDING, MULTI-SPECIALTY AMBULATORY SURGERY CENTER TO BE LOCATED IN

THE AFOREMENTIONED MEDICAL OFFICE BUILDING. AS PART OF ITS SURGERY CENTER

PROPOSAL, NORTHSIDE COMMITTED TO SERVING THE REGION'S MOST VULNERABLE

POPULATION THROUGH A PROPRIETARY PROGRAM CALLED THE BRASELTON CHARITABLE

OUTPATIENT SURGERY PROGRAM WHEREBY NORTHSIDE WILL PARTNER WITH COMMUNITY

SAFETY NET CLINICS TO PROVIDE MEDICALLY-NECESSARY OUTPATIENT SURGERY AND

ALL RELATED ANCILLARY SUPPORT SERVICES AT NO COST TO UNINSURED OR

FINANCIALLY-INDIGENT PATIENTS. PRESENTLY, THIS PROJECT IS DELAYED AS IT

WINDS ITS WAY THROUGH GEORGIA'S CERTIFICATE-OF-NEED APPEALS PROCESS;

Part VI Supplemental Information (Continuation)

HOWEVER, NORTHSIDE REMAINS COMMITTED TO THE PROJECT. NORTHSIDE INVESTED \$57 MILLION IN THE EXPANSION OF ITS CHEROKEE COUNTY HOSPITAL. UPON COMPLETION OF THIS PROJECT, NORTHSIDE CHEROKEE WILL INCREASE ITS INPATIENT BED CAPACITY FROM 158 TO 211 BEDS VIA TWO-STORY VERTICAL EXPANSION. THIS PROJECT ALSO EXPANDS THE CHEROKEE HOSPITAL'S EMERGENCY DEPARTMENT AND ADDS A DEDICATED BEHAVIORAL HEALTH UNIT. NORTHSIDE ALSO INVESTED \$31 MILLION IN THE EXPANSION OF ITS FORSYTH COUNTY HOSPITAL. UPON COMPLETION OF THIS PROJECT, NORTHSIDE FORSYTH WILL INCREASE ITS INPATIENT BED CAPACITY FROM 320 TO 363 BEDS VIA A TWO-STORY VERTICAL EXPANSION.

NORTHSIDE ALSO INVESTED SIGNIFICANT CAPITAL TO EXPAND THE INPATIENT CAPACITY OF THE LEGACY GWINNETT HEALTH SYSTEM HOSPITALS. NEARLY \$64 MILLION WAS INVESTED IN THE LAWRENCEVILLE HOSPITAL TO EXPAND INPATIENT AND OBSERVATION BED CAPACITY. UPON COMPLETION OF THIS PROJECT, THE LAWRENCEVILLE HOSPITAL'S INPATIENT CAPACITY INCREASED FROM 353 TO 388 BEDS. IN ADDITION, \$9 MILLION WAS INVESTED IN THE DULUTH HOSPITAL TO ADD A MODULAR OBSERVATION UNIT, WHICH PROVIDED MUCH-NEEDED CAPACITY GIVEN THE HOSPITAL'S INCREASE IN DEMAND DURING THE PANDEMIC.

PART VI, LINE 6:

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, IT DOES PREPARE AN ANNUAL COMMUNITY

BENEFIT REPORT, AVAILABLE ON OUR WEBSITE:

WWW.NORTHSIDE.COM/DOCS/DEFAULT-SOURCE/DEFAULT-DOCUMENT-LIBRARY/COMMUNITY

[-HEALTH-NEEDS-ASSESSMENTS/COMMUNITY-BENEFITS-REPORT_2019_NEW.PDF?SFVRSN=](#)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**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
MARCH OF DIMES FOUNDATION 1275 MAMORONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	0.	365,071.			GENERAL SUPPORT
ATLANTA TRACK CLUB INC. 3097 E. SHADOWLAWN AVE. NE ATLANTA, GA 30305	58-1367422	501(C)(3)	0.	290,000.			GENERAL SUPPORT
OVARIAN CANCER INSTITUTE 960 JOHNSON FERRY RD, STE 130 ATLANTA, GA 30342	58-2445245	501(C)(3)	0.	167,500.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY P.O. BOX 56566 ATLANTA, GA 30343	13-1788491	501(C)(3)	0.	88,500.			GENERAL SUPPORT
MUST MINISTRIES INC P.O. BOX 1717 MARIETTA, GA 30061	58-2034725	501(C)(3)	0.	125,000.			GENERAL SUPPORT
ARTHRITIS FOUNDATION INC P.O. BOX 78423 ATLANTA, GA 30357	58-1341679	501(C)(3)	0.	80,674.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 37.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4.

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

Schedule I (Form 990) (2019)

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)	0.	100,000.			GENERAL SUPPORT
CHATTAHOOCHEE NATURE CENTER P.O. BOX 769769 ROSWELL, GA 30076	58-1275604	501(C)(3)	0.	90,000.			GENERAL SUPPORT
PIEDMONT PARK CONSERVANCY INC 400 PARK DRIVE, NE ATLANTA, GA 30306	58-1551369	501(C)(3)	0.	90,000.			GENERAL SUPPORT
THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE - P.O. BOX 361969 - DECATUR, GA 30036	82-3295945	501(C)(3)	0.	83,500.			GENERAL SUPPORT
BICYCLE RIDE ACROSS GEORGIA P.O. BOX 871111 STONE MOUNTAIN, GA 30087	58-1576748	501(C)(3)	0.	75,000.			GENERAL SUPPORT
AMERICAN RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	53-0196605	501(C)(3)	0.	50,000.			GENERAL SUPPORT
MARIETTA COBB MUSEUM OF ART 30 ATLANTA ST SE MARIETTA, GA 30060	58-1528144	501(C)(3)	0.	50,000.			GENERAL SUPPORT
ATLANTA BELTLINE PARTNERSHIP INC. 112 KROG STREET SUITE 14 ATLANTA, GA 30307	56-2464486	501(C)(3)	0.	55,000.			GENERAL SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION - PO BOX 934048 - ATLANTA, GA 31193-4048	58-1959763	501(C)(3)	0.	50,000.			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
GREATER NORTH FULTON CHAMBER OF COMMERCE - 11605 HAYNES BRIDGE RD - ALPHARETTA, GA 30004	58-1157316	501(C)(6)	0.	48,200.			GENERAL SUPPORT
ARCS FOUNDATION INC PO BOX 52124 ATLANTA, GA 30355	58-2004368	501(C)(3)	0.	22,500.			GENERAL SUPPORT
SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS - 12100 SUNSET HILLS ROAD SUITE 130 - RESTON, VA 20190-3221	58-1431500	501(C)(3)	0.	40,000.			GENERAL SUPPORT
GEORGIA OVARIAN CANCER ALLIANCE 6065 ROSWELL ROAD, SUITE 512 ATLANTA, GA 30328	58-2424106	501(C)(3)	0.	30,000.			GENERAL SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY 3715 NORTHSIDE PARKWAY NW NORTHCREEK 400 SUITE 300 - ATLANTA, GA 30327	13-5644916	501(C)(3)	0.	30,000.			GENERAL SUPPORT
NORTH FULTON COMMUNITY CHARITIES INC - 11270 ELKINS ROAD - ROSWELL, GA 30076	58-1521088	501(C)(3)	0.	30,000.			GENERAL SUPPORT
COBB CHAMBER OF COMMERCE P.O. BOX 671868 MARIETTA, GA 30006-0032	58-0198114	501(C)(6)	0.	36,500.			GENERAL SUPPORT
MUSEUM OF CONTEMPORARY ART OF GEORGIA - 75 BENNETT STREET - ATLANTA, GA 30309	58-2562811	501(C)(3)	0.	25,000.			GENERAL SUPPORT
DUNWOODY NATURE CENTER INC P.O. BOX 88070 DUNWOODY, GA 30356	58-2009823	501(C)(3)	0.	25,000.			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
SANDY SPRINGS/PERIMETER CHAMBER SIX CONCOURSE SUITE 3 SANDY SPRINGS, GA 30328	26-0677794	501(C)(6)	0.	22,500.			GENERAL SUPPORT
ITS THE JOURNEY INC. 270 CARPENTER DRIVE, SUITE 515 ATLANTA, GA 31328	47-0897591	501(C)(3)	0.	20,000.			GENERAL SUPPORT
ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DRIVE GAINESVILLE, GA 30504	58-1643768	501(C)(3)	0.	50,000.			GENERAL SUPPORT
GEORGIA AQUARIUM INC 225 BAKER STREET NW ATLANTA, GA 30313	58-2574918	501(C)(3)	0.	65,000.			GENERAL SUPPORT
MEDSHARE 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	0.	60,000.			GENERAL SUPPORT
LOVE NOT LOST INC. 1551 DUNWOODY VILLAGE PARKWAY 88872 DUNWOODY, GA 30338	47-4760639	501(C)(3)	0.	30,000.			GENERAL SUPPORT
UNIVERSITY SYSTEM OF GEORGIA 270 WASHINGTON STREET SW, SUITE 700 ATLANTA, GA 30334	58-6333106	501(C)(3)	0.	25,000.			GENERAL SUPPORT
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	0.	80,000.			GENERAL SUPPORT
GWINNETT CHAMBER OF COMMERCE 6500 SUGARLOAF PKWY DULUTH, GA 30097	58-0537282	501(C)(6)	0.	74,000.			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
HOPE ATLANTA 34 PEACHTREE STREET NW SUITE 700 ATLANTA, GA 30303	58-0566247	501(C)(3)	0.	50,000.			GENERAL SUPPORT
SOUTHERN CENTER FOR HUMAN RIGHTS 83 POPLAR STREET, NW ATLANTA, GA 30303	62-1025326	501(C)(3)	0.	50,000.			GENERAL SUPPORT
NATIONAL BLACK ARTS FESTIVAL, INC. 1429 FAIRMONT AVENUE NW SUITE J ATLANTA, GA 30318	58-1736780	501(C)(3)	0.	40,000.			GENERAL SUPPORT
GWINNETT COUNTY PUBLIC SCHOOLS FOUNDATION FUND, INC. - 437 OLD PEACHTREE RD, NW - SUWANEE, GA 30024	16-1764597	501(C)(3)	0.	50,000.			GENERAL SUPPORT
GEORGIA CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY INC - 4850 GOLDEN PKWY # B-418 - BUFORD, GA 30518	58-1989233	501(C)(3)	0.	28,000.			GENERAL SUPPORT
ATLANTA RONALD MCDONALD HOUSE CHARITIES INC - 795 GATEWOOD ROAD, NE - ATLANTA, GA 30329	58-1295754	501(C)(3)	0.	20,000.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GEORGIA, INC. - 275 NORTHSIDE DR, NW - ATLANTA, GA 30314	58-0598050	501(C)(3)	0.	20,000.			GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION 55 W WACKER DR SUITE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	0.	20,000.			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	19,611.	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

2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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, JR., M.D. BOARD MEMBER	(i)	441,667.	50,264.	3,750.	1,731.	21,198.	518,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) IQBAL GARCHA, M.D. BOARD MEMBER	(i)	166,637.	0.	1,209.	1,868.	8,164.	177,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT T. QUATTROCCHI PRESIDENT & CEO NSH, INC.	(i)	1,494,377.	1,725,000.	1,529,109.	6,006.	31,419.	4,785,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHANNON BANNA VP/CFO NSH, INC.	(i)	433,941.	170,000.	7,711.	3,269.	9,113.	624,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JORGE J. HERNANDEZ VICE PRESIDENT/ASST. SECRE	(i)	454,651.	247,500.	49,907.	4,500.	13,968.	770,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANIS DUBOW VICE PRESIDENT	(i)	380,437.	171,082.	14,832.	4,679.	10,533.	581,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WILLIAM HAYES CEO, NORTHSIDE HOSPITAL-CH	(i)	445,830.	89,348.	46,782.	6,186.	27,914.	616,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT PUTNAM VICE PRESIDENT	(i)	648,418.	259,346.	82,652.	5,285.	18,782.	1,014,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TINA WAKIM VICE PRESIDENT/COO	(i)	704,547.	246,178.	21,721.	3,787.	10,533.	986,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DEBORAH S. MITCHAM CEO, NORTHSIDE HOSPITAL GWINNETT	(i)	226,909.	15,802.	3,502.	3,769.	2,859.	252,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROBERT AYER, M.D. NEUROSURGEON	(i)	778,363.	691,541.	108,971.	923.	29,800.	1,609,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHARLES DECOOK, M.D. ORTHOPEDIC SURGEON	(i)	994,237.	1,200,000.	114,059.	5,462.	31,014.	2,344,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KENNETH KRESS, M.D. ORTHOPEDIC SURGEON	(i)	1,042,600.	308,744.	6,552.	6,462.	17,343.	1,381,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BETHWEL RAORE, M.D. NEUROSURGEON	(i)	768,449.	723,925.	123,237.	1,338.	31,213.	1,648,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAVE SEECHARAN, M.D. NEUROSURGEON	(i)	800,301.	361,501.	129,175.	0.	18,286.	1,309,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 SEVENTEEN YEARS AS CEO AND FOR SEVENTEEN YEARS AS A SENIOR EXECUTIVE PRIOR TO BECOMING CEO. AS A RESULT OF HIS LEADERSHIP AND LONGEVITY, AND TO ASSIST IN HIS RETENTION, NORTHSIDE'S BOARD OF DIRECTORS HAS PROVIDED THE CEO A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH IS DESIGNED TO PROVIDE HIM WITH A SOURCE OF FUNDS FOR USE AS SUPPLEMENTAL INCOME OVER HIS LIFE IN RETIREMENT. THE SERP VESTS AND DISBURSES INCREMENTAL FUNDING PAYOUTS EACH TWO OR THREE YEARS. THE SERP PAYMENTS ARE BASED ON A MATHEMATICAL FORMULA, PURSUANT TO A SIGNED CONTRACT, AND ARE REVIEWED AND ASSESSED PERIODICALLY FOR REASONABLENESS BY AN OUTSIDE CONSULTANT. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE FULL BOARD APPROVE EACH PAYMENT BEFORE PAYMENT IS MADE. NORTHSIDE DOES NOT CONSIDER SERP PAYMENTS TO BE DEFERRED COMPENSATION FOR TAX REPORTING PURPOSES.

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 PARTICIPATED IN A LONG-TERM INCENTIVE PLAN THAT PROVIDED AN

INCENTIVE COMPENSATION OPPORTUNITY IN THE EVENT OF THE ACHIEVEMENT OF A

NUMBER OF PERFORMANCE MEASURES, INCLUDING CLINICAL QUALITY STANDARDS,

MEASURED OVER PERFORMANCE PERIODS EXTENDING FROM 3 TO 5 YEARS. MR.

QUATTROCCHI'S ACTIVE PARTICIPATION IN THE LONG-TERM INCENTIVE PLAN

CONCLUDED WITH THE PERFORMANCE PERIOD ENDING SEPTEMBER 30, 2019.

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	5,283,728.	K. DOUGLAS		X
RACHEL BEARMAN	DALE M. BEARMAN, M.	93,758.	DALE M. BEA		X
OTB SOLE PROPRIETORSHIP	DEBORAH S. MITCHAM,	200,000.	DEBORAH S.		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 OFFICER/OWNER

(C) AMOUNT OF TRANSACTION \$ 5,283,728.

(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: RACHEL BEARMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 93,758.

(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

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 2019

TO RACHEL BEARMAN FOR SERVICES RENDERED TO THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: OTB SOLE PROPRIETORSHIP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DEBORAH S. MITCHAM, KEY EMPLOYEE & OTB SOLE PROPRIETORSHIP OWNER

(C) AMOUNT OF TRANSACTION \$ 200,000.

(D) DESCRIPTION OF TRANSACTION: DEBORAH S. MITCHAM, A KEY EMPLOYEE OF

NORTHSIDE HOSPITAL, INC., HAS A GREATER THAN 5% OWNERSHIP INTEREST IN OTB

SOLE PROPRIETORSHIP, WHICH PROVIDED CONSULTING SERVICES TO NORTHSIDE

HOSPITAL, INC. TRANSACTIONS WITH THIS ENTITY WERE CONDUCTED AT

ARMS-LENGTH.

(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

2019

Open to Public
Inspection

Name of the organization

NORTHSIDE HOSPITAL, INC.

Employer identification number

58-1954432

FORM 990

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.

PART III, LINE 4A: 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. IN FY2020, THE NORTHSIDE HOSPITAL SYSTEM GREW FROM THREE (3)

GENERAL ACUTE CARE HOSPITALS TO FIVE (5). ACCORDINGLY, NORTHSIDE

HOSPITAL'S CAPITAL INVESTMENTS INCREASED EXPONENTIALLY FROM NEARLY \$166

MILLION IN FY2019 TO OVER \$380 MILLION IN FY2020. NUMEROUS OF THESE

ALLOCATIONS WERE DESIGNATED TO KEY SERVICE LINES SUCH AS CARDIOLOGY,

ONCOLOGY AND WOMEN'S SERVICES, MANY OF WHICH OVERLAP WITH NORTHSIDE'S

TOP IDENTIFIED HEALTH NEEDS IN ITS MOST RECENT COMMUNITY HEALTH NEEDS

ASSESSMENT. SELECT EARMARKED INVESTMENTS INCLUDE: \$7.5 MILLION FOR

CARDIOLOGY SERVICES PRIMARILY TO EXPAND AND UPGRADE DIAGNOSTIC AND

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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THERAPEUTIC EQUIPMENT AND SERVICES; \$9.2 MILLION FOR ONCOLOGY SERVICES

TO REPLACE AND UPGRADE RADIATION THERAPY EQUIPMENT AND TO EXPAND AND

ENHANCE INFUSION SERVICES; \$6.2 MILLION FOR WOMEN'S SERVICES TO UPGRADE

TECHNOLOGY AND EQUIPMENT IN THE NEONATAL INTENSIVE CARE UNIT, FAMILY

CENTERED CARE UNIT, AND THE LACTATION CENTER AND TO REFURBISH PATIENT

ROOMS THROUGHOUT NORTHSIDE HOSPITAL ATLANTA'S WOMEN'S CENTER; AND \$40

MILLION FOR SURGICAL SERVICES PRIMARILY FOR THE ACQUISITION OF

STATE-OF-THE-ART SURGICAL TECHNOLOGY AND EQUIPMENT FOR ALL FIVE

HOSPITALS AS WELL AS PROCURING EQUIPMENT FOR A NEW OUTPATIENT SURGICAL

CENTER UNDERGOING CONSTRUCTION.

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 209,000 PERSONS, SPENDING OVER 63,000 STAFF HOURS AND PROVIDING

\$7.3 MILLION IN COMMUNITY BENEFIT PROGRAM ACTIVITIES. THE HIGHEST

DOLLAR IMPACT CATEGORIES (I.E., BENEFIT IN EXCESS OF \$1 MILLION)

INCLUDE CASH AND IN-KIND DONATIONS, COMMUNITY HEALTH IMPROVEMENT

SERVICES AND HEALTH PROFESSIONS EDUCATION. THROUGH CASH AND IN-KIND

DONATIONS, NORTHSIDE HOSPITAL SUPPORTED 187 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 NAMI GEORGIA.

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NAMI GEORGIA IS A GRASSROOTS ORGANIZATION THAT FOCUSES ON SUPPORT, EDUCATION, AND ADVOCACY FOR INDIVIDUALS ACROSS THE STATE OF GEORGIA AFFECTED BY MENTAL HEALTH CONDITIONS. NAMI GEORGIA PROVIDES ALL SERVICES TO THE LOCAL COMMUNITIES FREE-OF-CHARGE. THE FUNDS DONATED TO NAMIWALKS YOUR WAY (GEORGIA) WILL ASSIST IN HELPING CONTINUE THE FIGHT FOR PARITY, WHICH INCLUDES AFFORDABILITY AND ACCESS TO CARE, PROVIDING MENTAL HEALTH RESOURCES VIA THE HELPLINE, AND PROVIDING EDUCATIONAL PROGRAMS AND SUPPORT GROUPS IN ORDER TO HELP THE COMMUNITIES LIVE HEALTHIER LIFESTYLES.

THE SECOND HIGHEST DOLLAR IMPACT CATEGORY, COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDES 44 PROGRAMS WITH OVER 340 OCCURRENCES. MUCH OF THE ACTIVITY INCLUDES COMMUNITY AND CORPORATE HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION EVENTS AND COMMUNITY-BASED CANCER SCREENINGS. HOWEVER, THERE ALSO ARE A COUPLE OF UNIQUE PROGRAMS THAT 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, OUTPATIENT SURGICAL 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 20 CHARITABLE ORGANIZATIONS, INCLUDING SAFETY NET CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS, TO REFER PATIENTS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD OR OBTAIN MEDICALLY NECESSARY OUTPATIENT SURGERY. PATIENTS ARE PRE-SCREENED BASED ON

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FINANCIAL STATUS AND MEDICAL NECESSITY, AMONG OTHER FACTORS. THE FASP
COVERS 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. THE FASP PROVIDED FREE OUTPATIENT SURGICAL CARE TO
NEARLY 400 FINANCIALLY INDIGENT PATIENTS WHOSE CONDITIONS WOULD HAVE
GONE UNTREATED UNTIL THE CONDITION WORSENER LEAVING THE PATIENT NO
CHOICE BUT TO SEEK CARE IN A LOCAL HOSPITAL'S EMERGENCY DEPARTMENT.

ANOTHER UNIQUE COMMUNITY HEALTH IMPROVEMENT PROGRAM IS NORTHSIDE'S
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 AND ASSISTS PATIENTS WITH
COMPLETING NORTHSIDE'S FINANCIAL ASSISTANCE POLICY APPLICATION.
APPROXIMATELY 485 INDIGENT AND CHARITY PATIENTS RECEIVED MUCH-NEEDED
MEDICAL IMAGING THROUGH THIS IMPORTANT SAFETY-NET PROGRAM.

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

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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:

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:

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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
 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. OUR AUDITED FINANCIAL STATEMENTS AND OUR
 CONFLICT OF INTEREST POLICY ARE AVAILABLE IN ACCORDANCE WITH STATE
 REQUIREMENTS. 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

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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 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

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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 111 CLINICIANS AND 114 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE.

TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH AGA, LLC TO ENSURE GASTROENTEROLOGY ("GI") SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY, REGARDLESS OF THE PATIENTS' ABILITY TO PAY. AS SUCH, THIS ARRANGEMENT ALLOWS NORTHSIDE TO ESTABLISH CENTERS OF EXCELLENCE IN GI SERVICES, ESPECIALLY RELATED TO ENDOSCOPIC ULTRASOUND AND ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY. GI SERVICES ALSO HAVE A SIGNIFICANT TIE-IN TO ONCOLOGY SERVICES FOR WHICH NORTHSIDE IS A LEADER IN THE ATLANTA SERVICE AREA IN TERMS OF DIAGNOSIS AND TREATMENT. AGA, LLC HAS A LARGE COMPLEMENT OF CLINICIANS THAT PROVIDE GI SERVICES INCLUDING GI ONCOLOGY. IN ACCORDANCE WITH THE PSA, AGA, LLC REMAINS A PRIVATELY HELD ORGANIZATION WITHOUT OWNERSHIP OR MANAGEMENT BY NORTHSIDE. AGA, LLC MAINTAINS RESPONSIBILITY FOR ALL EXPENSES TYPICALLY FOUND IN A GI CLINICIANS' PRACTICE (E.G., STAFF, BILLING, MEDICAL SUPPLIES, MEDICAL RECORDS, OCCUPANCY, MALPRACTICE INSURANCE, ETC.).

Name of the organization NORTHSIDE HOSPITAL, INC.	Employer identification number 58-1954432
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UNDER THE PSA, NORTHSIDE PAYS AGA A FAIR MARKET VALUE RATE BASED ON PERSONALLY PERFORMED AND MODIFIER ADJUSTED WRVUS. AGA, LLC PROVIDES APPROXIMATELY 157 CLINICIANS TO ENSURE GI SERVICES AT NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY NORTHSIDE. THE COMPENSATION REFLECTED ON FORM 990, PART VII, SECTION B, COLUMN (C), REPRESENTS PROFESSIONAL SERVICES UNDER THE PSA TO INCLUDE RELATED COMPENSATION AND BENEFITS.

TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT ("PSA") BASED UPON PERSONALLY PERFORMED AND MODIFIER ADJUSTED PRODUCTIVITY WITH ATLANTA CANCER CARE ("ACC") TO ENSURE ONCOLOGY AND HEMATOLOGY SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY. NORTHSIDE HAS PROVIDED A BROAD RANGE OF CANCER CARE SERVICES THROUGH ITS CANCER CARE PROGRAM AT THE NORTHSIDE HOSPITAL CANCER INSTITUTE ("NHCI"). THE NHCI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONCOLOGY DIAGNOSIS, TREATMENT AND RESEARCH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEMIC-BASED PROGRAMS ALONG WITH THE PERSONALIZED AND ATTENTIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL. NORTHSIDE HAS COMMITTED TO BECOMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES THE EXPANSION OF ITS GEOGRAPHIC FOOTPRINT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN INTEGRATED CANCER CARE PROGRAM THAT FACILITATES COLLABORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES. ACC HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL ONCOLOGY AND HEMATOLOGY AND THE PROVISION OF INFUSION THERAPY SERVICES AND

Name of the organization NORTHSIDE HOSPITAL, INC.	Employer identification number 58-1954432
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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 40 CLINICIANS AND 63 STAFF TO

MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT

NORTHSIDE'S FACILITIES AND THROUGHOUT THE COMMUNITIES SERVED BY

NORTHSIDE.

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

OTHER FEES:

PROGRAM SERVICE EXPENSES 482,775,989.

MANAGEMENT AND GENERAL EXPENSES 96,607,119.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 579,383,108.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 579,383,108.

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

INCOME FROM JOINT VENTURES NOT ON BOOKS -2,577,268.

OTHER CHANGES IN NET ASSETS 9,893.

DISCONTINUED OPERATIONS -9,677,479.

NON-CONTROLLING INTEREST -5,093,764.

CHANGE IN PENSION 3,372,900.

EQUITY TRANSFER 4,828,021.

**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

2019

Open to Public Inspection

Name of the organization NORTHSIDE HOSPITAL, INC.	Employer identification number 58-1954432
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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
ADVANCED JOINT SURGERY SPECIALISTS, LLC - 47-4793694, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
ADVANCED NEUROSURGERY ASSOCIATES, LLC - 85-2031927, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
ADVANCED SURGERY CENTER PERIMETER, LLC - 47-3080613, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	2,505,768.	5,802,285.	NORTHSIDE HOSPITAL, INC.
AGA CLINICAL SERVICES, LLC - 81-1319493 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GWINNETT HOSPITAL SYSTEM AUXILIARY, INC. - 58-1713644, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	ADMINISTRATIVE SERVICES	GEORGIA	501(C)(3)	LINE 3	N/A		X
GWINNETT HOSPITAL SYSTEM FOUNDATION, INC - 58-1828486, 1755 NORTH BROWN ROAD, STE 100, LAWRENCEVILLE, GA 30043	RAISE & COLLECT FUNDS IN FURTHERANCE OF NORTHSIDE HOSPITAL'S EXEMPT PURPOSE	GEORGIA	501(C)(3)	LINE 7	N/A		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 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

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

Schedule R (Form 990) 2019

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
AGA PROFESSIONAL SERVICES, LLC - 45-3694469 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
AOA AMC, LLC - 81-3018210 320 PARKWAY DRIVE NE ATLANTA, GA 30312	ONCOLOGY CLINIC	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
BRASELTON SURGICAL SPECIALIST CENTER, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
CHEROKEE COUNTY INVESTORS, LLC - 30-0837387 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	FORREST PARK PRESERVE HOLDINGS, LLC
CITY LINE DEVELOPERS, LLC - 83-3902062 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
CRABAPPLE INVESTMENTS, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE 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.
GALEN ADVISORS, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	MEDICAL BILLING SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
GALEN BILLING SERVICES, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	MEDICAL BILLING 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
GEORGIA PROFESSIONAL BILLING SERVICES, LLC - 26-2016143, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	MEDICAL BILLING SERVICES	GEORGIA	5,844,085.	5,309,337.	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.
GWINNETT ADVANCED SURGERY CENTER, LLC - 45-5067682, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	1,571,803.	2,742,282.	NORTHSIDE HOSPITAL, INC.
GWINNETT CARDIOLOGY SERVICES, LLC - 46-1977635, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	1,920,135.	356,431.	NORTHSIDE HOSPITAL, INC.
GWINNETT HOSPITAL SYSTEM GME, LLC - 46-5634252, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	GRADUATE MEDICAL EDUCATION PROGRAMS	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
GWINNETT PHYSICIAN GROUP, LLC - 20-4553410 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
HICKORY FLAT HIGHWAY HOLDINGS, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
HIGHWAY 92 INVESTORS, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
HORIZON CLINICAL, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
JF DEVELOPERS, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE 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
LAUREATE MEDICAL GROUP AT NORTHSIDE, LLC - 58-1436087, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	35,895,558.	13,723,210.	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.
MRI & IMAGING OF GEORGIA, LLC - 47-3958809 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	RADIOLOGY SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
N PROPERTIES, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTH ATLANTA EYE CARE PROFESSIONAL SERVICES, LLC - 82-3273795, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTH ATLANTA ONCOLOGY SERVICES, LLC - 83-4237605, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	ONCOLOGY SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTH ATLANTA PROFESSIONAL SERVICES, LLC - 20-5106086, 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	37,940,571.	8,327,510.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE ATLANTA ORTHOPEDICS & SPORTS MEDICINE HOLDINGS, LLC - 83-2801900, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	REAL ESTATE SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE ATLANTA SURGERY CENTERS, LLC - 45-4364531, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	HEALTHCARE 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
NORTHSIDE CARDIOVASCULAR INSTITUTE, LLC - 84-1936693, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	2,866,787.	2,900,866.	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 CV PROFESSIONAL SERVICES, LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE FORSYTH SURGERY CENTERS, LLC - 45-4364708, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE GWINNETT SURGICAL ASSOCIATES, LLC - 83-4390271, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	SURGERY CENTER	GEORGIA	3,128,045.	814,200.	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.
NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES, LLC - 45-1259435, 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 SURGICAL PROFESSIONAL SERVICES, LLC - 45-1259671, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
NORTHSIDE URGENT CARE HOLDING, LLC - 47-1625673, 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
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.
PERIMETER PROFESSIONAL SERVICES, LLC - 47-1088986, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
SOVEREIGN REHABILITATION OF GEORGIA, LLC - 20-5084665, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	REHABILITATION SERVICES	GEORGIA	5,009,297.	9,999,389.	NORTHSIDE HOSPITAL, INC.
SPORTS MEDICINE SOUTH OF GWINNETT, LLC - 85-0900005, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	PROFESSIONAL SERVICES	GEORGIA	227,489.	2,717,519.	NORTHSIDE HOSPITAL, INC.
THE CENTER FOR CANCER CARE AT GWINNETT HOSPITAL SYSTEM, LLC - 82-2542369, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	ONCOLOGY SERVICES	GEORGIA	0.	0.	NORTHSIDE HOSPITAL, INC.
UROLOGICAL PROFESSIONAL SERVICES, LLC - 46-5754759, 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.
UROLOGY SPECIALISTS OF ATLANTA NORTH, LLC - 47-2619158, 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	
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
ADVANCED CENTER FOR JOINT SURGERY, LLC - 82-0606082, 2000 HOWARD FARM DRIVE, SUITE T100, CUMMING, GA 30041	ORTHOPEDIC SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	2,221,201.	966,043.		X	N/A		X	51.00%
ENT SURGERY CENTER OF ATLANTA, LLC - 20-0075229, 5673 PEACHTREE DUNWOODY RD. STE 945, ATLANTA, GA 30342	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	155,215.	1,210,417.		X	N/A		X	64.33%
GWINNETT SURGERY CENTER, LLC - 27-2819709, 631 PROFESSIONAL DRIVE, SUITE 390, LAWRENCEVILLE, GA 30046	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	24,744.	292,946.		X	N/A		X	51.00%

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
GWINNETT MANAGED CARE, INC. - 58-2135759 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GA	N/A	C CORP	N/A	N/A	N/A		X
NORTHSIDE HEALTH NETWORK, INC. - 84-3655289 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	PROFESSIONAL SERVICES	GA	NORTHSIDE HOSPITAL, INC.	C CORP	12,726.	12,726.	100%		X
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
SEQUENT HEALTH PHYSICIAN PARTNERS - 47-1511997, 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342	CLINICALLY INTEGRATED ORGANIZATION	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	
HAND & UPPER EXTREMITY SURGERY CENTER OF GA, LLC - 20-0147862, 993 JOHNSON FERRY RD, ATLANTA, GA 30342	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	176,354.	2,373,791.		X	N/A		X	51.00%
HEALTH CHOICE URGENT CARE, LLC - 47-3382621, 1000 JOHNSON FERRY DRIVE N.E., ATLANTA, GA 30342	URGENT CARE CENTER	GA	NORTHSIDE HOSPITAL, INC.	RELATED	-525,593.	1,233,366.		X	N/A		X	50.00%
NORTHERN CRESCENT ENDOSCOPY SUITE, LLC - 58-2453504, 1355 PEACHTREE ST NE, STE 1600, ATLANTA, GA 30309	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	2,993,910.	11,139,971.		X	N/A		X	51.00%
THOMAS EYE SURGERY CENTER, LLC - 58-2464498, 5901 PEACHTREE DUNWOODY RD SUITE 500, ATLANTA, GA 30328	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	655,778.	3,241,696.		X	N/A		X	49.00%
UROLOGY SURGICAL PARTNERS, LLC - 58-2622573, 5673 PEACHTREE DUNWOODY RD. SUITE 900, ATLANTA, GA 30342	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	-33,898.	1,808,495.		X	N/A		X	70.00%
WOODSTOCK ENDOSCOPY CENTER, LLC - 58-2656248, 1355 PEACHTREE ST NE, STE 1600, ATLANTA, GA 30309	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL, INC.	RELATED	1,434,014.	3,753,846.		X	N/A		X	51.00%

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 THE EMPLOYER IDENTIFICATION NUMBER.