Form **990**

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 10-01-2023 , and ending 09-30-2024

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

C Name of organization
NORTHSIDE HOSPITAL INC

Doing business as

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

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

D Employer identification number
58-1954432

E Telephone number
(404) 851-8000

G Gross receipts $ 7,769,914,535

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number

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

J Website: WWW.NORTHSIDE.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1991 **M** State of legal domicile: GA

Part I Summary

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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	35,466
6 Total number of volunteers (estimate if necessary)	6	955
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	26,934,735
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,562,052

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	2,974,934	10,770,204
9 Program service revenue (Part VIII, line 2g)	6,550,611,666	7,524,323,180
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,423,118	53,902,067
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249,147,071	180,919,084
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,841,156,789	7,769,914,535
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,772,858	4,363,901
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)	3,035,381,445	3,316,182,405
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)	3,696,895,244	4,156,578,877
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,737,049,547	7,477,125,183
19 Revenue less expenses. Subtract line 18 from line 12	104,107,242	292,789,352

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,135,977,946	5,877,341,574
21 Total liabilities (Part X, line 26)	1,685,402,128	1,964,871,590
22 Net assets or fund balances. Subtract line 21 from line 20	3,450,575,818	3,912,469,984

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2025-08-15
SHANNON A BANNA VP FINANCE / CFO
Type or print name and title

Paid Preparer Use Only

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

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 5,986,188,829 including grants of $ 4,363,901) (Revenue $ 7,369,750,931)

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

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** 5,986,188,829

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete* Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2,057			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	35,466			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SHANNON A BANNA 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 (404) 851-8000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DALE M BEARMAN MD CHAIR	1.00 1.00	X						0	0	0
(2) MARK J SWEENEY VICE CHAIR/SECRETARY	1.00 1.00	X						0	0	0
(3) ANTHONY J SALVATORE TREASURER	1.00 1.00	X						0	0	0
(4) WAYNE L AMBROZE JR MD BOARD MEMBER	40.00	X						578,663	0	26,354
(5) THURBERT E BAKER BOARD MEMBER	1.00 1.00	X						0	0	0
(6) CARLTON BUCHANAN MD BOARD MEMBER	1.00 1.00	X						0	0	0
(7) KEITH CARNES MD BOARD MEMBER	40.00	X						504,270	0	21,885
(8) GENEVIEVE FAIRBROTHER MD BOARD MEMBER	1.00	X						0	0	0
(9) IQBAL GARCHA MD BOARD MEMBER	40.00	X						615,744	0	19,060
(10) TERRI JONDAHL BOARD MEMBER	1.00	X						0	0	0
(11) J MICHAEL LEVENGOOD BOARD MEMBER	1.00 1.00	X						0	0	0
(12) BARBARA PARE' BOARD MEMBER	1.00 1.00	X						0	0	0
(13) WAYNE SIKES BOARD MEMBER	1.00 1.00	X						0	0	0
(14) JOSEF VENABLE MD BOARD MEMBER	1.00 1.00	X						0	0	0
(15) ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC.	40.00 1.00	X		X				4,882,879	0	36,713
(16) SHANNON BANNA VP/CFO NSH, INC./ASST. TREASURER	40.00 1.00			X				1,001,999	0	11,465
(17) JORGE J HERNANDEZ VICE PRESIDENT/ASST. SECRETARY	40.00 1.00			X				1,008,306	0	26,833

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) DEIDRE DIXON CEO, NSH-ATLANTA	40.00				X			825,503	0	21,738
(19) JANIS DUBOW VICE PRESIDENT OF PATIENT CARE/CNO	40.00				X			778,360	0	13,210
(20) WILLIAM HAYES CEO, NSH-CHEROKEE	40.00				X			929,091	0	34,140
(21) DEBORAH MITCHAM BILBRO PRESIDENT/CEO, NSH GWINNETT/DULUTH	40.00				X			1,053,942	0	22,774
(22) ROBERT PUTNAM VICE PRESIDENT OF ADMIN/CEO, NSH FORSYTH	40.00				X			1,219,507	0	22,305
(23) JIMMY J JIANG MD ORTHOPEDIC HAND SURGEON	40.00					X		2,229,077	0	24,037
(24) CHRISTOPHER A POTTS MD ORTHOPEDIC SURGEON	40.00					X		2,142,228	0	34,330
(25) ALAN WINSTON MD CARDIOLOGIST	40.00					X		2,094,872	0	38,778
(26) JAMES WOLFE MD CARDIOLOGIST	40.00					X		1,889,983	0	22,774
(27) EVAN WINOGRAD MD NEUROSURGEON	40.00					X		1,460,209	0	9,631
(28) TINA WAKIM FORMER VICE PRESIDENT OF OPERATIONS/COO	0.00						X	553,492	0	3,631

	(D)	(E)	(F)
1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	23,768,125	0	389,658

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 5,534

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUALIVIS LLC 1601 ASSEMBLY ST COLUMBIA, SC 29201	STAFFING SERVICES	41,139,111
PREMIER HEALTHCARE PROFESSIONALS INC 100 COLONY PARK DR 300 CUMMING, GA 30040	STAFFING SERVICES	39,272,866
BAKER & HOSTETLER LLP 1170 PEACHTREE STREET NE STE 2400 ATLANTA, GA 30309	LEGAL SERVICES	37,049,790
ATLANTA GASTROENTEROLOGY ASSOCIATES 550 PEACHTREE ST STE 1620 ATLANTA, GA 30308	SEE SCHEDULE O	33,950,695
HEALTHCARE WORKFORCE LOGISTICS 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009	STAFFING SERVICES	31,099,149

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 704

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts					
1a Federated campaigns . .	1a				
b Membership dues . .	1b				
c Fundraising events . .	1c				
d Related organizations	1d 1,638,559				
e Government grants (contributions)	1e 5,178,059				
f All other contributions, gifts, grants, and similar amounts not included above	1f 3,953,586				
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		10,770,204			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a NET PATIENT REVENUE	621990	7,462,543,504	7,158,009,461	19,817,045	284,716,998
b RENTAL INCOME	531120	37,248,327	37,248,327		
c CAFETERIA & VENDING	722514	10,352,397			10,352,397
d PARKING REVENUE	812930	8,306,612			8,306,612
e BILLING REVENUE	561000	4,808,275		691,749	4,116,526
f All other program service revenue.		1,064,065			1,064,065
g **Total.** Add lines 2a–2f.		7,524,323,180			

Other Revenue

			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts)			53,902,067			53,902,067
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents 6a						
b Less: rental expenses 6b						
c Rental income or (loss) 6c						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory 7a						
b Less: cost or other basis and sales expenses 7b						
c Gain or (loss) 7c						
d Net gain or (loss)						
8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events . .						
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory . .						

OtherRevenueMiscAmt

	Business Code	(A)	(B)	(C)	(D)
11a MISCELLANEOUS	900003	163,112,808	158,423,591	4,689,217	
b PASSTHROUGH INVESTMENT	621300	17,806,276	16,069,552	1,736,724	
c					
d All other revenue					
e **Total.** Add lines 11a–11d		180,919,084			
12 **Total revenue.** See instructions		7,769,914,535	7,369,750,931	26,934,735	362,458,665

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,359,206	4,359,206		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,695	4,695		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	13,398,266	10,591,728	2,806,538	
7 Other salaries and wages	2,692,165,136	2,128,236,744	563,928,392	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,555,875	71,587,117	18,968,758	
9 Other employee benefits	347,734,064	274,894,137	72,839,927	
10 Payroll taxes	172,329,064	136,231,259	36,097,805	
11 Fees for services (non-employees):				
a Management	8,676,532	8,676,532		
b Legal	49,113,649		49,113,649	
c Accounting	1,548,038		1,548,038	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,262,070		3,262,070	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	785,222,590	568,053,017	217,169,573	
12 Advertising and promotion	15,220,030	6,194,844	9,025,186	
13 Office expenses	113,233,556	46,088,226	67,145,330	
14 Information technology	90,319,597	36,761,806	53,557,791	
15 Royalties . .				
16 Occupancy	204,812,860	83,362,757	121,450,103	
17 Travel	4,388,578	1,786,235	2,602,343	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,904,760	1,182,293	1,722,467	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	247,430,428	151,314,589	96,115,839	
23 Insurance . . .	132,808,908	54,055,769	78,753,139	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	1,711,834,789	1,709,796,065	2,038,724	
b BAD DEBT EXPENSE	629,320,740	629,320,740		
c MINOR EQUIPMENT PURCHAS	48,858,279	19,886,255	28,972,024	
d RECRUITMENT	14,144,860	5,757,229	8,387,631	
e All other expenses	93,478,613	38,047,586	55,431,027	
25 **Total functional expenses.** Add lines 1 through 24e	7,477,125,183	5,986,188,829	1,490,936,354	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	70,128	1	69,249
	2	Savings and temporary cash investments	448,668,439	2	651,107,977
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	561,542,685	4	579,949,797
	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	514,213	7	871,662
	8	Inventories for sale or use	113,037,556	8	117,116,316
	9	Prepaid expenses and deferred charges	100,212,050	9	115,242,523
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 5,016,109,496			
	b	Less: accumulated depreciation — 10b 2,442,763,016	2,310,634,668	10c	2,573,346,480
	11	Investments—publicly traded securities	766,838,043	11	917,135,400
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	353,093,606	14	297,167,293
	15	Other assets. See Part IV, line 11	481,366,558	15	625,334,877
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	5,135,977,946	16	5,877,341,574
Liabilities	17	Accounts payable and accrued expenses	734,433,994	17	805,294,599
	18	Grants payable		18	
	19	Deferred revenue	4,773,854	19	5,158,756
	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	311,862	23	0
	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	945,882,418	25	1,154,418,235
	26	**Total liabilities.** Add lines 17 through 25	1,685,402,128	26	1,964,871,590
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,445,093,464	27	3,908,293,588
	28	Net assets with donor restrictions	5,482,354	28	4,176,396
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	3,450,575,818	32	3,912,469,984
	33	Total liabilities and net assets/fund balances	5,135,977,946	33	5,877,341,574

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,769,914,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,477,125,183
3	Revenue less expenses. Subtract line 2 from line 1	3	292,789,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,450,575,818
5	Net unrealized gains (losses) on investments	5	132,788,907
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36,315,907
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	3,912,469,984

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

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
2023
Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2022 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2023.** 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—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No", provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2023**	**(iii)** **Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 **2023**

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other 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 $33\frac{1}{3}$% 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 990PF, 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

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
RESTRICTED	,	$ RESTRICTED	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

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

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

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

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

(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 information once. See instructions.) ▶ $**

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
-	

(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
-	

(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
-	

(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
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		377,683
j	Total. Add lines 1c through 1i			377,683
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BE A CENTER OF EXCELLENCE IN PROVIDING HIGH-QUALITY HEALTH CARE AND ITS COMMITMENT TO THE HEALTH AND WELLNESS OF OUR COMMUNITY, NORTHSIDE PROVIDES INFORMATION TO FEDERAL, STATE AND LOCAL GOVERNMENT OFFICIALS AND REPRESENTATIVES ON MATTERS DIRECTLY RELATED TO HEALTHCARE. IN ADDITION, NORTHSIDE 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 DOES NOT DIRECT ANY OF THESE ORGANIZATIONS' LOBBYING ACTIVITIES. IN ADDITION, NORTHSIDE RETAINS CONSULTANTS TO MONITOR LEGISLATION IN THE GEORGIA GENERAL ASSEMBLY.

Additional Data

Return to Form

Software ID:

Software Version:

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
2022
Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . .	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 . . . . ▶ $ ____________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance . . .	**1c**	
d	Additions during the year . . .	**1d**	
e	Distributions during the year . . .	**1e**	
f	Ending balance . . .	**1f**	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a	Beginning of year balance	16,932,789	19,886,656	19,297,796	10,609,127	10,973,195
b	Contributions . . .	5,603,057	4,999,810	4,285,036	14,559,204	786,795
c	Net investment earnings, gains, and losses	723,908	353,737	-279,016	638,990	171,961
d	Grants or scholarships . . .					
e	Other expenditures for facilities and programs . . .	3,177,962	8,307,414	3,417,160	6,509,525	1,322,824
f	Administrative expenses					
g	End of year balance	20,081,792	16,932,789	19,886,656	19,297,796	10,609,127

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 ▶ 31.964 %

c Term endowment ▶ 68.036 %

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

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

(i) Unrelated organizations . . .

(ii) Related organizations . . .

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

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		555,956,713		555,956,713
b Buildings		2,534,175,832	1,223,212,588	1,310,963,244
c Leasehold improvements				
d Equipment		1,549,341,986	1,219,550,428	329,791,558
e Other		376,634,965		376,634,965

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ 2,573,346,480

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

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

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

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

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

(a) Description	(b) Book value
(1)RETIREMENT PLAN OBLIGATIONS	267,592,685
(2)OTHER ASSETS	357,742,192
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	625,334,877

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	
RESERVE FOR MALPRACTICE	562,858,868
PERIODIC CAPITAL FINANCING LIABILITY	-1,021,867
REAL ESTATE FINANCING LIABILITY	140,441,805
RENT/LEASE RELATED LIABILITIES	50,463,047
OTHER LIABILITIES	57,457,403
CURRENT PORTION CAPITAL LEASE	4,348,085
LONG TERM PORTION OF LEASE LIABILITY	291,147,968
CURRENT PORTION OF LEASE LIABILITY	48,722,926
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,154,418,235

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4:	NORTHSIDE HOSPITAL, INC., NORTHSIDE HOSPITAL FOUNDATION, INC., AND GWINNETT HOSPITAL SYSTEM FOUNDATION, INC. HAVE ENDOWMENT FUNDS THAT CONSIST OF SEVERAL 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, 2024 AND 2023, AND INDEPENDENT AUDITOR'S REPORT: NORTHSIDE QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000.0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ______ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			374,027,523	0	374,027,523	5.490 %
b Medicaid (from Worksheet 3, column a)			479,292,290	347,173,280	132,119,010	1.940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			853,319,813	347,173,280	506,146,533	7.430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	77	331,221	3,352,529	261,643	3,090,886	0.050 %
f Health professions education (from Worksheet 5)	60	6,484	21,836,926	10,495,249	11,341,677	0.170 %
g Subsidized health services (from Worksheet 6)	5	10,058	62,788,970	51,831,147	10,957,823	0.160 %
h Research (from Worksheet 7)	1	1,163	718,080		718,080	0.010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10	1,540	4,742,304	27,772	4,714,532	0.070 %
j **Total.** Other Benefits	153	350,466	93,438,809	62,615,811	30,822,998	0.460 %
k **Total.** Add lines 7d and 7j	153	350,466	946,758,622	409,789,091	536,969,531	7.890 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development		36	26,840		26,840	0 %
9 Other						
10 Total		36	26,840		26,840	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 140,933,026		
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	563,814,827
6	Enter Medicare allowable costs of care relating to payments on line 5	6	806,483,202
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-242,668,375

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

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 1 GWINNETT ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		55.000 %
2 2 MIDTOWN ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		55.000 %
3 3 NORTHERN CRESCENT ENDOSCOPY SUITE LLC	OUTPATIENT CENTER	51.000 %		30.000 %
4 4 NORTHWEST ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		55.000 %
5 5 SOUTHERN CRESCENT ENDOSCOPY LLC	OUTPATIENT CENTER	15.000 %		55.000 %
6 6 WOODSTOCK ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	51.000 %		30.000 %
7 7 WEST METRO ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		55.000 %

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 %
8 8 ENT SURGERY CENTER OF ATLANTA LLC	AMBULATORY SURGERY	68.330 %		31.670 %
9 9 PEACHTREE ORTHOPAEDIC SURGERY CENTER AT PERIMETER LLC	AMBULATORY SURGERY	15.000 %		85.000 %
10 10 UROLOGY SURGICAL PARTNERS LLC	AMBULATORY SURGERY	70.000 %		30.000 %
11 11 THE HAND & UPPER EXTREMITY SURGERY CENTER OF GA LLC	AMBULATORY SURGERY	51.000 %		49.000 %
12 12 PANOLA ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		55.000 %
13 13 ADVANCED CENTER FOR JOINT SURGERY LLC	ORTHOPEDIC SURGERY	51.000 %		49.000 %
14 14 THOMAS EYE SURGERY CENTER LLC	EYE SURGERY	40.000 %		60.000 %
15 15 GWINNETT SURGERY CENTER LLC	AMBULATORY SURGERY	70.000 %		30.000 %
16 16 HUDES ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15.000 %		55.000 %

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 5

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

Facility reporting group	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	NORTHSIDE HOSPITAL 1000 JOHNSON FERRY ROAD ATLANTA,GA 30342 060-604	X	X					X		
A										
2	NORTHSIDE HOSPITAL GWINNETT 1000 MEDICAL CENTER BOULEVARD LAWRENCEVILLE,GA 30046 067-460	X	X		X			X		
A										

3	NORTHSIDE HOSPITAL - FORSYTH 1200 NORTHSIDE FORSYTH DRIVE CUMMING,GA 30041 058-604	X	X					X			

A

4	NORTHSIDE HOSPITAL - CHEROKEE 450 NORTHSIDE CHEROKEE BLVD CANTON,GA 30115 028-552	X	X					X			

A

5	NORTHSIDE HOSPITAL DULUTH 3620 HOWELL FERRY ROAD DULUTH,GA 30096 067-628	X	X		X			X			

A

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):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 21			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE EXPLANATION FOR LINE 7D			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:

- **a** ☐ Reporting to credit agency(ies)
- **b** ☐ Selling an individual’s debt to another party
- **c** ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- **d** ☐ Actions that require a legal or judicial process
- **e** ☐ Other similar actions (describe in Section C)
- **f** ☑ None of these actions or other similar actions were permitted

		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?	**19**		No

If "Yes," check all actions in which the hospital facility or a third party engaged:

- **a** ☐ Reporting to credit agency(ies)
- **b** ☐ Selling an individual’s debt to another party
- **c** ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- **d** ☐ Actions that require a legal or judicial process
- **e** ☐ Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):

- **a** ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☑ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

		Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?	**21**	Yes	

If "No," indicate why: . . . . .

- **a** ☐ The hospital facility did not provide care for any emergency medical conditions
- **b** ☐ The hospital facility’s policy was not in writing
- **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section
- **d** ☐ Other (describe in Section C)

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: NORTHSIDE HOSPITAL, - FACILITY 3: NORTHSIDE HOSPITAL - FORSYTH, - FACILITY 4: NORTHSIDE HOSPITAL - CHEROKEE, - FACILITY 2: NORTHSIDE HOSPITAL GWINNETT, - FACILITY 5: NORTHSIDE HOSPITAL DULUTH
GROUP A-FACILITY 1 -- ALL HOSPITALS PART V, SECTION B, LINE 5:	NORTHSIDE IDENTIFIED AND REACHED OUT TO A TOTAL OF 65 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 TELEPHONE INTERVIEWS WITH A QUALIFIED REPRESENTATIVE OF EACH IDENTIFIED STAKEHOLDER. IN TOTAL, NORTHSIDE COMPLETED INTERVIEWS WITH THE FOLLOWING 24 OF THE 65 STAKEHOLDERS IDENTIFIED:(1) CIMA INTERNATIONAL WOMEN'S SERVICES (2) ATLANTA CANCER CARE FOUNDATION (3) COBB AND DOUGLAS PUBLIC HEALTH (4) GEORGIA HIGHLANDS MEDICAL SERVICES (5) CROSSROADS ATLANTA (6) DEPARTMENT OF PUBLIC HEALTH NORTHEAST GEORGIA (7) GOOD SAMARITAN ATLANTA (8) DAWSON FAMILY CONNECTION (9) GWINNETT, NEWTON, & ROCKDALE HEALTH DEPARTMENTS GWINNETT COUNTY (10) GOOD SAMARITAN COBB (11) HEALTHMPOWERS (12) GOOD SAMARITAN GWINNETT (13) HEALTHY MOTHERS, HEALTHY BABIES COALITION OF GEORGIA (INTERVIEW CONDUCTED IN 2020)(14) HEALTHY MOTHERS, HEALTH BABIES COALITION OF GEORGIA (INTERVIEW CONDUCTED IN 2021)(15) GOOD SAMARITAN HEALTH & WELLNESS CENTER (16) GWINNETT COALITION (17) HOPE CLINIC (18) NAVIGATE RECOVERY (19) MEDLINK GWINNETT (20) NEXT GENERATION YOUTH DEVELOPMENT (21) MEDSHARE (22) NORTH FULTON COMMUNITY CHARITIES (23) VIEW POINT HEALTH (24) UNITED WAY FORSYTH
GROUP A-FACILITY 1 -- ALL HOSPITALS PART V, SECTION B, LINE 6A:	THE NORTHSIDE HOSPITAL, INC. SYSTEM COMPRISES FIVE HOSPITAL FACILITIES: (1) NORTHSIDE HOSPITAL-ATLANTA, (2) NORTHSIDE HOSPITAL-CHEROKEE (3) NORTHSIDE HOSPITAL-DULUTH, (4) NORTHSIDE HOSPITAL-FORSYTH, AND (5) NORTHSIDE HOSPITAL-GWINNETT. GIVEN THE SIGNIFICANT OVERLAP IN SERVICE AREAS AMONG ITS FIVE FACILITIES, NORTHSIDE CONDUCTED A JOINT CHNA (OR SYSTEM-LEVEL CHNA).
GROUP A-FACILITY 1 -- ALL HOSPITALS PART V, SECTION B, LINE 7D:	HOSPITAL WEBSITE:WWW.NORTHSIDE.COM/COMMUNITY-WELLNESS/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT
GROUP A-FACILITY 1 -- ALL HOSPITALS PART V, SECTION B, LINE 11:	BASED ON THE RESULTS OF NORTHSIDE'S FY2022-FY2024 CHNA, NORTHSIDE HOSPITAL, INC. ADOPTED AN IMPLEMENTATION STRATEGY WHICH OUTLINED SEVERAL INITIATIVES TO HELP ADDRESS THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY. IDEALLY, NORTHSIDE WOULD HAVE UNLIMITED RESOURCES TO ADDRESS ALL OF THE COMMUNITY'S IDENTIFIED NEEDS. HOWEVER, IT IS NOT REALISTIC FOR ANY SINGLE ORGANIZATION TO ADDRESS ALL OF A COMMUNITY'S NEEDS, HENCE THE IMPORTANCE OF PRIORITIZING THE IDENTIFIED NEEDS. NORTHSIDE SELECTED THOSE NEEDS THAT IMPACT THE GREATEST NUMBER OF POPULATION IN THE COMMUNITY; THOSE NEEDS THAT DISPROPORTIONATELY IMPACT THE MOST VULNERABLE POPULATIONS; THOSE NEEDS THAT ARE MOST SEVERE AND/OR PREVALENT; AND THOSE NEEDS THAT NORTHSIDE HAS THE WHEREWITHAL TO ADDRESS. PAGES 143-151 OF THE CHNA PROVIDE A DETAILED DESCRIPTION OF HOW NORTHSIDE PRIORITIZED THE NEEDS IDENTIFIED IN THE CHNA IN ORDER TO ADDRESS THEM. ADDITIONALLY, NORTHSIDE INTENDS TO UTILIZE MYRIAD COMMUNITY BENEFIT STRATEGIES TO ADDRESS THE PRIORITIZED HEALTH NEEDS. (PAGE 13 OF THE CHNA).
GROUP A-FACILITY 1 -- ALL HOSPITALS 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 -- ALL HOSPITALS PART V, SECTION B, LINE 16J:	THE FULL URL TO ACCESS THE FINANCIAL ASSISTANCE POLICY IS:WWW.NORTHSIDE.COM/PATIENTS-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
GROUP A-FACILITY 1 -- ALL HOSPITALS PART V, SECTION B, LINE 20E:	NORTHSIDE FOLLOWS A 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) MAKES REASONABLE EFFORTS TO ORALLY (AND VIA OTHER MEANS) NOTIFY INDIVIDUALS ABOUT THE FAP AND FAP APPLICATION PROCESS; AND (3) MAKES PRESUMPTIVE ELIGIBILITY DETERMINATIONS TO QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE. NORTHSIDE PROMPTLY PROCESSES ALL COMPLETE FAP APPLICATIONS. NORTHSIDE FURTHER TAKES THE FOLLOWING STEPS FOR ALL INCOMPLETE FAP APPLICATIONS: IF NORTHSIDE DETERMINES THAT A PATIENT HAS SUBMITTED AN INCOMPLETE FAP APPLICATION, NORTHSIDE WILL (A) IMMEDIATELY SUSPEND ANY ECAS THAT MAY HAVE BEEN INITIATED AGAINST THE PATIENT AFTER THE EXPIRATION OF THE NOTIFICATION PERIOD BUT BEFORE THE EXPIRATION OF THE APPLICATION PERIOD; (B) PROVIDE THE PATIENT WITH WRITTEN NOTICE THAT DESCRIBES THE ADDITIONAL INFORMATION AND/OR DOCUMENTATION THE INDIVIDUAL MUST SUBMIT TO COMPLETE THE FAP APPLICATION AND INCLUDE A COPY OF THE FAP WITH THE WRITTEN NOTICE; AND (C) MAKE A NOTE IN THE BILLING SYSTEM INDICATING THAT ECAS SHOULD NOT BE INITIATED (OR RE-INITIATED) ON THE PATIENT'S ACCOUNT UNTIL THE EXPIRATION OF THE APPLICATION PERIOD, AND ONLY IF AT THAT POINT THE PATIENT HAS NOT SUBMITTED THE NECESSARY INFORMATION TO COMPLETE THE FAP APPLICATION.NORTHSIDE DEFINES THE NOTIFICATION PERIOD" TO MEAN THE PERIOD DURING WHICH IT MUST NOTIFY AN INDIVIDUAL ABOUT THE FAP AND BEGINS ON THE DATE THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE WAS PROVIDED TO THE PATIENT AND ENDS ON THE 120TH DAY AFTER THE PATIENT WAS PROVIDED WITH THE FIRST POST-DISCHARGE BILLING STATEMENT FOR CARE. NORTHSIDE DEFINES THE "APPLICATION PERIOD" TO MEAN THE PERIOD DURING WHICH NORTHSIDE MUST ACCEPT AND PROCESS A FAP APPLICATION SUBMITTED BY A PATIENT. THE "APPLICATION PERIOD" BEGINS ON THE DATE CARE IS

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.

Form and Line Reference	Explanation
	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-AND-INSURANCE/FINANCIAL-ASSISTANCE
GROUP A-FACILITY 4 -- NORTHSIDE HOSPITAL - CHEROKEE PART V, SECTION B, LINE 16J:	THE FULL URL TO ACCESS THE FINANCIAL ASSISTANCE POLICY IS:WWW.NORTHSIDE.COM/PATIENTS-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
GROUP A-FACILITY 2 -- NORTHSIDE HOSPITAL GWINNETT PART V, SECTION B, LINE 16J:	THE FULL URL TO ACCESS THE FINANCIAL ASSISTANCE POLICY IS:WWW.NORTHSIDE.COM/PATIENTS-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
GROUP A-FACILITY 5 -- NORTHSIDE HOSPITAL DULUTH PART V, SECTION B, LINE 7D:	HOSPITAL WEBSITE:WWW.NORTHSIDE.COM/COMMUNITY-WELLNESS/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT
GROUP A-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-AND-INSURANCE/FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **353**

	Name and address	Type of Facility (describe)
1	1 - GEORGIA UROLOGY 3790 PLEASANT HILL ROAD STE 150 DULUTH,GA 30096	PHYSICIAN SERVICES
2	2 - CARDIOVASCULAR GROUP LAWRENCEVILLE 2200 MEDICAL CENTER BLVD STE 400 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
3	3 - LAUREATE MEDICAL GROUP 6135 BARFIELD ROAD STE 200 ATLANTA,GA 30328	PHYSICIAN SERVICES
4	4 - NHCI GEORGIA CANCER SPECIALISTS 820 N COBB STREET MILLEDGEVILLE,GA 31061	PHYSICIAN SERVICES/OUTPATIENT SERVICES
5	5 - MEDICAL ASSOCIATES OF NORTH GEORGIA 320 HOSPITAL ROAD STE A CANTON,GA 30114	PHYSICIAN SERVICES
6	6 - TOTAL JOINT SPECIALISTS 2000 HOWARD FARM DRIVE STE 200 CUMMING,GA 30041	PHYSICIAN SERVICES
7	7 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY BLDG B UNIT 500 GAINESVILLE,GA 30501	PHYSICIAN SERVICES
8	8 - LAUREATE MEDICAL GROUP 1110 WEST PEACHTREE STREET STE 1100 ATLANTA,GA 30309	PHYSICIAN SERVICES
9	9 - SPORTS MEDICINE SOUTH OF GWINNETT LL 1900 RIVERSIDE PARKWAY LAWRENCEVILLE,GA 30043	PHYSICIAN SERVICES
10	10 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 575 PROFESSIONAL DRIVE STE 400 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
11	11 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 2000 HOWARD FARM DRIVE STE 450 CUMMING,GA 30041	PHYSICIAN SERVICES
12	12 - NORTHSIDE HEART CANTON 460 NORTHSIDE CHEROKEE BLVD STE T20 150 CANTON,GA 30115	PHYSICIAN SERVICES
13	13 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 2000 HOWARD FARM DRIVE STE 305 CUMMING,GA 30041	PHYSICIAN SERVICES
14	14 - NORTHSIDE HEART ATLANTA 5670 PEACHTREE DUNWOODY ROAD STE 880 ATLANTA,GA 30342	PHYSICIAN SERVICES
15	15 - NORTH GEORGIA OBGYN SPECIALISTS 900 TOWNE LAKE PARKWAY STE 404 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
16	16 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 470 NORTHSIDE CHEROKEE BLVD STE 180 CANTON,GA 30115	PHYSICIAN SERVICES
17	17 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1250 JESSE JEWELL PKWY BLDG A STE 500 GAINESVILLE,GA 30501	PHYSICIAN SERVICES
18	18 - SURGICAL SPECIALISTS OF ATLANTA 1100 JOHNSON FERRY ROAD STE 410 ATLANTA,GA 30342	PHYSICIAN SERVICES
19	19 - WINDERMERE MEDICAL CLINIC 3850 WINDERMERE PARKWAY STE 105 CUMMING,GA 30041	PHYSICIAN SERVICES
20	20 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 960 JOHNSON FERRY ROAD STE 415 ATLANTA,GA 30342	PHYSICIAN SERVICES
21	21 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 470 NORTHSIDE CHEROKEE BLVD STE 480 CANTON,GA 30115	PHYSICIAN SERVICES
22	22 - UROLOGY SPECIALISTS OF ATLANTA 5673 PEACHTREE DUNWOODY RD STE 905 ATLANTA,GA 30342	PHYSICIAN SERVICES
23	23 - LAUREATE MEDICAL GROUP 3400 OLD MILTON PKWY BLDG C STES 500 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
24	24 - ENDOCRINE SPECIALISTS OF ATLANTA 975 JOHNSON FERRY ROAD STE 400 ATLANTA,GA 30342	PHYSICIAN SERVICES
25	25 - CARDIOVASCULAR GROUP SNELLVILLE 1608 TREE LANE STE C SNELLVILLE,GA 30078	PHYSICIAN SERVICES
26	26 - ADVANCED NEUROSURGERY ASSOCIATES INC 1255 FRIENDSHIP ROAD STE 200C BRASELTON,GA 30517	PHYSICIAN SERVICES
27	27 - NORTHSIDE GWINNETT SURGICAL ASSOCIATES 2108 TERON TRACE STE 100C DACULA,GA 30019	PHYSICIAN SERVICES
28	28 - HEALTH AND WELLNESS CENTER DULUTH 3620 HOWELL FERRY ROAD DULUTH,GA 30096	PHYSICIAN SERVICES
29	29 - NORTHSIDE GWINNETT OBGYN 1942 ATKINSON ROAD STE 100-400 LAWRENCEVILLE,GA 30043	PHYSICIAN SERVICES
30	30 - NORTH POINTE OBGYN 1800 NORTHSIDE FORSYTH DR STE 350 CUMMING,GA 30041	PHYSICIAN SERVICES
31	31 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 6135 BARFIELD ROAD STE 100 ATLANTA,GA 30328	PHYSICIAN SERVICES
32	32 - ATLANTA CLINICAL CARE 5673 PEACHTREE DUNWOODY RD STE 330 ATLANTA,GA 30342	PHYSICIAN SERVICES
33	33 - CHEROKEE LUNG AND SLEEP 460 NORTHSIDE CHEROKEE BLVD STE 130 CANTON,GA 30115	PHYSICIAN SERVICES
34	34 - LAUREATE MEDICAL GROUP 7823 SPIVEY STATION BLVD STE 310 JONESBORO,GA 30236	PHYSICIAN SERVICES
35	35 - ATLANTA OPHTHALMOLOGY ASSOCIATES 5730 GLENRIDGE DRIVE STE 120 ATLANTA,GA 30328	PHYSICIAN SERVICES
36	36 - SOUTHEASTERN NEURO SPECIALISTS - CHE 470 NORTHSIDE CHEROKEE BLVD STE 375 CANTON,GA 30115	PHYSICIAN SERVICES
37	37 - LAUREATE MEDICAL GROUP 4800 OLDE TOWNE PARKWAY STE 400 MARIETTA,GA 30068	PHYSICIAN SERVICES
38	38 - NORTHSIDE HEART ROSWELL 1285 UPPER HEMBREE ROAD STE 100 ROSWELL,GA 30076	PHYSICIAN SERVICES
39	39 - NHCI GEORGIA CANCER SPECIALISTS - ADMINIST 1835 SAVOY DR STE 104 203 ATLANTA,GA 30341	PHYSICIAN SERVICES
40	40 - TOTAL JOINT SPECIALISTS 470 NORTHSIDE CHEROKEE BLVD STE 160 CANTON,GA 30115	PHYSICIAN SERVICES
41	41 - TOTAL JOINT SPECIALISTS 875 MAYFIELD RD BUILDING B STE 200 ALPHARETTA,GA 30009	PHYSICIAN SERVICES
42	42 - LAUREATE MEDICAL GROUP 684 SIXES ROAD STE 265 HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
43	43 - NORTH POINT PULMONARY ASSOCIATES 1505 NORTHSIDE BOULEVARD STE 3500 CUMMING,GA 30041	PHYSICIAN SERVICES
44	44 - NORTHSIDE HEART 1505 NORTHSIDE BOULEVARD STE 3600 CUMMING,GA 30041	PHYSICIAN SERVICES
45	45 - ACADEMIC INTERNAL MED - STAFF 665 DULUTH HIGHWAY STE 401 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
46	46 - NORTHSIDE RADIATION ONCOLOGY - ATLAN 993F JOHNSON FERRY ROAD NE STE 120 ATLANTA,GA 30342	PHYSICIAN SERVICES
47	47 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 900 TOWNE LAKE PARKWAY STE 320 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
48	48 - GA DIABETES & ENDOCRINOLOGY 1400 NORTHSIDE FORSYTH DR STE 310 320 34 CUMMING,GA 30041	PHYSICIAN SERVICES
49	49 - PREMIER CARE FOR WOMEN 960 JOHNSON FERRY ROAD STE 400 ATLANTA,GA 30342	PHYSICIAN SERVICES
50	50 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1270 FRIENDSHIP ROAD STES 100A-I BRASELTON,GA 30517	PHYSICIAN SERVICES
51	51 - NORTHSIDE VASCULAR SURGERY 1505 NORTHSIDE BOULEVARD STE 2400 CUMMING,GA 30041	PHYSICIAN SERVICES
52	52 - LAUREATE MEDICAL GROUP 470 NORTHSIDE CHEROKEE BLVD STE 490 CANTON,GA 30115	PHYSICIAN SERVICES
53	53 - NORTHSIDE HEART WOODSTOCK 900 TOWNE LAKE PARKWAY STE 400 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
54	54 - ROBB FAMILY ENT 3400 OLD MILTON PKWY BLDG C STE 575 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
55	55 - CHATTAHOOCHEE SURGICAL GROUP 601 A PROFESSIONAL DR STE 200 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
56	56 - NORTHSIDE PULMONARY AND SLEEP MEDICI 81 NORTHSIDE DAWSON DRIVE STE 315B DAWSONVILLE,GA 30534	PHYSICIAN SERVICES
57	57 - GWINNETT NEUROLOGY ASSOCIATES LAWRENCEVIL 771 OLD NORCROSS ROAD STE 355 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
58	58 - ATLANTA HEAD AND NECK ASSOCIATES 960 JOHNSON FERRY ROAD STE 335 ATLANTA,GA 30342	PHYSICIAN SERVICES
59	59 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PARKWAY STE 380 GAINESVILLE,GA 30501	PHYSICIAN SERVICES
60	60 - SOUTHERN ENT SPECIALISTS 684 SIXES ROAD STE 220 HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
61	61 - NHCI SUBURBAN HEMATOLOGY-ONCOLOGY ASSOCIAT 1700 TREE LANE STE 490 SNELLVILLE,GA 30078	PHYSICIAN SERVICES
62	62 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 1276 JESSE JEWELL PARKWAY GAINESVILLE,GA 30501	PHYSICIAN SERVICES
63	63 - MEDICAL ASSOC OF NORTH GA RHEUMATO 460 NORTHSIDE CHEROKEE BLVD STE 300 CANTON,GA 30115	PHYSICIAN SERVICES
64	64 - NORTHSIDE CHEROKEE PEDIATRICS 684 SIXES ROAD STE 130 HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
65	65 - NORTHSIDE RADIATION ONCOLOGY - FORSY 1100 NORTHSIDE FORSYTH DR STE 140 CUMMING,GA 30041	PHYSICIAN SERVICES
66	66 - NORTHSIDE FAMILY MEDICINE AND URGENT 81 NORTHSIDE DAWSON DRIVE STE 100 DAWSONVILLE,GA 30534	PHYSICIAN SERVICES
67	67 - INTERNAL MEDICINE ASSOCIATES OF JOHN 3380 PADDOCKS PARKWAY STE 100 SUWANEE,GA 30024	PHYSICIAN SERVICES
68	68 - WOMENS SPECIALISTS OF NORTHSIDE GWIN 601-A PROFESSIONAL DRIVE STE 310 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
69	69 - NORTHSIDE RADIATION ONCOLOGY CHERO 460 NORTHSIDE CHEROKEE BLVD STE T10 CANTON,GA 30115	PHYSICIAN SERVICES
70	70 - NEUROSURGERY ANSWER 1100 NORTHSIDE FORSYTH DR STE 310 CUMMING,GA 30041	PHYSICIAN SERVICES
71	71 - ATLANTA LIVER AND PANCREAS SURGICAL 980 JOHNSON FERRY ROAD STE 170 ATLANTA,GA 30342	PHYSICIAN SERVICES
72	72 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 3500 MCCLURE BRIDGE ROAD STE 1 DULUTH,GA 30096	PHYSICIAN SERVICES
73	73 - NORTHSIDE NEUROLOGY 1400 NORTHSIDE FORSYTH DR STE 220 CUMMING,GA 30041	PHYSICIAN SERVICES
74	74 - BOSTOCK FAMILY MEDICINE 771 OLD NORCROSS ROAD STE 255 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
75	75 - PERIMETER NORTH MEDICAL ASSOCIATES - 3400 OLD MILTON PKWY BLDG A STE 130 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
76	76 - NORTHSIDE VASCULAR SURGERY 460 NORTHSIDE CHEROKEE BLVD STE 100 CANTON,GA 30115	PHYSICIAN SERVICES
77	77 - PERIMETER NORTH MEDICAL ASSOCIATES 684 SIXES ROAD STE 230C HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
78	78 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1250 JESSE JEWELL PARKWAY STE 400 GAINESVILLE,GA 30501	PHYSICIAN SERVICES
79	79 - NORTHSIDE CHEROKEE SURGICAL ASSOCIAT 470 NORTHSIDE CHEROKEE BLVD STE 230 CANTON,GA 30115	PHYSICIAN SERVICES
80	80 - NORTH GEORGIA DIABETES AND ENDOCRINO 3350 PADDOCKS PARKWAY STE 100 SUWANEE,GA 30024	PHYSICIAN SERVICES
81	81 - SPECTRUM NEUROSURGICAL SPECIALISTS 1505 NORTHSIDE BOULEVARD STE 2500 CUMMING,GA 30041	PHYSICIAN SERVICES
82	82 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1485 JESSE JEWELL PKWY NE STE 330 GAINESVILLE,GA 30501	PHYSICIAN SERVICES
83	83 - GEORGIA COLON AND RECTAL SURGICAL ASSOCIAT 5670 PEACHTREE DUNWOODY ROAD STE 910 920 ATLANTA,GA 30342	PHYSICIAN SERVICES
84	84 - COMPLETE CARDIOLOGY 1100 JOHNSON FERRY ROAD STE 450 ATLANTA,GA 30342	PHYSICIAN SERVICES
85	85 - NORTHSIDE FAMILY MED AND URG CARE OF 684 SIXES ROAD STE 125 HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
86	86 - NORTHSIDE FAMILY MED AND URG CARE OF 4800 OLDE TOWNE PARKWAY STE 150 MARIETTA,GA 30068	PHYSICIAN SERVICES
87	87 - SPECTRUM NEUROSURGICAL SPECIALISTS 470 NORTHSIDE CHEROKEE BLVD STE 460 CANTON,GA 30115	PHYSICIAN SERVICES
88	88 - COMPREHENSIVE NEUROLOGY SPECIALISTS 3890 JOHNS CREEK PARKWAY STE 210 SUWANEE,GA 30024	PHYSICIAN SERVICES
89	89 - CARDIOVASCULAR GROUP JOHNS CREEK 4365 JOHNS CREEK PARKWAY STE 450 SUWANEE,GA 30024	PHYSICIAN SERVICES
90	90 - UNIVERSITY GYNECOLOGIC ONCOLOGY 960 JOHNSON FERRY ROAD STE 130 ATLANTA,GA 30342	PHYSICIAN SERVICES
91	91 - PEACHTREE DUNWOODY MEDICAL ASSOCIATE 875 JOHNSON FERRY ROAD STE 200 ATLANTA,GA 30342	PHYSICIAN SERVICES
92	92 - NHCI SUBURBAN HEMATOLOGY-ONCOLOGY ASSOCIAT 3855 PLEASANT HILL ROAD STE 480 DULUTH,GA 30096	PHYSICIAN SERVICES
93	93 - ATLANTA COLON & RECTAL SURGERY 5667 PEACHTREE DUNWOODY RD STE 330 ATLANTA,GA 30342	PHYSICIAN SERVICES
94	94 - ATLANTA CARDIAC AND THORACIC SURGICA 980 JOHNSON FERRY ROAD STE 800 ATLANTA,GA 30342	PHYSICIAN SERVICES
95	95 - NORTHSIDE HOSPITAL CARDIOVASCULAR CA 980 JOHNSON FERRY ROAD STE 520 ATLANTA,GA 30342	PHYSICIAN SERVICES
96	96 - CARDIOVASCULAR GROUP LOGANVILLE 98 TARA COMMONS DRIVE STE 1 LOGANVILLE,GA 30052	PHYSICIAN SERVICES
97	97 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1270 FRIENDSHIP ROAD STE 130 BRASELTON,GA 30517	PHYSICIAN SERVICES
98	98 - SOUTHEASTERN LUNG CARE 1490 MILSTEAD ROAD STE A-B CONYERS,GA 30012	PHYSICIAN SERVICES
99	99 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 3400 OLD MILTON PKWY BLDG C STE 190 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
100	100 - MEDICAL ASSOC OF NORTH GA - CHEROKEE 470 NORTHSIDE CHEROKEE BLVD STE 380 CANTON,GA 30115	PHYSICIAN SERVICES
101	101 - PERIMETER NORTH MEDICAL ASSOCIATES - 3890 JOHNS CREEK PARKWAY STE 230 SUWANEE,GA 30024	PHYSICIAN SERVICES
102	102 - COVENANT FAMILY MEDICINE 2069 TERON TRACE STE 100 DACULA,GA 30019	PHYSICIAN SERVICES
103	103 - BARIATRIC INNOVATIONS OF ATLANTA 1100 JOHNSON FERRY ROAD STE 180 ATLANTA,GA 30342	PHYSICIAN SERVICES
104	104 - NORTHSIDE FAMILY PRACTICE 960 WOODSTOCK PARKWAY STE 300 WOODSTOCK,GA 30188	PHYSICIAN SERVICES
105	105 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 1110 WEST PEACHTREE STREET STE 920 ATLANTA,GA 30309	PHYSICIAN SERVICES
106	106 - PERIMETER NORTH MEDICAL ASSOCIATES 1505 NORTHSIDE BOULEVARD STE 4400 CUMMING,GA 30041	PHYSICIAN SERVICES
107	107 - PERIMETER NORTH MEDICAL ASSOCIATES - 960 JOHNSON FERRY ROAD STE 300 ATLANTA,GA 30342	PHYSICIAN SERVICES
108	108 - NORTHSIDE SOUTHEASTERN LUNG CARE DECATUR 1462 MONTREAL ROAD STE 201 TUCKER,GA 30084	PHYSICIAN SERVICES
109	109 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 771 OLD NORCROSS ROAD STE 105 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
110	110 - GWINNETT INTERNAL MEDICINE ASSOCIATE 2850 HOG MOUNTAIN ROAD STE 101 DACULA,GA 30019	PHYSICIAN SERVICES
111	111 - ATLANTA COLON & RECTAL SURGERY-EAST 780 CANTON ROAD STE 315 MARIETTA,GA 30060	PHYSICIAN SERVICES
112	112 - WINDERMERE MEDICAL CLINIC 200 EAGLES NEST DRIVE STE 300 CANTON,GA 30115	PHYSICIAN SERVICES
113	113 - NORTHSIDE LOGANVILLE PRIMARY CARE 115 LEE BYRD ROAD LOGANVILLE,GA 30052	PHYSICIAN SERVICES
114	114 - ATLANTA GYNECOLOGIC ONCOLOGY 980 JOHNSON FERRY ROAD STE 900 ATLANTA,GA 30342	PHYSICIAN SERVICES
115	115 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1255 FRIENDSHIP ROAD STE 100 BRASELTON,GA 30517	PHYSICIAN SERVICES
116	116 - MEDICAL ASSOC OF NORTH GA BALLGROU 470 VALLEY STREET STE 200 BALL GROUND,GA 30107	PHYSICIAN SERVICES
117	117 - TOWN LAKE PRIMARY CARE 900 TOWNE LAKE PARKWAY STE 410 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
118	118 - NORTHSIDE FAMILY MEDICINE AND URGENT 1110 WEST PEACHTREE STREET STE P200 ATLANTA,GA 30309	PHYSICIAN SERVICES
119	119 - MOUNT VERNON INTERNAL MEDICINE 755 MT VERNON HIGHWAY STE 400 ATLANTA,GA 30328	PHYSICIAN SERVICES
120	120 - NORTHSIDE URGENT CARE - CUMMING 610 PEACHTREE PARKWAY STE 100 CUMMING,GA 30041	PHYSICIAN SERVICES
121	121 - NORTH GEORGIA OBGYN CANTON 470 NORTHSIDE CHEROKEE BLVD STE 290 CANTON,GA 30115	PHYSICIAN SERVICES
122	122 - NORTHSIDE DAWSON PRIMARY CARE 81 NORTHSIDE DAWSON DRIVE STE 205 DAWSONVILLE,GA 30534	PHYSICIAN SERVICES
123	123 - GEORGIA GYNECOLOGIC ONCOLOGY 771 OLD NORCROSS ROAD STE 165 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
124	124 - STRICKLAND FAMILY MED CLINIC 665 DULUTH HIGHWAY STE 501 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
125	125 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTITUTE 3855 PLEASANT HILL ROAD STE 130 DULUTH,GA 30096	PHYSICIAN SERVICES
126	126 - TOTAL JOINT SPECIALISTS 771 OLD NORCROSS ROAD STE 135 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
127	127 - TOTAL JOINT SPECIALISTS 3400 OLD MILTON PKWY BLDG C STE 290 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
128	128 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 1255 FRIENDSHIP ROAD STE 240 BRASELTON,GA 30517	PHYSICIAN SERVICES
129	129 - CHEROKEE LUNG AND SLEEP - TOWNE LAKE 900 TOWNE LAKE PARKWAY STE 206 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
130	130 - GOYCO INTERNAL MEDICINE 900 SANDERS ROAD STE B CUMMING,GA 30041	PHYSICIAN SERVICES
131	131 - ATLANTA PROGRESSIVE SPINE & NEUROSURGERY A 5445 MERIDIAN MARK PLAZA STE 180 ATLANTA,GA 30342	PHYSICIAN SERVICES
132	132 - NHCI GEORGIA CANCER SPECIALISTS 101 RIVERSTONE VISTA STE 102 BLUE RIDGE,GA 30513	PHYSICIAN SERVICES/OUTPATIENT SERVICES
133	133 - NHCI GEORGIA CANCER SPECIALISTS 2712 LAWRENCEVILLE HWY DECATUR,GA 30033	PHYSICIAN SERVICES
134	134 - NORTHSIDE SOUTHEASTERN LUNG CARE 4375 JOHNS CREEK PKWY STE 320 SUWANEE,GA 30024	PHYSICIAN SERVICES
135	135 - NORTHSIDE FAMILY MEDICINE PARTNERS 7376 SPOUT SPRINGS ROAD STE 125 FLOWERY BRANCH,GA 30542	PHYSICIAN SERVICES
136	136 - MELANOMA AND SARCOMA SPECIALISTS OF GEORGI 980 JOHNSON FERRY ROAD STE 940 ATLANTA,GA 30342	PHYSICIAN SERVICES
137	137 - NHCI GEORGIA CANCER SPECIALISTS 747 SOUTH 8TH STREET STE C GRIFFIN,GA 30224	PHYSICIAN SERVICES/OUTPATIENT SERVICES
138	138 - NORTHSIDE LITHONIA PRIMARY CARE 6000 HILLANDALE DRIVE STE 100 LITHONIA,GA 30058	PHYSICIAN SERVICES
139	139 - NORTH FULTON RHEUMATOLOGY 11685 ALPHARETTA HWY STE 170 ROSWELL,GA 30076	PHYSICIAN SERVICES
140	140 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 1110 WEST PEACHTREE STREET STE 950 ATLANTA,GA 30309	PHYSICIAN SERVICES
141	141 - NORTHSIDE ACUTE CARE SURGERY 980 JOHNSON FERRY ROAD STE 880 ATLANTA,GA 30342	PHYSICIAN SERVICES
142	142 - NHCI GEORGIA CANCER SPECIALISTS 308 COLISEUM DRIVE STE 120 MACON,GA 31217	PHYSICIAN SERVICES/OUTPATIENT SERVICES
143	143 - ATLANTA GYNECOLOGIC ONCOLOGY 470 NORTHSIDE CHEROKEE BLVD STE 475 CANTON,GA 30115	PHYSICIAN SERVICES
144	144 - NORTHSIDE MEDICAL SPECIALISTS 145 RIVERSTONE TERRACE STE 100 CANTON,GA 30114	PHYSICIAN SERVICES
145	145 - WINDERMERE MEDICAL CLINIC 386 US-441 BALDWIN,GA 30511	PHYSICIAN SERVICES
146	146 - TOTAL JOINT SPECIALISTS 1150 HAMMOND DRIVE STE 400 SANDY SPRINGS,GA 30328	PHYSICIAN SERVICES
147	147 - PRIMARY CARE OF BROOKHAVEN 4062 PEACHTREE ROAD STE C ATLANTA,GA 30319	PHYSICIAN SERVICES
148	148 - NORTHSIDE SUWANEE PRIMARY CARE 1120 PEACHTREE INDUSTRIAL BLVD STE 208 2 SUWANEE,GA 30024	PHYSICIAN SERVICES
149	149 - RAVRY MEDICAL GROUP 5505 PEACHTREE DUNWOODY RD STE 650 ATLANTA,GA 30342	PHYSICIAN SERVICES
150	150 - NORTHSIDE GRAYSON PRIMARY CARE 1132 ATHENS HIGHWAY STE 207 GRAYSON,GA 30017	PHYSICIAN SERVICES
151	151 - JOHNS CREEK SPECIALIST CENTER 3340 PADDOCKS PARKWAY STE 100 SUWANEE,GA 30024	PHYSICIAN SERVICES
152	152 - NORTHSIDE DULUTH BREAST SPECIALISTS 3855 PLEASANT HILL ROAD STE 280 DULUTH,GA 30096	PHYSICIAN SERVICES
153	153 - NORTHSIDE FAMILY MEDICINE AND URGENT 11685 ALPHARETTA HWY STE 150 ROSWELL,GA 30076	PHYSICIAN SERVICES
154	154 - TOTAL JOINT SPECIALISTS 4800 OLDE TOWNE PARKWAY STE 430 MARIETTA,GA 30068	PHYSICIAN SERVICES
155	155 - MIDTOWN MEDICAL ASSOCIATES 1110 WEST PEACHTREE STREET STE 1040 ATLANTA,GA 30309	PHYSICIAN SERVICES
156	156 - NORTH ATLANTA BREAST CARE 1400 NORTHSIDE FORSYTH DR STE 280 290 CUMMING,GA 30041	PHYSICIAN SERVICES
157	157 - NHCI GEORGIA CANCER SPECIALISTS 125 KING AVENUE STE 200 ATHENS,GA 30606	PHYSICIAN SERVICES
158	158 - GEORGIA COLON & RECTAL ASSOCIATES-CH 470 NORTHSIDE CHEROKEE BLVD STE 365 CANTON,GA 30115	PHYSICIAN SERVICES
159	159 - NORTHSIDE HEART ALPHARETTA 3400 OLD MILTON PKWY BLDG C STE 360 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
160	160 - DACULA FAMILY MEDICINE 2850 HOG MOUNTAIN ROAD STE 102 DACULA,GA 30019	PHYSICIAN SERVICES
161	161 - NORTHSIDE HOSPITAL CANCER INSTITUTE - CCC 2098 TERON TRACE STE 400 500 DACULA,GA 30019	PHYSICIAN SERVICES/OUTPATIENT SERVICES
162	162 - NHCI GEORGIA CANCER SPECIALISTS 5700 HILLANDALE DRIVE STE 100 LITHONIA,GA 30058	PHYSICIAN SERVICES
163	163 - NHCI GEORGIA CANCER SPECIALISTS FAYETTEVIL 132 OLD NORTON ROAD STE 200 FAYETTEVILLE,GA 30215	PHYSICIAN SERVICES
164	164 - GEORGIA COLON AND RECTAL SURGICAL AS 1505 NORTHSIDE BOULEVARD STE 2900 CUMMING,GA 30041	PHYSICIAN SERVICES
165	165 - NORTHSIDE DULUTH SURGICAL GROUP 3855 PLEASANT HILL ROAD STE 470 DULUTH,GA 30096	PHYSICIAN SERVICES
166	166 - SURGICAL SPECIALISTS OF ATLANTA - AL 3400 OLD MILTON PKWY BLDG A STE 560 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
167	167 - SLEEP DISORDERS CENTER OF GEORGIA 993C JOHNSON FERRY ROAD STE 301 ATLANTA,GA 30342	PHYSICIAN SERVICES
168	168 - ANKLE AND FOOT CENTERS OF NORTH GEOR 81 NORTHSIDE DAWSON DRIVE STE 204 DAWSONVILLE,GA 30534	PHYSICIAN SERVICES
169	169 - ATLANTA COLON AND RECTAL SURGERY 1505 NORTHSIDE BOULEVARD STE 1900 CUMMING,GA 30041	PHYSICIAN SERVICES
170	170 - NORTHSIDE ENT SPECIALISTS 3929 PEACHTREE ROAD STE 100 ATLANTA,GA 30319	PHYSICIAN SERVICES
171	171 - NORTHSIDE ENT SPECIALISTS 3330 PRESTON RIDGE ROAD STE 240 ATLANTA,GA 30005	PHYSICIAN SERVICES
172	172 - NORTHSIDE GWINNETT FAMILY MEDICINE 771 OLD NORCROSS ROAD STE 350 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
173	173 - NHCI GEORGIA CANCER SPECIALISTS - STOCKBRI 1045 SOUTHCREST DRIVE STE 200 STOCKBRIDGE,GA 30281	PHYSICIAN SERVICES
174	174 - GEORGIA PULMONARY GROUP LAWRENCEVI 500 MEDICAL CENTER BLVD STE 160 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
175	175 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1255 FRIENDSHIP ROAD STE 230 BRASELTON,GA 30517	PHYSICIAN SERVICES
176	176 - NORTHSIDE HOSPITAL INFUSION CENTER 575 PROFESSIONAL DR STE 510 520 550 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
177	177 - EAST COBB FAMILY MEDICINE 1121 JOHNSON FERRY ROAD BLDG 2 STE 100 MARIETTA,GA 30068	PHYSICIAN SERVICES
178	178 - NORTHSIDE TRAUMA SURGICAL SPECIALISTS 631 PROFESSIONAL DRIVE STE 360 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
179	179 - GYN SURGICAL SPECIALISTS 1110 WEST PEACHTREE STREET STE 1050 ATLANTA,GA 30309	PHYSICIAN SERVICES
180	180 - BARIATRIC INNOVATIONS & GENERAL SURGERY - 3790 PLEASANT HILL ROAD STE 250 LAWRENCEVILLE,GA 30096	PHYSICIAN SERVICES
181	181 - NHCI GEORGIA CANCER SPECIALISTS 308 DEEP SOUTH FARM ROAD STE 200 BLAIRSVILLE,GA 30512	PHYSICIAN SERVICES/OUTPATIENT SERVICES
182	182 - NORTHPOINT PULMONARY OP SLEEP 1357 HEMBREE ROAD STE 120 ROSWELL,GA 30076	PHYSICIAN SERVICES
183	183 - NHCI GEORGIA CANCER SPECIALISTS 1501 MILSTEAD RD STE 110 CONYERS,GA 30012	PHYSICIAN SERVICES
184	184 - PEACHTREE CORNERS INTERNAL MEDICINE 5277 PEACHTREE PARKWAY NORCROSS,GA 30092	PHYSICIAN SERVICES
185	185 - NORTH ATLANTA MEDICAL ASSOCIATES 2545 LAWRENCEVILLE HIGHWAY STE 200 DECATUR,GA 30033	PHYSICIAN SERVICES
186	186 - TOTAL JOINT SPECIALISTS 1475 JESSE JEWELL PKWY NE STE 302 GAINESVILLE,GA 30501	PHYSICIAN SERVICES
187	187 - NORTH GEORGIA OBGYN SPECIALISTS 433 HIGHLAND PKWY STE 203 EAST ELIJAY,GA 30540	PHYSICIAN SERVICES
188	188 - NORTHSIDE DACULA PRIMARY CARE 720 DACULA ROAD STE 2B DACULA,GA 30019	PHYSICIAN SERVICES
189	189 - GEORGIA COLON & RECTAL ASSOCIATES-GW 721 WELLNESS WAY STE 200 LAWRENCEVILLE,GA 30045	PHYSICIAN SERVICES
190	190 - NHCI GEORGIA CANCER SPECIALISTS 790 CHURCH STREET STE 335 MARIETTA,GA 30060	PHYSICIAN SERVICES
191	191 - NHCI GEORGIA CANCER SPECIALISTS 550 PEACHTREE STREET STE 1185 ATLANTA,GA 30308	PHYSICIAN SERVICES
192	192 - TOWN LAKE PRIMARY CARE 684 SIXES ROAD STE 105 HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
193	193 - NORTH POINT PRIMARY CARE 3180 NORTH POINT PKWY BLDG 200 STE 201 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
194	194 - NORTH GEORGIA OBGYN SPECIALISTS - BL 2855 OLD HIGHWAY 5 STE 110 BLUE RIDGE,GA 30513	PHYSICIAN SERVICES
195	195 - NORTHSIDE ENT SPECIALISTS 1100 NORTHSIDE FORSYTH DR STE 490 CUMMING,GA 30041	PHYSICIAN SERVICES
196	196 - INTERNAL MEDICINE SPECIALIST OF ROSW 11685 ALPHARETTA HWY STE 270 ROSWELL,GA 30076	PHYSICIAN SERVICES
197	197 - NORTHSIDE CENTER FOR UROGYNECOLOGY 595 HURRICANE SHOALS RD NW STE 301 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
198	198 - NORTHSIDE JOHNS CREEK PRIMARY CARE 4385 JOHNS CREEK PKWY STE 250 SUWANEE,GA 30024	PHYSICIAN SERVICES
199	199 - NORTHSIDE DECATUR PRIMARY CARE 1462 MONTREAL ROAD STE 316 TUCKER,GA 30084	PHYSICIAN SERVICES
200	200 - NORTHSIDE ENT SPECIALISTS 600 PROFESSIONAL DR STE 120 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
201	201 - CARDIOVASCULAR GROUP BUFORD 4745 NELSON BROGDON BLVD STE 300 BUFORD,GA 30518	PHYSICIAN SERVICES
202	202 - PRIMARY CARE OF MILTON 980 BIRMINGHAM ROAD STE 304 MILTON,GA 30004	PHYSICIAN SERVICES
203	203 - NORTHSIDE PRIMARY CARE ASSOCIATES 4450 CALIBRE CROSSING STE 1224 ACWORTH,GA 30101	PHYSICIAN SERVICES
204	204 - SPORTS MEDICINE SOUTH OF GWINNETT 2069 TERON TRACE STE 300 DACULA,GA 30019	PHYSICIAN SERVICES
205	205 - SUGARLOAF PRIMARY CARE 1805 HERRINGTON ROAD BUILDING 2 LAWRENCEVILLE,GA 30043	PHYSICIAN SERVICES
206	206 - BARIATRIC INNOVATIONS OF ATLANTA 470 NORTHSIDE CHEROKEE BLVD STE 170 CANTON,GA 30115	PHYSICIAN SERVICES
207	207 - WOMEN'S GROUP OF GWINNETT 500 MEDICAL CENTER BLVD STE 200 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
208	208 - PEACHTREE CORNERS INTERNAL MEDICINE 6460 SPALDING DRIVE STE A NORCROSS,GA 30092	PHYSICIAN SERVICES
209	209 - NHCI GEORGIA CANCER SPECIALISTS ALPHARETTA 3330 PRESTON RIDGE RD STE 110 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
210	210 - INTERNAL MEDICINE ASSOCIATES OF LAWRENCEVI 725 WALTHER ROAD STE 200 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
211	211 - LANIER FAMILY PRACTICE 1080 SANDERS ROAD STE 100 CUMMING,GA 30041	PHYSICIAN SERVICES
212	212 - LAUREATE MEDICAL GROUP 6135 BARFIELD ROAD STE 130A ATLANTA,GA 30328	PHYSICIAN SERVICES
213	213 - UNIVERSITY GYNECOLOGIC ONCOLOGY 1100 NORTHSIDE FORSYTH DRIVE STE 420 CUMMING,GA 30041	PHYSICIAN SERVICES
214	214 - NHCI GEORGIA CANCER SPECIALISTS JOHNS CREE 6300 HOSPITAL PARKWAY STE 300 JOHNS CREEK,GA 30097	PHYSICIAN SERVICES
215	215 - NORTH ATLANTA MEDICAL ASSOC - STONE 1505 LILBURN STONE MOUNTAIN RD STE 100 STONE MOUNTAIN,GA 30087	PHYSICIAN SERVICES
216	216 - NHCI GEORGIA CANCER SPECIALISTS GWINNETT 698 DULUTH HWY STE 201 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
217	217 - NORTHSIDE HEART FAILURE THERAPY -CHEROKEE 684 SIXES ROAD STE 235 HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
218	218 - REPRODUCTIVE SURGICAL SPECIALISTS 1800 NORTHSIDE FORSYTH DRIVE STE 380 CUMMING,GA 30041	PHYSICIAN SERVICES
219	219 - TOTAL JOINT SPECIALISTS 2800 BUFORD DRIVE STE 410 BUFORD,GA 30519	PHYSICIAN SERVICES
220	220 - TRANSPLANT AND ONCOLOGY INFECTIOUS DISEASE 980 JOHNSON FERRY RD STE 740 ATLANTA,GA 30342	PHYSICIAN SERVICES
221	221 - NHCI GEORGIA CANCER SPECIALISTS - JASPER 134 MOUNTAINSIDE VILLAGE PKWY STE 110 JASPER,GA 30143	PHYSICIAN SERVICES
222	222 - NORTHSIDE ENT SPECIALISTS 1485 JESSE JEWELL PKWY NE STE 220 GAINESVILLE,GA 30501	PHYSICIAN SERVICES
223	223 - SOUTHEASTERN NEURO SPECIALISTS 631 CAMPBELL HILL STREET STE 100 MARIETTA,GA 30060	PHYSICIAN SERVICES
224	224 - NORTHSIDE BUFORD PRIMARY CARE 1525 BUFORD HWY BUFORD,GA 30518	PHYSICIAN SERVICES
225	225 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTITUTE 5670 PEACHTREE DUNWOODY RD STE 1230 ATLANTA,GA 30342	PHYSICIAN SERVICES
226	226 - NEWTOWN MEDICAL 3400 OLD MILTON PKWY BLDG A STE 200 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
227	227 - GEORGIA COLON & RECTAL ASSOCIATES-AL 3400 OLD MILTON PKWY BLDG A STE 440 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
228	228 - TOTAL JOINT SPECIALISTS 960 WOODSTOCK PARKWAY STE 200 WOODSTOCK,GA 30188	PHYSICIAN SERVICES
229	229 - NHCI GEORGIA CANCER SPECIALISTS CAMP CREEK 3886 PRINCETON LAKES WAY STE 200 ATLANTA,GA 30331	PHYSICIAN SERVICES
230	230 - GEORGIA CANCER CENTER DOUGLASVILLE 4586 TIMBER RIDGE DR STE 200 DOUGLASVILLE,GA 30135	PHYSICIAN SERVICES
231	231 - NORTHSIDE BOGART PRIMARY CARE 129 MAIN ST BOGART,GA 30622	PHYSICIAN SERVICES
232	232 - TOTAL JOINT SPECIALISTS 1255 FRIENDSHIP ROAD STE 200 BRASELTON,GA 30517	PHYSICIAN SERVICES
233	233 - TOTAL JOINT SPECIALISTS 2306 WISTERIA DR STE 240 SNELLVILLE,GA 30078	PHYSICIAN SERVICES
234	234 - NORTHSIDE CHEROKEE SURGICAL ASSOCIAT 900 TOWNE LAKE PARKWAY STE 412 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
235	235 - NORTHSIDE FAMILY MEDICINE AND URGENT 610 PEACHTREE PARKWAY STE 130 CUMMING,GA 30041	PHYSICIAN SERVICES
236	236 - GEORGIA COLON & RECTAL ASSOCIATES-MI 1110 WEST PEACHTREE STREET STE 1030 ATLANTA,GA 30309	PHYSICIAN SERVICES
237	237 - GEORGIA COLON & RECTAL ASSOCIATES-DE 2801 N DECATUR ROAD STE 120 DECATUR,GA 30033	PHYSICIAN SERVICES
238	238 - CHEROKEE LUNG AND SLEEP 433 HIGHLAND PKWY STE 102E ELLIJAY,GA 30115	PHYSICIAN SERVICES
239	239 - NHCI GEORGIA CANCER SPECIALISTS COBB 1668 MULKEY ROAD STE 164 AUSTELL,GA 30106	PHYSICIAN SERVICES
240	240 - ATLANTA GYN ONCOLOGY -MARIETTA 780 CANTON ROAD STE 320A MARIETTA,GA 30060	PHYSICIAN SERVICES
241	241 - NHCI GEORGIA CANCER SPECIALISTS PAULDING 159 ENTERPRISE PATH STE 505 HIRAM,GA 30141	PHYSICIAN SERVICES
242	242 - GENERAL SURGEONS OF GWINNETT - SNELLVILLE 2306 WISTERIA DR STE 200 SNELLVILLE,GA 30078	PHYSICIAN SERVICES
243	243 - NHCI RADIATION ONCOLOGY - MACON 308 COLISEUM DRIVE STE 100 MACON,GA 31217	RADIATION THERAPY CENTER AND PHYSICIAN SERVICES
244	244 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 3855 PLEASANT HILL ROAD STE 270B DULUTH,GA 30096	PHYSICIAN SERVICES
245	245 - NORTHSIDE WOMENS SPECIALISTS 980 JOHNSON FERRY ROAD STE 620 ATLANTA,GA 30342	PHYSICIAN SERVICES
246	246 - ATLANTA CARDIAC AND THORACIC SURGICA 1100 NORTHSIDE FORSYTH DR STE 410 CUMMING,GA 30041	PHYSICIAN SERVICES
247	247 - NORTHSIDE GENERAL SURGEONS OF GWINNETT - S 1120 PEACHTREE INDUSTRIAL BLVD STE 210 21 SUWANEE,GA 30024	PHYSICIAN SERVICES
248	248 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTITUTE 4450 CALIBRE CROSSING STE 1106 ACWORTH,GA 30101	PHYSICIAN SERVICES
249	249 - CHEROKEE LUNG AND SLEEP - KENNESAW 6110 PINE MOUNTAIN ROAD STE 102 KENNESAW,GA 30152	PHYSICIAN SERVICES
250	250 - NORTHSIDE VASCULAR SURGERY 2220 WISTERIA DRIVE SW STE 209 SNELLVILLE,GA 30078	PHYSICIAN SERVICES
251	251 - NORTHSIDE WOMENS SPECIALISTS 3400-C OLD MILTON PKWY STE 300 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
252	252 - NHCI GEORGIA CANCER SPECIALISTS - CENTRE P 1100 JOHNSON FERRY ROAD STE 600 ATLANTA,GA 30342	PHYSICIAN SERVICES
253	253 - ADVANCED CENTER FOR JOINT REPLACEMENT ATLA 1150 HAMMOND DRIVE STE 600 ATLANTA,GA 30328	PHYSICIAN SERVICES
254	254 - ATLANTA CARDIAC AND THORACIC SURGICA 460 NORTHSIDE CHEROKEE BLVD STE 140 CANTON,GA 30115	PHYSICIAN SERVICES
255	255 - NORTHSIDE CHEROKEE SURGICAL ASSOCIATES - 4450 CALIBRE CROSSING STE 1110 ACWORTH,GA 30101	PHYSICIAN SERVICES
256	256 - NORTHSIDE DAWSONVILLE REHAB 73 PRESTIGE RD STE 204 DAWSONVILLE,GA 30534	OUTPATIENT SERVICES
257	257 - NORTHSIDE CARDIOVASCULAR GROUP 2108 TERON TRACE STE 100E DACULA,GA 30019	PHYSICIAN SERVICES
258	258 - THE IMAGING CENTER OF WARNER ROBINS 2706 WATSON BOULEVARD STE D WARNER ROBINS,GA 31093	PHYSICIAN SERVICES
259	259 - NORTHSIDE RADIATION ONCOLOGY - MIDTO 1110 WEST PEACHTREE STREET STE P100 ATLANTA,GA 30309	PHYSICIAN SERVICES
260	260 - MRI & IMAGING OF ATHENS 845 PRINCE AVENUE ATHENS,GA 30606	PHYSICIAN SERVICES
261	261 - MRI & IMAGING OF HABERSHAM 638 HISTORIC HWY 441 NORTH STE D DEMOREST,GA 30535	PHYSICIAN SERVICES
262	262 - SURGICAL SPECIALISTS OF ATLANTA 1110 WEST PEACHTREE ST STE 1010A ATLANTA,GA 30309	PHYSICIAN SERVICES
263	263 - ADVANCED NEUROSURGERY ASSOCIATES 5185 PEACHTREE PARKWAY STE 240B PEACHTREE CORNERS,GA 30092	PHYSICIAN SERVICES
264	264 - CARDIOVASCULAR GROUP 5185 PEACHTREE PARKWAY STE 240C PEACHTREE CORNERS,GA 30092	PHYSICIAN SERVICES
265	265 - CHEROKEE LUNG & SLEEP 460 NORTHSIDE CHEROKEE BLVD STE 430F CANTON,GA 30115	PHYSICIAN SERVICES
266	266 - CINDY PATTEN MS LPC 25 FOOTHILLS PKWY STE 217 MARBLE HILL,GA 30148	PHYSICIAN SERVICES
267	267 - GEORGIA CANCER SPECIALISTS - CANTON 1521 HICKORY FLAT HWY STE 100 CANTON,GA 30115	PHYSICIAN SERVICES
268	268 - GEORGIA CANCER SPECIALISTS - CUMMING 1505 NORTHSIDE FORSYTH DR STE 3100 CUMMING,GA 30041	PHYSICIAN SERVICES
269	269 - GWINNETT ADVANCED SURGERY CENTER 2306 WISTERIA DR STE 100 SNELLVILLE,GA 30078	PHYSICIAN SERVICES
270	270 - NORTH FULTON GENERAL SURGERY 4298 ATLANTA ROAD SE STE 320C ATLANTA,GA 30080	PHYSICIAN SERVICES
271	271 - NORTHSIDE BARFIELD IMAGING 6095 BARFIELD RD STE 100 ATLANTA,GA 30328	PHYSICIAN SERVICES
272	272 - ATLANTA ADVANCED SURGERY CENTER 5505 PEACHTREE DUNWOODY RD STE 150 ATLANTA,GA 30342	PHYSICIAN SERVICES
273	273 - NSC SURGERY CENTER 460 NORTHSIDE CHEROKEE BLVD STE 200 CANTON,GA 30115	PHYSICIAN SERVICES
274	274 - RADIATION ONCOLOGY - LAWRENCEVILLE 311 PHILIP BLVD LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
275	275 - OUTPATIENT SURGERY CENTER 1055 HAW CREEK PARKWAY STE 1 CUMMING,GA 30041	PHYSICIAN SERVICES
276	276 - MIDTOWN OUTPATIENT SURGERY CENTER 1110 WEST PEACHTREE STREET STE 1200 ATLANTA,GA 30309	PHYSICIAN SERVICES
277	277 - NORTHSIDE MIDTOWN BREAST CARE IMAGING 1110 WEST PEACHTREE STREET STE 850 ATLANTA,GA 30309	PHYSICIAN SERVICES
278	278 - NORTHSIDE DEKALB IMAGING 2859 NORTH DECATUR ROAD DECATUR,GA 30033	PHYSICIAN SERVICES
279	279 - PRESTON RIDGE RADIATION ONCOLOGY 3330 PRESTON RIDGE RD STE 100 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
280	280 - NORTHSIDE RADIATION ONCOLOGY - DULUTH 698 DULUTH HWY STE 101 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
281	281 - NORTHSIDEMCGINNIS FERRY IMAGING 6630 MCGINNIS FERRY ROAD STE D JOHNS CREEK,GA 30097	PHYSICIAN SERVICES
282	282 - PERIMETER ADVANCED SURGERY CENTER 1100 JOHNSON FERRY ROAD STE 300 ATLANTA,GA 30342	PHYSICIAN SERVICES
283	283 - NORTHSIDE WEST PACES IMAGING 3200 DOWNWOOD CIRCLE STE 140 ATLANTA,GA 30327	PHYSICIAN SERVICES
284	284 - CHEROKEE BREAST CARE 470 NORTHSIDE CHEROKEE BLVD STE T70 CANTON,GA 30015	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
285	285 - NHCI GEORGIA CANCER SPECIALISTS 1000 COWLES CLINIC WAY STE 300 GREENSBORO,GA 30642	PHYSICIAN SERVICES/OUTPATIENT SERVICES
286	286 - NORTHSIDE DOUGLASVILLE IMAGING 4586 TIMBER RIDGE DR STE 100 DOUGLASVILLE,GA 30135	PHYSICIAN SERVICES
287	287 - NORTHSIDE GWINNETT IMAGING 600 PROFESSIONAL DR STE 140 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
288	288 - NORTHSIDE UROLOGY LABORATORY 115-131 NORTH PARK TRAIL STOCKBRIDGE,GA 30281	PHYSICIAN SERVICES
289	289 - NORTHSIDE HAPEVILLE IMAGING 800 VIRGINIA AVENUE STE 200 HAPEVILLE,GA 30354	PHYSICIAN SERVICES
290	290 - NORTHSIDESTOCKBRIDGE WOMEN'S IMAGING 239 VILLAGE CENTER PKWY STE 160 STOCKBRIDGE,GA 30281	PHYSICIAN SERVICES
291	291 - NORTHSIDE CANTON REHAB 470 NORTHSIDE CHEROKEE BLVD STE 190 CANTON,GA 30115	PHYSICIAN SERVICES
292	292 - RADIATION ONCOLOGY - SOUTH ATLANTA 791 OAK STREET HAPEVILLE,GA 30354	PHYSICIAN SERVICES
293	293 - NORTHSIDE ACWORTH IMAGING 4791 SOUTH MAIN STREET ACWORTH,GA 30101	PHYSICIAN SERVICES
294	294 - NHCI GEORGIA CANCER SPECIALISTS 214 PERRY HIGHWAY HAWKINSVILLE,GA 31036	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
295	295 - ACADEMIC INTERNAL MED - STAFF 500 MEDICAL CENTER BLVD STE 310 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
296	296 - NORTHSIDE SNELLVILLE PRIMARY CARE 2220 WISTERIA DRIVE SW STE 102 SNELLVILLE,GA 30078	PHYSICIAN SERVICES
297	297 - NORTHSIDE HOSPITAL PHARMACY 1110 WEST PEACHTREE STREET STE 340 ATLANTA,GA 30309	PHYSICIAN SERVICES
298	298 - NORTHEAST GEORGIA DIAGNOSTIC CLINIC 1255 FRIENDSHIP ROAD STE 220 BRASELTON,GA 30517	PHYSICIAN SERVICES
299	299 - LAUREATE MEDICAL GROUP 6135 BARFIELD ROAD STE 160 ATLANTA,GA 30328	PHYSICIAN SERVICES
300	300 - GWINNETT NEUROLOGY ASSOCIATES 3855 PLEASANT HILL ROAD STE 270D DULUTH,GA 30096	PHYSICIAN SERVICES
301	301 - ATLANTA GYNECOLOGIC ONCOLOGY 3400 OLD MILTON PKWY BLDG A STE 390 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
302	302 - ATLANTA COLON & RECTAL SURGERY-EAST 470 NORTHSIDE CHEROKEE BLVD STE 385 CANTON,GA 30115	PHYSICIAN SERVICES
303	303 - GEORGIA GYNECOLOGIC ONCOLOGY 1505 NORTHSIDE BOULEVARD STE 3800B CUMMING,GA 30041	PHYSICIAN SERVICES
304	304 - CARDIOVASCULAR GROUP DULUTH 3855 PLEASANT HILL ROAD STE 250 DULUTH,GA 30096	PHYSICIAN SERVICES
305	305 - NORTHSIDE HOSPITAL CARDIOVASCULAR IN 1255 FRIENDSHIP ROAD STE 120 BRASELTON,GA 30517	PHYSICIAN SERVICES
306	306 - MELANOMA & SARCOMA SPECIALIST OF GEORGIA 1505 NORTHSIDE FORSYTH DR STE 3400 CUMMING,GA 30041	PHYSICIAN SERVICES
307	307 - ALPHARETTA FOOT AND ANKLE SPECIALIST 2000 HOWARD FARM DRIVE STE 340B CUMMING,GA 30041	PHYSICIAN SERVICES
308	308 - NORTHSIDE CARDIAC SURGERY 684 SIXES ROAD STE 230B HOLLY SPRINGS,GA 30115	PHYSICIAN SERVICES
309	309 - NORTHSIDE URGENT CARE 7386 FRIENDSHIP SPRINGS BOULEVARD STE 125 FLOWERY BRANCH,GA 30542	PHYSICIAN SERVICES
310	310 - INTERNAL MEDICINE PRACTICE OF NORTHS 10745 WESTSIDE WAY STE 125 150 ALPHARETTA,GA 30009	PHYSICIAN SERVICES
311	311 - ROSWELL URGENT CARE CENTER 660 WEST CROSSVILLE ROAD STE 110 ROSWELL,GA 30075	PHYSICIAN SERVICES
312	312 - NORTHSIDE PULMONARY AND SLEEP MEDICI 4700 NELSON BROGDON BLVD NE STE 125A BUFORD,GA 30019	PHYSICIAN SERVICES
313	313 - NORTHSIDE THORACIC SURGERY 1270 FRIENDSHIP ROAD STE 100J BRASELTON,GA 30517	PHYSICIAN SERVICES
314	314 - NORTHSIDE HOSPITAL GWINNETT ANNEX 650 PROFESSIONAL DRIVE LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
315	315 - ALPHARETTA FOOT AND ANKLE SPECIALIST 3400 OLD MILTON PKWY BLDG A STE 50 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
316	316 - ARTHRITIS AND TOTAL JOINT SPECIALIST 2000 HOWARD FARM DRIVE STE T110 CUMMING,GA 30041	PHYSICIAN SERVICES
317	317 - ATLANTA CARDIAC AND THORACIC SURGICA 308 DEEP SOUTH FARM ROAD STE 101 BLAIRSVILLE,GA 30512	PHYSICIAN SERVICES
318	318 - CARDIOVASCULAR GROUP GAINESVILLE 535 JESSE JEWELL PARKWAY STE C GAINESVILLE,GA 30501	PHYSICIAN SERVICES
319	319 - CHATTAHOOCHEE SURGICAL GROUP 81 NORTHSIDE DAWSON DRIVE STE 305D DAWSONVILLE,GA 30534	PHYSICIAN SERVICES
320	320 - CHATTAHOOCHEE SURGICAL GROUP 980 SANDERS ROAD STE 100 CUMMING,GA 30042	PHYSICIAN SERVICES
321	321 - CHATTAHOOCHEE SURGICAL GROUP 4700 NELSON BROGDON BLVD NE STE 125B BUFORD,GA 30019	PHYSICIAN SERVICES
322	322 - CHATTAHOOCHEE SURGICAL GROUP 134 ANSLEY DRIVE STE 200 DAHLONEGA,GA 30533	PHYSICIAN SERVICES
323	323 - GYN SURGICAL SPECIALISTS 900 TOWNE LAKE PARKWAY STE 302 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
324	324 - GYN SURGICAL SPECIALISTS 980 JOHNSON FERRY ROAD STE 910 ATLANTA,GA 30342	PHYSICIAN SERVICES
325	325 - LAUREATE MEDICAL GROUP 6135 BARFIELD ROAD STE 130B ATLANTA,GA 30328	PHYSICIAN SERVICES
326	326 - NORTH POINT PULMONARY ASSOCIATES 3400 OLD MILTON PKWY BLDG C STE 425 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
327	327 - NORTHSIDE CHEROKEE SURGICAL ASSOCIAT 780 CANTON ROAD STE 320B MARIETTA,GA 30060	PHYSICIAN SERVICES
328	328 - NORTHSIDE HOSPITAL ORTHOPEDIC INSTIT 11685 ALPHARETTA HWY STE 250 ROSWELL,GA 30076	PHYSICIAN SERVICES
329	329 - SOUTHEASTERN NEURO SPECIALISTS - MAR 900 TOWNE LAKE PARKWAY STE 375 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
330	330 - SURGICAL SPECIALISTS OF ATLANTA - MA 4800 OLDE TOWNE PARKWAY STE 110 MARIETTA,GA 30068	PHYSICIAN SERVICES
331	331 - UROLOGY SPECIALISTS OF ATLANTA 5673 PEACHTREE DUNWOODY RD STE 910 ATLANTA,GA 30342	PHYSICIAN SERVICES
332	332 - ELLIJAY SPORTS MEDICINE 433 HIGHLAND PARKWAY STE 102 EAST ELIJAY,GA 30540	PHYSICIAN SERVICES
333	333 - TOTAL JOINT SPECIALISTS 433 HIGHLAND PARKWAY STE 102A EAST ELIJAY,GA 30540	PHYSICIAN SERVICES
334	334 - NHCI GEORGIA CANCER SPECIALISTS 3610 CLEARVIEW PARKWAY ATLANTA,GA 30340	PHYSICIAN SERVICES
335	335 - NORTHSIDE MIDTOWN BREAST CARE IMAGING 1110 WEST PEACHTREE STREET STE 1000 ATLANTA,GA 30309	PHYSICIAN SERVICES
336	336 - NORTHSIDE IMAGING 1110 WEST PEACHTREE STREET STE 900 ATLANTA,GA 30309	PHYSICIAN SERVICES
337	337 - NORTHSIDE WEST PACES IMAGING 3200 DOWNWOOD CIRCLE STE 125 ATLANTA,GA 30327	PHYSICIAN SERVICES
338	338 - NORTHSIDE HOSPITAL HEART INSTITUTE SMYRNA 4298 ATLANTA RD STE 210 SMYRNA,GA 30080	PHYSICIAN SERVICES
339	339 - SURGICAL SPECIALISTS OF ATLANTA 4298 ATLANTA RD STE 320A SMYRNA,GA 30080	PHYSICIAN SERVICES
340	340 - NHCI GEORGIA CANCER CENTER MILLEDGEVILLE 111 FIELDSTONE DRIVE STE 116 MILLEDGEVILLE,GA 31061	PHYSICIAN SERVICES
341	341 - NORTHSIDE GWINNETT SURGICAL ASSOCIAT 631 PROFESSIONAL DRIVE STE 300 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
342	342 - NORTH ATLANTA PULMONARY AND SLEEP 993C JOHNSON FERRY ROAD STE 300 ATLANTA,GA 30342	PHYSICIAN SERVICES
343	343 - NORTHSIDE HOSPITAL CANCER INSTITUTE 1505 NORTHSIDE FORSYTH DR STE 3800D CUMMING,GA 30041	PHYSICIAN SERVICES
344	344 - NORTHSIDE RETINA SPECIALISTS 5505 PEACHTREE DUNWOODY ROAD STE 500 ATLANTA,GA 30342	PHYSICIAN SERVICES
345	345 - NS CONYERS IMAGING 1510 KLONDIKE RD STE 103 CONYERS,GA 30094	PHYSICIAN SERVICES
346	346 - REGENERATIVE SPORTS MEDICINE 1462 MONTREAL RD STE 109 112 ATLANTA,GA 30084	PHYSICIAN SERVICES
347	347 - REPRODUCTIVE BIOLOGY ASSOCIATES 460 NORTHSIDE CHEROKEE BLVD STE 370 390 CANTON,GA 30115	PHYSICIAN SERVICES
348	348 - SNELLVILLE BREAST CARE CENTER 2306 WISTERIA DR STE 110 SNELLVILLE,GA 30078	PHYSICIAN SERVICES
349	349 - SOUTHERN GASTROENTEROLOGY ASSOCIATES 5185 PEACHTREE PARKWAY STE 240A PEACHTREE CORNERS,GA 30092	PHYSICIAN SERVICES
350	350 - WOMEN'S GROUP OF GWINNETT 500 MEDICAL CENTER BLVD STE 250 LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
351	351 - TOTAL JOINT SPECIALISTS 1521 HICKORY FLAT HWY STE 201 CANTON,GA 30115	PHYSICIAN SERVICES
352	352 - HEALTH AND WELLNESS CENTER 100 MEDICAL CENTER BOULEVARD LAWRENCEVILLE,GA 30046	PHYSICIAN SERVICES
353	353 - NORTHSIDE-CHEROKEE RIVERSONE IMAGING AND R 720 TRANSIT AVE BLDGS 100 200STES 102 CANTON,GA 30114	OUTPATIENT SERVICES

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ADDITION TO THE FPG THRESHOLDS, NORTHSIDE'S POLICY ALLOWS FOR MEDICAL INDIGENCY AS WELL AS AN ASSET TEST FOR AN ADDITIONAL OPPORTUNITY TO QUALIFY FOR CHARITY. AN APPLICATION IS COMPLETED BY THE PATIENT AND/OR A SCORING METHODOLOGY IS GATHERED FROM A THIRD PARTY USING ITS PROPRIETARY SOURCE TO DETERMINE PROPENSITY TO PAY. THESE TOOLS ARE USED TO DETERMINE SOMEONE'S QUALIFICATIONS FOR A CHARITY DISCOUNT OR FREE CARE IN ADDITION TO THE FPG THRESHOLDS STATED ABOVE.
PART I, LINE 7:	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 7 IS THE COST TO CHARGE RATIO CALCULATED PURSUANT TO THE IRS SCHEDULE H WORKSHEET 2 INSTRUCTIONS.
PART I, LN 7 COL(F):	BAD DEBT EXPENSE IN THE AMOUNT OF $629,320,740 HAS BEEN REMOVED FROM TOTAL EXPENSE TO COMPUTE THE PERCENTAGE IN COLUMN (F).
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, 2024, NORTHSIDE INCURRED TOTAL RESEARCH COSTS OF $10.5 MILLION.
PART II, COMMUNITY BUILDING ACTIVITIES:	AS A COMMUNITY HOSPITAL, NORTHSIDE IS ACTIVELY INVOLVED IN IMPROVING THE HEALTH STATUS OF ITS COMMUNITY EITHER THROUGH ITS COMMUNITY BENEFIT ACTIVITIES OR THROUGH ITS COMMUNITY BUILDING ACTIVITIES. THE LATTER INCLUDES ACTIVITIES LIKE PHYSICAL IMPROVEMENTS AND HOUSING; ECONOMIC DEVELOPMENT; COMMUNITY SUPPORT; ENVIRONMENTAL IMPROVEMENTS; LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS; COALITION BUILDING; COMMUNITY HEALTH IMPROVEMENT ADVOCACY; WORKFORCE DEVELOPMENT; AND OTHERS. NORTHSIDE ALSO WORKS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH ("SDOH") WHICH, AS DEFINED BY HEALTHY PEOPLE 2030, ARE THE CONDITIONS IN THE ENVIRONMENTS WHERE PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE THAT AFFECT A WIDE-RANGE OF HEALTH, FUNCTIONING AND QUALITY-OF-LIFE OUTCOMES AND RISKS. SDOH CAN BE GROUPED INTO FIVE (5) DOMAINS: 1) ECONOMIC STABILITY, 2) EDUCATION ACCESS AND QUALITY, 3) HEALTH CARE ACCESS AND QUALITY, 4) NEIGHBORHOOD AND BUILT ENVIRONMENT, AND 5) SOCIAL AND COMMUNITY CONTEXT. EXAMPLES OF SDOH INCLUDE THINGS SUCH AS SAFE HOUSING, TRANSPORTATION AND NEIGHBORHOODS; RACISM, DISCRIMINATION AND VIOLENCE; EDUCATION, JOB OPPORTUNITIES AND INCOME; ACCESS TO NUTRITIOUS FOODS AND PHYSICAL ACTIVITY OPPORTUNITIES; POLLUTED AIR AND WATER AND; LANGUAGE AND LITERACY SKILLS. EFFORTS TO ADDRESS SDOH OFTEN ARE FOUND WITHIN COMMUNITY BUILDING ACTIVITIES; HOWEVER, RECENT GUIDELINES FROM THE CATHOLIC HEALTH ASSOCIATION ("CHA") ADVISE HOSPITALS TO COUNT THESE ACTIVITIES IN PART I IF APPROPRIATE. ADDRESSING SDOH COMPLEMENTS A HOSPITAL'S COMMUNITY BENEFIT PROGRAM ACTIVITIES AS THE TWO WORK TOGETHER TO HELP IMPROVE A COMMUNITY'S OVERALL HEALTH STATUS. GIVEN THE RECENT CHANGE IN REPORTING GUIDANCE FROM CHA, MANY ACTIVITIES THAT ONCE WERE REPORTED IN PART II AS COMMUNITY BUILDING ARE NOW REPORTED IN PART I AS COMMUNITY HEALTH IMPROVEMENT SERVICES.IN FY 2024, NORTHSIDE SUPPORTED A COMMUNITY BUILDING ACTIVITY INCLUDED IN WORKFORCE DEVELOPMENT. NORTHSIDE HELPED SUPPORT THIS ACTIVITY BY PROVIDING HIGHSCHOOL STUDENTS WITH JOB SHADOWING EXPERIENCES THROUGOUT CLINICAL AREAS OF THE HOSPITAL. WORKFORCE DEVELOPMENT PROGRAMS HELP TO IMPROVE FUTURE INTEREST IN HEALTHCARE AS A CAREER THROUGH SEVERAL PROGRAMS WHERE NORTHSIDE EMPLOYEES EITHER SERVE ON NURSING SCHOOL ADVISORY BOARDS TO REVIEW CURRICULUM, GUIDE SCHOOLS ON WHETHER OR NOT THEIR STUDENTS ARE PREPARED UPON ENTERING THE WORKFORCE, AND MANY OTHER ADVISORY FUNCTIONS.
PART II, LINE 8	BIANNUALLY, NORTHSIDE HOSPITAL, INC. ("NORTHSIDE") CONDUCTS A COMMUNITY-BASED PHYSICIAN NEED ANALYSIS FOR NORTHSIDE HOSPITAL-CHEROKEE ("NHC"), NORTHSIDE HOSPITAL-FORSYTH ("NHF"), NORTHSIDE HOSPITAL GWINNETT ("NHG"), AND NORTHSIDE HOSPITAL DULUTH ("NHD"). NHC AND NHF 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, NHF, NHG, AND NHD MEDICAL STAFF MEMBERS WITH AN OFFICE IN THE DEFINED GEOGRAPHIC AREA, IDENTIFIES NON-NORTHSIDE PHYSICIANS WITH AN OFFICE IN THE DEFINED GEOGRAPHIC AREA, AND INCLUDES A QUANTITATIVE ANALYSIS OF EACH COMMUNITY'S PHYSICIAN NEED ("COMMUNITY PHYSICIAN NEED"). BASED ON THE FINDINGS OF THE ANALYSES, NORTHSIDE ENGAGES IN RECRUITMENT EFFORTS DESIGNED TO ENSURE THAT SUFFICIENT QUALIFIED HEALTH PROFESSIONALS ARE AVAILABLE TO MEET THE IDENTIFIED COMMUNITY PHYSICIAN NEED.THROUGH THESE ANALYSES,

Form and Line Reference	Explanation
	NORTHSIDE HAS IDENTIFIED A DEFINED NUMERIC NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN 17 SPECIALTIES IN NHC'S STARK-COMPLIANT GEOGRAPHIC AREA, A NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN 15 SPECIALTIES IN NHF'S STARK-COMPLIANT GEOGRAPHIC AREA, A NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN 20 SPECIALTIES IN NHG'S STARK-COMPLIANT GEOGRAPHIC AREA, AND A NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN 20 SPECIALTIES IN NHD'S STARK-COMPLIANT GEOGRAPHIC AREA. NHC, NHF, NHG, AND NHD ARE CONCENTRATING RECRUITMENT EFFORTS ON PRIMARY CARE AND MEDICAL AND SURGICAL SPECIALTIES WITH AN EMPHASIS ON RECRUITING NEEDED PHYSICIANS INTO FORSYTH, DAWSON, PICKENS, CHEROKEE, AND GWINNETT COUNTIES TO MEET THE IDENTIFIED COMMUNITY PHYSICIAN NEED.
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, 2024 AND 2023 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 2024 MEDICARE COST REPORT APPLIED TO MEDICARE CHARGES. THE MEDICARE PROGRAM PAYS AT AMOUNTS THAT 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 III, LINE 9B:	INFORMATION REGARDING NORTHSIDE'S FINANCIAL ASSISTANCE POLICY IS WIDELY DISTRIBUTED, INCLUDING VIA THE WEBSITE, POSTINGS IN ALL EMERGENCY DEPARTMENTS, REGISTRATION AREAS AND WAITING ROOMS, PRE-ADMISSION CORRESPONDENCE, "ABOUT YOUR BILLING" BROCHURE, PRICE ESTIMATES, PATIENT BILLING STATEMENTS AND ONLINE BILL PAY PORTALS. NORTHSIDE'S FINANCIAL COUNSELING OFFICE STAFF ARE TRAINED TO ASSIST PATIENTS IN APPLYING FOR FINANCIAL ASSISTANCE. BECAUSE NORTHSIDE'S FINANCIAL ASSISTANCE POLICY SUPERSEDES THE DEBT COLLECTION POLICY IN ANY SITUATION WHERE A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, COLLECTION PRACTICES ARE NOT PURSUED AGAINST ANY PATIENT WHO HAS QUALIFIED FOR FINANCIAL ASSISTANCE. IN THE EVENT THAT A PATIENT APPLIES FOR FINANCIAL ASSISTANCE AFTER A DEBT COLLECTION PROCESS HAS BEGUN, THE DEBT COLLECTION PROCESS CEASES AND ONLY RESUMES, IF AT ALL, ONCE THE PATIENT'S ELIGIBILITY FOR FULL OR PARTIAL FINANCIAL ASSISTANCE IS DETERMINED.
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-NEEDS-ASSESSMENT AND PROVIDING AN OPPORTUNITY FOR PUBLIC FEEDBACK VIA NORTHSIDE.CHNA@NORTHSIDE.COM.NORTHSIDE UTILIZED AN EVIDENCE-BASED MODEL OF POPULATION HEALTH ADAPTED FROM THE WISCONSIN POPULATION HEALTH INSTITUTE AND ALSO UTILIZED BY COUNTY HEALTH RANKINGS AND ROADMAPS. THIS MODEL ILLUSTRATES THE COMPLEXITY OF ASSESSING A COMMUNITY'S HEALTH STATUS BY OUTLINING THE FACTORS THAT ACT IN COMBINATION TO DETERMINE THE CURRENT STATUS OF A COMMUNITY'S HEALTH. THE EVIDENCE-BASED MODEL OUTLINES THE HEALTH DETERMINANTS (DEMOGRAPHICS AND SOCIAL ENVIRONMENT, HEALTHCARE ACCESS AND QUALITY, HEALTH BEHAVIORS, AND THE PHYSICAL ENVIRONMENT) THAT LEAD TO THE HEALTH OUTCOMES IN A COMMUNITY (MORBIDITY AND MORTALITY).THE CENTERS FOR DISEASE CONTROL AND PREVENTION ("CDC") PERFORMED A SYSTEMATIC LITERATURE REVIEW TO DETERMINE A COMMON SET OF HEALTH METRICS THAT SHOULD BE USED TO MEASURE BOTH THE HEALTH DETERMINANTS AND HEALTH OUTCOMES. NORTHSIDE USED THE CDC'S LIST OF "MOST FREQUENTLY RECOMMENDED HEALTH METRICS" TO DETERMINE WHAT VARIABLES TO CONSIDER FOR NORTHSIDE'S CURRENT CHNA. NORTHSIDE UTILIZED THE CDC'S RECOMMENDED VARIABLES AND METRICS WHEN THEY WERE READILY AVAILABLE AT THE COUNTY LEVEL.
PART VI, LINE 3:	NORTHSIDE INFORMS AND EDUCATES PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE AND NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM IN NUMEROUS WAYS.NORTHSIDE CONSPICUOUSLY POSTS NOTICE OF ITS FINANCIAL ASSISTANCE PROGRAM AND HOW TO ACCESS ITS FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION AT ALL MAJOR POINTS OF ACCESS TO ITS INPATIENT AND OUTPATIENT FACILITIES. THESE POINTS OF ACCESS INCLUDE THE HOSPITALS' PATIENT WAITING ROOMS AND EMERGENCY DEPARTMENTS. FOR PATIENTS THAT PRE-REGISTER OVER THE PHONE FOR HOSPITAL SERVICES, NORTHSIDE VERBALLY INFORMS PATIENTS OF ITS FINANCIAL ASSISTANCE PROGRAM AND PROVIDES PATIENTS WITH INFORMATION ON HOW TO OBTAIN A COPY OF NORTHSIDE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION VIA NORTHSIDE'S WEBSITE OR VIA MAIL. UPON ADMISSION TO ONE OF ITS HOSPITALS FOR SERVICES, NORTHSIDE PROVIDES EACH PATIENT A REGISTRATION PACKET THAT INCLUDES INFORMATION ON ITS FINANCIAL ASSISTANCE PROGRAM. FURTHER, A FINANCIAL COUNSELOR WILL SPEAK WITH ALL PATIENTS DURING EITHER THE PRE-REGISTRATION PROCESS OR UPON ADMISSION AND EXPLAIN NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM. IF A PATIENT INDICATES A NEED OR REQUESTS MORE INFORMATION REGARDING FINANCIAL ASSISTANCE, NORTHSIDE WILL REFER THE PATIENT TO A FINANCIAL ASSISTANCE COUNSELOR WHO WILL WORK DIRECTLY WITH THE PATIENT TO ASSIST THE PATIENT IN APPLYING FOR FINANCIAL ASSISTANCE.TO EXPEDITE THE FINANCIAL ASSISTANCE PROCESS, NORTHSIDE USES THIRD PARTY SOFTWARE TO HELP IDENTIFY

Form and Line Reference	Explanation
	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 INCLUDES A SUMMARY OF ITS FINANCIAL ASSISTANCE PROGRAM, INCLUDING HOW TO OBTAIN MORE INFORMATION AND APPLY FOR FINANCIAL ASSISTANCE, ON ALL PATIENT BILLS.LASTLY, NORTHSIDE WORKS WITH MANY COMMUNITY OUTREACH PROGRAMS TO PROVIDE FINANCIAL ASSISTANCE TO PATIENTS WHO QUALIFY FOR FREE OR DISCOUNTED SERVICES THROUGH THESE PROGRAMS. TO EXPEDITE THE FINANCIAL ASSISTANCE PROCESS FOR SUCH PATIENTS, NORTHSIDE PROVIDES A PRE-APPROVAL PROCESS FOR ALL PATIENTS WHO ARE REFERRED FOR MEDICALLY NECESSARY SERVICES VIA A COMMUNITY OUTREACH PROGRAM. THIS PROCESS ALLOWS PATIENTS TO QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO RECEIVING HOSPITAL SERVICES, THEREBY RELIEVING THE PATIENTS OF THE STRESS AND BURDEN OF THE FINANCIAL ASPECT OF THEIR CARE AND ALLOWING THEM TO FOCUS ON THEIR HEALTH, WELL-BEING, AND RECOVERY.
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, NORTHSIDE HOSPITAL-DULUTH, NORTHSIDE HOSPITAL-FORSYTH, AND NORTHSIDE HOSPITAL-GWINNETT DEVELOPED A SINGLE COMMUNITY DEFINITION IN COMPLIANCE WITH IRS SECTION 501(R) FINAL RULE. THE NORTHSIDE COMMUNITY CONSISTS OF BARROW, CHEROKEE, COBB, DAWSON, DEKALB, FORSYTH, FULTON, GWINNETT, PICKENS, AND WALTON COUNTIES.IN 2020, THE ESTIMATED 4.3 MILLION RESIDENTS OF THE NORTHSIDE COMMUNITY ACCOUNTED FOR 40 PERCENT OF GEORGIA'S TOTAL POPULATION. THE NORTHSIDE COMMUNITY IS SLIGHTLY YOUNGER THAN GEORGIA OVERALL, WITH A MEDIAN AGE OF 36.3 COMPARED TO GEORGIA'S 36.9. OVERALL, THE 2020 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. ALMOST HALF OF GEORGIA'S HISPANIC POPULATION LIVES IN THE COMMUNITY AND 25 PERCENT LIVES IN GWINNETT COUNTY.OVERALL, THE NORTHSIDE COMMUNITY HAS A HIGH LEVEL OF EDUCATION 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, SIGNIFICANT INCOME AND HEALTH DISPARITIES DO EXIST BETWEEN COUNTIES THAT NORTHSIDE'S COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY AIM TO ADDRESS. NORTHSIDE COMPLIES WITH APPLICABLE FEDERAL CIVIL RIGHTS LAWS AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, RELIGION, OR SEX (INCLUDING SEXUAL ORIENTATION AND GENDER IDENTITY). NORTHSIDE DOES NOT EXCLUDE PEOPLE OR TREAT THEM DIFFERENTLY BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, SEX, GENETIC INFORMATION OR MEDICAL CONDITIONS. WE PAY PARTICULAR ATTENTION TO DESIGNING OUTREACH EFFORTS WITHIN THE NORTHSIDE COMMUNITY THAT TAKE INTO ACCOUNT OUR MOST VULNERABLE POPULATIONS WITH IDENTIFIED HEALTH DISPARITIES, INCLUDING THOSE WHO LACK ACCESS TO CARE, THOSE AT HIGHER RISK FOR OCCURRENCE, DELAYED DIAGNOSIS AND/OR TREATMENT OF CERTAIN IDENTIFIED HEALTH CONCERNS AS WELL AS THOSE IN OTHER VULNERABLE HEALTH CIRCUMSTANCES.
PART VI, LINE 5:	NORTHSIDE HOSPITAL, INC. IS A CHARITABLE ORGANIZATION AND AS SUCH, IT 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 ENGAGESIN THROUGHOUT THE YEAR, NORTHSIDE ALSO INVESTS SURPLUS FUNDS BACK INTOEXPANDING ACCESS TO SERVICES FOR ALL PEOPLE THROUGHOUT ITS COMMUNITY. OVERTHE COURSE OF FY 2024, NORTHSIDE HOSPITAL, INC. SUBMITTED FIFTY-FIVE APPLICATIONS TO THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH TO EXPAND OR RENOVATE FACILITIES, EXPAND CAMPUS INFRASTRUCTURE, EXPAND SERVICES AND IMPROVE ACCESS, ACQUIRE STATE-OF-THE-ART EQUIPMENT, AND CONTINUE CRITICAL CARDIAC-RELATED SERVICES (I.E., THERAPEUTIC CARDIAC CATHETERIZATION). THESE APPLICATIONS REPRESENT A LONG-TERM FINANCIAL COMMITMENT TOTALING NEARLY $323 MILLION OVER THE NEXT SEVERAL YEARS. PROJECTS INCLUDE: 1) $184 MILLION TO EXPAND CAMPUS INFRASTRUCTRE; 2) $77 MILLION TO EXPAND, ADD CAPACITY AND IMPROVE ACCESS TO MINIMALLY-INVASIVE SURGICAL SERVICES, DIAGNOSTIC IMAGING SERVICES, CANCER-RELATED IMAGING SERVICES (I.E., PET/CT), AND CARDIAC DIAGNOSTIC IMAGING SERVICES; 3) $31 MILLION TO ACQUIRE STATE-OF-THE-ART TECHNOLOGY FOR IMAGING AND RADIATION ONCOLOGY SERVICES; 4) $31 MILLION IN FACILITY RENOVATION PROJECTS TO IMPROVE THE DELIVERY OF CLINICAL HEALTH SERVICES SUCH AS IMAGING, CARDIAC CATHETERIZATION, AND RADIATION ONCOLOGY, AND TO CONSTRUCT A HEALING FAMILY LOUNGE FOR FAMILIES WITH A BABY IN THE SPECIAL CARE NURSERY AT THE ATLANTA CAMPUS; AND 5) SECURE REGULATORY APPROVAL TO CONTINUE PROVIDING THERAPEUTIC CARDIAC CATHETERIZATION SERVICES. THESE PROJECTS ARE LOCATED THROUGHOUT NORTHSIDE HOSPITAL, INC.'S SERVICE AREA AND WILL HELP IMPROVE THE COMMUNITY'S ACCESS TO INPATIENT CARE, SPECIALISTS, AND OUTPATIENT HOSPITAL SERVICES.
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

Form and Line Reference	Explanation
	ORGANIZATIONS, HOSPITAL EMPLOYEES, AND MEDICAL STAFF. THE NORTHSIDE HOSPITAL SYSTEM PARTICIPATES IN HEALTH EDUCATION AND SCREENINGS, AS WELL AS PROVIDES SUPPORT ACTIVITIES FOR INDIVIDUALS IN THE COMMUNITY LIVING WITH A SERIOUS OR CHRONIC HEALTH CONDITION.IN ADDITION TO THE EXCELLENT MEDICAL CARE AND EDUCATIONAL PROGRAMS WE PROVIDE TO THE COMMUNITY, NORTHSIDE 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:HTTPS://WWW.NORTHSIDE.COM/COMMUNITY-WELLNESS/IN-THE-COMMUNITY/COMMUNITY-BENEFIT-REPORT

Additional Data

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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

2023

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 247 GATEWAY LLC 275 PRYOR STREET SW ATLANTA,GA 30303	26-1193832	501(C)(3)	114,275	0			GENERAL SUPPORT
(2) ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION 41 PERIMETER CENTER EAST SUITE 550 ATLANTA,GA 30346	13-3039601	501(C)(3)	40,000	0			GENERAL SUPPORT
(3) AMERICAN CANCER SOCIETY INC PO BOX 1685 ATLANTA,GA 30301	13-1788491	501(C)(3)	197,500	0			GENERAL SUPPORT
(4) AMERICAN HEART ASSOCIATION INC 1101 NORTHCHASE PKWY SUITE 1 MARIETTA,GA 30067	13-5613797	501(C)(3)	230,000	0			GENERAL SUPPORT
(5) AMERICAN LUNG ASSOCIATION 55 W WACKER DR SUITE 1150 CHICAGO,IL 60601	13-1632524	501(C)(3)	25,000	0			GENERAL SUPPORT
(6) AMERICAN RED CROSS1955 MONROE 1955 MONROE DRIVE NE ATLANTA,GA 30324	53-0196605	501(C)(3)	50,000	0			GENERAL SUPPORT
(7) ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS FOUNDATION INC PO BOX 52124 ATLANTA,GA 30355	58-2004368	501(C)(3)	22,500	0			GENERAL SUPPORT
(8) ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST SUITE 600 ATLANTA,GA 30309	58-1341679	501(C)(3)	75,000	0			GENERAL SUPPORT
(9) ATLANTA BELTLINE PARTNERSHIP INC 970 JEFFERSON STREET NW SUITE 4 ATLANTA,GA 30318	56-2464486	501(C)(3)	100,000	0			GENERAL SUPPORT
(10) ATLANTA CANCER CARE FOUNDATION 5670 PEACHTREE DUNWOODY RD SUITE 1100 ATLANTA,GA 30342	58-2607802	501(C)(3)	25,000	0			GENERAL SUPPORT
(11) ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA,GA 30344	58-1376648	501(C)(3)	80,000	0			GENERAL SUPPORT
(12) ATLANTA PRIDE COMMITTEE INC 1530 DEKALB AVE NE STE A ATLANTA,GA 30307	58-2032010	501(C)(3)	40,000	0			GENERAL SUPPORT
(13) ATLANTA RONALD MCDONALD HOUSE 795 GATEWOOD ROAD NE ATLANTA,GA 30329	58-1295754	501(C)(3)	20,000	0			GENERAL SUPPORT
(14) ATLANTA TRACK CLUB INC 201 ARMOUR DRIVE NE ATLANTA,GA 30324	58-1367422	501(C)(3)	150,000	0			GENERAL SUPPORT
(15) AURORA THEATRE INC PO BOX 2014 LAWRENCEVILLE,GA 30046	58-2450282	501(C)(3)	30,000	0			GENERAL SUPPORT
(16) BICYCLE RIDE ACROSS GEORGIA INC PO BOX 8812 ATLANTA,GA 31106	58-1576748	501(C)(4)	50,000	0			GENERAL SUPPORT
(17) CHATTAHOOCHEE NATURE CENTER INC PO BOX 769769 ROSWELL,GA 30076	58-1275604	501(C)(3)	92,000	0			GENERAL SUPPORT
(18) CHEROKEE COUNTY BOARD OF COMMISSIONERS 1130 BLUFFS PARKWAY CANTON,GA 30114	58-6000799	CHEROKEE COUNTY	60,000	0			GENERAL SUPPORT
(19) CHEROKEE COUNTY BOARD OF EDUCATION 1205 BLUFFS PARKWAY CANTON,GA 30114	58-6011458	CHEROKEE COUNTY	33,500	0			GENERAL SUPPORT
(20) CHEROKEE COUNTY CHAMBER OF COMMERCE PO BOX 4998 CANTON,GA 30114	58-1090796	501(C)(6)	31,370	0			GENERAL SUPPORT
(21) CHEROKEE COUNTY EDUCATIONAL FOUNDATION PO BOX 4754 CANTON,GA 30114	90-0902351	501(C)(3)	25,000	0			GENERAL SUPPORT
(22) CITY OF LAWRENCEVILLE 70 SOUTH CLAYTON STREET LAWRENCEVILLE,GA 30046	58-6000604	CITY OF LAWRENCEVILL	20,000	0			GENERAL SUPPORT
(23) COBB CHAMBER OF COMMERCE 1100 CIRCLE 75 PKWY SUITE 1000 ATLANTA,GA 30339	58-0198114	501(C)(6)	40,000	0			GENERAL SUPPORT
(24) COBB COUNTY FAIR ASSOCIATION PO BOX 777 KENNESAW,GA 30144	58-6043883	501(C)(3)	20,000	0			GENERAL SUPPORT
(25) COMMUNITY FOUNDATION OF NORTHEAST GEORGIA 6500 SUGARLOAF PKWY SUITE 220 DULUTH,GA 30097	58-1557995	501(C)(3)	27,500	0			GENERAL SUPPORT
(26) COUNCIL FOR QUALITY GROWTH 5901-C PEACHTREE DUNWOODY RD SUITE 500 ATLANTA,GA 30328	58-1664710	501(C)(6)	28,000	0			GENERAL SUPPORT
(27) CUMMING FAIRGROUNDS 235 CASTLEBERRY ROAD CUMMING,GA 30040	58-6000553	CITY OF CUMMING	75,000	0			GENERAL SUPPORT
(28) DAHLONEGA-LUMPKIN CO CHAMBER OF COMMERCE 13 SOUTH PARK STREET DAHLONEGA,GA 30533	58-0701974	501(C)(6)	40,000	0			GENERAL SUPPORT
(29) DAWSON COUNTY CHAMBER OF COMMERCE PO BOX 299 DAWSONVILLE,GA 30534	58-1950100	501(C)(6)	40,000	0			GENERAL SUPPORT
(30) DUNWOODY CHAMBER OF COMMERCE INC 4707 ASHFORD DUNWOODY RD DUNWOODY,GA 31146	26-3082325	501(C)(6)	20,000	0			GENERAL SUPPORT
(31) DUNWOODY NATURE CENTER INC PO BOX 88070 DUNWOODY,GA 30356	58-2009823	501(C)(3)	25,000	0			GENERAL SUPPORT
(32) ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DRIVE GAINESVILLE,GA 30504	58-1643768	501(C)(3)	50,000	0			GENERAL SUPPORT
(33) FORSYTH COUNTY BOARD OF EDUCATION 1120 DAHLONEGA HIGHWAY CUMMING,GA 30028	58-6000243	FORSYTH COUNTY	42,500	0			GENERAL SUPPORT
(34) FORSYTH COUNTY CHAMBER OF COMMERCE 212 WEBB STREET SUITE 200 CUMMING,GA 30040	58-1048245	501(C)(6)	85,000	0			GENERAL SUPPORT
(35) GEORGIA AQUARIUM INC 225 BAKER STREET NW ATLANTA,GA 30313	58-2574918	501(C)(3)	75,000	0			GENERAL SUPPORT
(36) GEORGIA ALLIANCE FOR BREAST CANCER 40 TECHNOLOGY PARKWAY SOUTH SUITE 200 PEACHTREE CORNERS,GA 30092	47-0897591	501(C)(3)	22,500	0			GENERAL SUPPORT
(37) GEORGIA CENTER FOR ONCOLOGY RESEARCH AND EDUCATION INC 999 PEACHTREE ST NE SUITE 400 ATLANTA,GA 30309	57-1159979	501(C)(3)	20,000	0			GENERAL SUPPORT
(38) GEORGIA CHAMBER OF COMMERCE PO BOX 102676 ATLANTA,GA 30368	58-1537370	501(C)(6)	47,000	0			GENERAL SUPPORT
(39) GEORGIA CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY 4850 GOLDEN PKWY B-418 BUFORD,GA 30518	58-1989233	501(C)(3)	50,025	0			GENERAL SUPPORT
(40) GEORGIA INTERSCHOLASTIC CYCLING LEAGUE 931 EAST MAIN STREET SUITE A BLUE RIDGE,GA 30513	81-5441679	501(C)(3)	30,000	0			GENERAL SUPPORT
(41) GEORGIA OVARIAN CANCER ALLIANCE 6065 ROSWELL ROAD SUITE 512 ATLANTA,GA 30328	58-2424106	501(C)(3)	40,000	0			GENERAL SUPPORT
(42) GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD MABLETON,GA 30126	58-0566190	501(C)(3)	20,000	0			GENERAL SUPPORT
(43) GOOD SAMARITAN HEALTH CENTER OF GWINNETT INC 5949 BUFORD HWY NORCROSS,GA 30071	27-0080400	501(C)(3)	25,000	0			GENERAL SUPPORT
(44) GREATER NORTH FULTON CHAMBER OF COMMERCE 10000 AVALON BOULEVARD SUITE 100 ALPHARETTA,GA 30009	58-1157316	501(C)(6)	53,200	0			GENERAL SUPPORT
(45) GWINNETT CHAMBER OF COMMERCE 6500 SUGARLOAF PKWY SUITE 100 DULUTH,GA 30097	58-0537282	501(C)(6)	61,400	0			GENERAL SUPPORT
(46) GWINNETT COUNTY BOARD OF EDUCATION 437 OLD PEACHTREE RD NW SUWANEE,GA 30024	58-6000254	GWINNETT COUNTY	106,500	0			GENERAL SUPPORT
(47) GWINNETT TECH FOUNDATION INC 5150 SUGARLOAF PKWY BLDG 700 LAWRENCEVILLE,GA 30043	58-2106879	501(C)(3)	20,000	0			GENERAL SUPPORT
(48) INMAN PARK NEIGHBORHOOD ASSOCIATION 245 N HIGHLAND AVE NE STE 230-218 ATLANTA,GA 30307	58-1869166	501(C)(4)	25,000	0			GENERAL SUPPORT
(49) JACK & JILL LATE STAGE CANCER 75 REMITTANCE DRIVE DEPT 92065 CHICAGO,IL 60675	20-4415512	501(C)(3)	25,000	0			GENERAL SUPPORT
(50) JOHNS CREEK CHAMBER OF COMMERCE 11695 JOHNS CREEK PKWY SUITE 100 JOHNS CREEK,GA 30097	20-4772140	501(C)(6)	31,800	0			GENERAL SUPPORT
(51) JUNIOR ACHIEVEMENT OF GEORGIA 275 NORTHSIDE DR NW ATLANTA,GA 30314	58-0598050	501(C)(3)	60,000	0			GENERAL SUPPORT
(52) LEUKEMIA AND LYMPHOMA SOCIETY PO BOX 12268 NEWPORT NEWS,VA 23612	13-5644916	501(C)(3)	65,000	0			GENERAL SUPPORT
(53) LOVE NOT LOST INC 1551 DUNWOODY VILLAGE PARKWAY 888722 DUNWOODY,GA 30338	47-4760639	501(C)(3)	30,000	0			GENERAL SUPPORT
(54) MARCH OF DIMES FOUNDATION PO BOX 3155 HARLAN,IA 51593	13-1846366	501(C)(3)	160,000	0			GENERAL SUPPORT
(55) MARIETTA COBB MUSEUM OF ART 30 ATLANTA ST SE MARIETTA,GA 30060	58-1528144	501(C)(3)	60,000	0			GENERAL SUPPORT
(56) MEDSHARE INTERNATIONAL INC 3240 CLIFTON SPRINGS ROAD DECATUR,GA 30034	58-2433968	501(C)(3)	50,000	0			GENERAL SUPPORT
(57) METROPOLITAN ATLANTA CHAMBER OF COMMERCE INC DBA METRO ATLANTA CHAMBER 191 PEACHTREE STREET NE SUITE 3400 ATLANTA,GA 30303	58-0145520	501(C)(6)	26,636	0			GENERAL SUPPORT
(58) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA,GA 30310	58-1438873	501(C)(3)	112,500	0			GENERAL SUPPORT
(59) MUSEUM OF CONTEMPORARY ART OF GEORGIA 75 BENNETT ST NW ATLANTA,GA 30309	58-2562811	501(C)(3)	25,000	0			GENERAL SUPPORT
(60) MUST MINISTRIES INC 1260 COBB PARKWAY N MARIETTA,GA 30062	58-2034725	501(C)(3)	45,000	0			GENERAL SUPPORT
(61) NATIONAL BLACK ARTS FESTIVAL 1429 FAIRMONT AVENUE NW SUITE J ATLANTA,GA 30318	58-1736780	501(C)(3)	50,000	0			GENERAL SUPPORT
(62) NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK,NY 10017	13-5661935	501(C)(3)	28,000	0			GENERAL SUPPORT
(63) NMDP FOUNDATION 500 NORTH 5TH STREET MINNEAPOLIS,MN 55401	41-1704734	501(C)(3)	25,000	0			GENERAL SUPPORT
(64) NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD ROSWELL,GA 30076	58-1521088	501(C)(3)	30,000	0			GENERAL SUPPORT
(65) OVARIAN CANCER INSTITUTE 1266 W PACES FERRY ROAD SUITE 339 ATLANTA,GA 30327	58-2445245	501(C)(3)	168,000	0			GENERAL SUPPORT
(66) PIEDMONT PARK CONSERVANCY INC PO BOX 570355 ATLANTA,GA 30357	58-1551369	501(C)(3)	100,000	0			GENERAL SUPPORT
(67) RAINBOW VILLAGE INC 3427 DULUTH HIGHWAY DULUTH,GA 30096	58-2181183	501(C)(3)	75,000	0			GENERAL SUPPORT
(68) REINHARDT UNIVERSITY 7300 REINHARDT COLLEGE CIR WALESKA,GA 30183	58-0603153	501(C)(3)	27,500	0			GENERAL SUPPORT
(69) ROBERT W WOODRUFF ARTS CENTER 1280 PEACHTREE STREET NE ATLANTA,GA 30309	58-0633971	501(C)(3)	100,000	0			GENERAL SUPPORT
(70) SANDY SPRINGS PERIMETER CHAMBER OF COMMERCE 1000 ABERNATHY RD SUITE L-10 SANDY SPRINGS,GA 30328	26-0677794	501(C)(6)	30,000	0			GENERAL SUPPORT
(71) THE SANDY SPRINGS SOCIETY INC P O BOX 720074 SANDY SPRINGS,GA 30358	58-1868282	501(C)(3)	20,000	0			GENERAL SUPPORT
(72) SOUTHEASTERN SOCIETY OF PLASTIC SURGEONS 6300 SAGEWOOD DRIVE SUITE H255 PARK CITY,UT 84098	58-1431500	501(C)(3)	40,000	0			GENERAL SUPPORT
(73) SUSAN G KOMEN BREAST CANCER FOUNDATION 13770 NOEL RD UNIT 801889 DALLAS,TX 75380	58-1959763	501(C)(3)	30,000	0			GENERAL SUPPORT
(74) THE ATLANTA WOMENS FOUNDATION 3715 NORTHSIDE PKWY SUITE 4-725 ATLANTA,GA 30327	58-2389721	501(C)(3)	25,000	0			GENERAL SUPPORT
(75) THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE PO BOX 170225 ATLANTA,GA 30317	82-3295945	501(C)(3)	148,000	0			GENERAL SUPPORT
(76) TRAVELERS AID OF METROPOLITAN ATLANTA INC DBA HOPE ATLANTA 34 PEACHTREE STREET ATLANTA,GA 30308	58-0566247	501(C)(3)	75,000	0			GENERAL SUPPORT
(77) WOMENS CLUB OF SUGARLOAF COUNTY 1880 SUGARLOAF CLUB DRIVE DULUTH,GA 30097	26-1140144	501(C)(3)	25,000	0			GENERAL SUPPORT
(78) YOUNG MENS CHRISTIAN ASSOCIATION OF METRO ATLANTA 569 MARTIN LUTHER KING JR DRIVE ATLANTA,GA 30314	58-0566253	501(C)(3)	22,000	0			GENERAL SUPPORT
(79) ZOO ATLANTA 800 CHEROKEE AVE SE ATLANTA,GA 30315	54-1655184	501(C)(3)	50,000	0			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 64

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 15

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) SCHOLARSHIP / EDUCATIONAL ASSISTANCE	2	4,695			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(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 MD BOARD MEMBER	(i)	438,431	125,744	14,488	0	26,354	605,017	0
	(ii)	0	0	0	0	0	0	0
2 KEITH CARNES MD BOARD MEMBER	(i)	440,270	30,390	33,610	0	21,885	526,155	0
	(ii)	0	0	0	0	0	0	0
3 IQBAL GARCHA MD BOARD MEMBER	(i)	424,536	173,892	17,316	0	19,060	634,804	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC.	(i)	1,490,803	3,361,730	30,346	0	36,713	4,919,592	0
	(ii)	0	0	0	0	0	0	0
5 SHANNON BANNA VP/CFO NSH, INC./ASST. TREASURER	(i)	690,638	276,124	35,237	0	11,465	1,013,464	0
	(ii)	0	0	0	0	0	0	0
6 JORGE J HERNANDEZ VICE PRESIDENT/ASST. SECRETARY	(i)	627,038	351,785	29,483	0	26,833	1,035,139	0
	(ii)	0	0	0	0	0	0	0
7 DEIDRE DIXON CEO, NSH-ATLANTA	(i)	568,674	229,706	27,123	0	21,738	847,241	0
	(ii)	0	0	0	0	0	0	0
8 JANIS DUBOW VICE PRESIDENT OF PATIENT CARE/CNO	(i)	442,201	324,456	11,703	0	13,210	791,570	0
	(ii)	0	0	0	0	0	0	0
9 WILLIAM HAYES CEO, NSH-CHEROKEE	(i)	617,444	250,242	61,405	0	34,140	963,231	0
	(ii)	0	0	0	0	0	0	0
10 DEBORAH MITCHAM BILBRO PRESIDENT/CEO, NSH GWINNETT/DULUTH	(i)	765,792	272,917	15,233	0	22,774	1,076,716	0
	(ii)	0	0	0	0	0	0	0
11 ROBERT PUTNAM VICE PRESIDENT OF ADMIN/CEO, NSH FOR	(i)	793,659	291,896	133,952	0	22,305	1,241,812	0
	(ii)	0	0	0	0	0	0	0
12 JIMMY J JIANG MD ORTHOPEDIC HAND SURGEON	(i)	489,344	1,724,600	15,133	0	24,037	2,253,114	0
	(ii)	0	0	0	0	0	0	0
13 CHRISTOPHER A POTTS MD ORTHOPEDIC SURGEON	(i)	957,080	1,125,743	59,405	0	34,330	2,176,558	0
	(ii)	0	0	0	0	0	0	0
14 ALAN WINSTON MD CARDIOLOGIST	(i)	1,683,663	227,857	183,352	0	38,778	2,133,650	0
	(ii)	0	0	0	0	0	0	0
15 JAMES WOLFE MD CARDIOLOGIST	(i)	1,485,130	227,857	176,996	0	22,774	1,912,757	0
	(ii)	0	0	0	0	0	0	0
16 EVAN WINOGRAD MD NEUROSURGEON	(i)	471,840	928,878	59,491	0	9,631	1,469,840	0
	(ii)	0	0	0	0	0	0	0
17 TINA WAKIM FORMER VICE PRESIDENT OF OPERATIONS/	(i)	57,417	418,380	77,695	0	3,631	557,123	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ON OCCASION, CERTAIN BENEFITS, SUCH AS LONG TERM DISABILITY PREMIUMS, ARE GROSSED UP FOR SELECTED EMPLOYEES.
PART I, LINE 4B	MR. QUATTROCCHI HAS LED THE ORGANIZATION FOR MORE THAN TWENTY-ONE YEARS AS CEO AND FOR SEVENTEEN YEARS AS A SENIOR EXECUTIVE PRIOR TO BECOMING CEO. IN RECOGNITION OF HIS SUCCESSFUL LEADERSHIP AND EXTENDED TENURE, AND TO ASSIST IN THE CEO'S RETENTION, NORTHSIDE HAS ESTABLISHED AN ANNUAL RETENTION PROGRAM FOR THE CEO, PROVIDING FOR AN ANNUAL RETENTION INCENTIVE, BUT ONLY IF HE CONTINUES TO BE EMPLOYED ON THE LAST DAY OF EACH FISCAL YEAR, BEGINNING WITH THE FISCAL YEAR ENDING SEPTEMBER 30, 2021. NORTHSIDE DOES NOT CONSIDER THE RETENTION PAYMENTS TO BE DEFERRED COMPENSATION FOR TAX REPORTING PURPOSES. AS AN ADDITIONAL RETENTION INCENTIVE, THE BOARD OF DIRECTORS MAY DEFER A PORTION OF ANY ANNUAL BONUS PAYABLE TO THE CEO CONDITIONING PAYMENT OF THE DEFERRED PORTION ON THE CEO'S CONTINUED EMPLOYMENT AND SATISFACTION OF CERTAIN SPECIFIED ORGANIZATION METRICS.
PART II	CERTAIN AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN (B) MAY INCLUDE AMOUNTS FOR SERVICES PERFORMED IN A PRIOR CALENDAR YEAR BUT NOT DUE AND PAYABLE UNTIL THE ORGANIZATION'S CURRENT TAX YEAR.

Additional Data

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Software ID:

Software Version:

Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
(1) RACHEL BEARMAN	DALE M. BEARMAN, M.D., BOARD MEMBER & RACHEL BEARMAN FAMILY MEMBER	128,101	DALE M. BEARMAN, M.D., MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH RACHEL BEARMAN, AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC. AMOUNT REPRESENTS FAIR MARKET VALUE COMPENSATION PAID DURING CALENDAR YEAR 2023 TO RACHEL BEARMAN FOR SERVICES RENDERED TO THE ORGANIZATION.		No
(2) GARY LEVENGOOD MD	MICHAEL LEVENGOOD, BOARD MEMBER & GARY LEVENGOOD, M.D. FAMILY MEMBER	853,367	MICHAEL LEVENGOOD, MEMBER OF THE NORTHSIDE HOSPITAL, INC. BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH GARY LEVENGOOD, M.D., AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC. AMOUNT REPRESENTS FAIR MARKET VALUE COMPENSATION PAID DURING CALENDAR YEAR 2023 TO GARY LEVENGOOD, M.D. FOR SERVICES RENDERED TO THE ORGANIZATION.		No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Return Reference	Explanation
PART III, LINE 4A: PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)	REINVESTING TO ENHANCE CAPACITY AND TO DELIVER HIGH-QUALITY HEALTH CARE 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 TO ENHANCE OUR CAPACITY AND ABILITY TO DELIVER HIGH-QUALITY HEALTH CARE TO THE COMMUNITIES WE SERVE. IN FY2024, NORTHSIDE HOSPITAL, INC. DEPLOYED OVER $455 MILLION IN CASH INVESTMENTS ACROSS THE SYSTEM FOR IMPORTANT PROGRAM SERVICES AND INITIATIVES. WHILE THE $455 MILLION WAS ALLOCATED OVER A DOZEN CATEGORIES, A MAJORITY OF THE CASH INVESTMENTS WERE TO PROGRAM SERVICES AND INITIATIVES THAT OVERLAP WITH NORTHSIDE'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. NORTHSIDE MADE CASH INVESTMENTS TO NUMEROUS PROGRAM SERVICES INCLUDING CARDIOLOGY, GI, INPATIENT SERVICES, ONCOLOGY, AND WOMEN'S SERVICES; DETAILS OF THESE COMMITMENTS ARE AS FOLLOWS: $14 MILLION FOR CARDIOLOGY TO IMPROVE ACCESS TO DIAGNOSTIC SERVICES BY ESTABLISHING THREE (3) OUTPATIENT CARDIOVASCULAR DIAGNOTIC CENTERS LOCATED IN FORSYTH AND GWINNETT COUNTIES AND TO UPGRADE CARDIAC CATH LAB EQUIPMENT AT NORTHSIDE ATLANTA. $15 MILLION FOR GI SERVICES PRIMARILY TO ESTABLISH A STATE-OF-THE-ART OUTPATIENT GI LAB AT NORTHSIDE GWINNETT. WHILE GI IS NOT LISTED AS A PRIORITIZED HEALTH NEED IN NORTHSIDE'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT, IT IS AN IMPORTANT AREA OF FOCUS WITHIN CANCER AND ACCESS, BOTH OF WHICH ARE PRIORITIZED HEALTH NEEDS. $195 MILLION TO IMPROVE ACCESS TO INPATIENT SERVICES BY EXPANDING INPATIENT CAPACITY THROUGH THE CONTSTRUCTION OF TWO NEW INPATIENT BED TOWERS AT NORTHSIDE CHEROKEE AND NORTHSIDE GWINNETT, WHICH WILL ADD APPROXIMATLEY 341 INPATIENT BEDS TO THE SYSTEM. $17 MILLION FOR ONCOLOGY PRIMARILY TO EXPAND CAPACITY AND ENHANCE ACCESS TO SPECIALISTS AND INFUSION SERVICES ACROSS NUMEROUS GEOGRAPHIES. $15 MILLION FOR WOMEN'S SERVICES PRIMARILY TO EXPAND CAPACITY OR ENHANCE THE PATIENT CARE EXPERIENCE IN THE SPECIAL CARE NURSERIES AT NORTHSIDE ATLANTA, CHEROKEE, AND GWINNETT. $16 MILLION TO ENHANCE ACCESS TO PRIMARY CARE, SPECIALISTS, AND SCREENING AND DIAGNOSTIC SERVICES THROUGH THE CONSTRUCTION OF TWO NEW MEDICAL OFFICE BUILDINGS LOCATED IN HALL AND GWINNETT COUNTIES. NORTHSIDE ALSO MADE SUBSTANTIAL CASH INVESTMENTS IN OTHER VITAL PROGRAM SERVICES AND INITIATIVES TO EXPAND CAPACITY, IMPROVE QUALITY, AND INCREASE ACCESS TO CARE; THE LATTER OF WHICH ALSO IS IN NORTHSIDE'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. DETAILS OF THESE COMMITMENTS INCLUDE: $58 MILLION FOR RADIOLOGY TO UPGRADE EQUIPMENT ACROSS MULTIPLE MODALITIES SUCH AS MRI, CT, AND INTERVENTIONAL RADIOLOGY; AS WELL AS TO EXHANCE ACCESS TO OUTPATIENT SCREENING AND DIAGNSOTIC IMAGING SERVICES THROUGH THE DEVELOPMENT OF FIVE (5) NEW OUTPATIENT IMAGING CENTERS LOCATED IN COBB, GWINNETT, AND ROCKDALE COUNTIES. $34 MILLION FOR SURGERY TO EXPAND INPATIENT SURGICAL CAPACITY AND/OR RENOVATE EXISITNG SURGICAL SUITES AT NORTHSIDE ATLANTA, CHEROKEE, AND GWINNETT; EXPAND OUTPATIENT SURGICAL CAPACITY AND INCREASE ACCESS TO OUTPATIENT SURGICAL SERVICES THROUGH THE CONSTRUCTION OF THREE (3) AMBULATORY SURGERY CENTERS LOCATED IN CHEROKEE AND GWINNETT COUNTIES; AND TO ACQUIRE NUMEROUS STATE-OF-THE-ART ROBOTIC SURGICAL SYSTEMS WHICH HAVE THE DEMONSTRATED BENEFITS OF IMPROVING QUALITY OUTCOMES THROUGH FASTER RECOVERY TIMES AND LOWERING COSTS. 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 SERVING OVER 350,000 PERSONS, SPENDING OVER 182,700 STAFF HOURS, AND PROVIDING OVER $32 MILLION IN NET COMMUNITY BENEFIT PROGRAM ACTIVITIES. THE HIGHEST DOLLAR IMPACT CATEGORIES (I.E., BENEFIT IN EXCESS OF $1 MILLION) INCLUDE 1) SUBSIDIZED HEALTH SERVICES, 2) HEALTH PROFESSIONS EDUCATION, 3) CASH AND IN-KIND DONATIONS, AND 4) COMMUNITY HEALTH IMPROVEMENT SERVICES. 1) THROUGH SUBSIDIZED HEALTH SERVICES, NORTHSIDE PROVIDED OVER $10.9 MILLION IN COMMUNITY BENEFIT. SUBSIDIZED HEALTH SERVICES ARE CLINICAL SERVICES PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FINANCIAL ASSISTANCE, MEDICAID SHORTFALLS, AND BAD DEBT. A MAJORITY OF NORTHSIDE HOSPITAL'S SUBSIDIZED HEALTH SERVICES COMMUNITY BENEFIT STEMMED FROM THE LEVEL II TRAUMA CENTER LOCATED AT NORTHSIDE HOSPITAL GWINNETT AND THE DIABETES AND NUTRITION EDUCATION DEPARTMENTS SYSTEM-WIDE. 2) HEALTH PROFESSIONS EDUCATION INCLUDES EDUCATIONAL PROGRAMS FOR PHYSICIANS, INTERNS, RESIDENTS, MEDICAL STUDENTS, NURSES AND NURSING STUDENTS, PASTORAL CARE FELLOWS AND INTERNS, AND OTHER HEALTH PROFESSIONALS WHEN THAT EDUCATION IS NECESSARY TO RETAIN STATE LICENSURE OR CERTIFICATION BY A BOARD IN THE INDIVIDUAL'S HEALTH PROFESSIONAL SPECIALTY. NORTHSIDE PROVIDED CONTINUING MEDICAL EDUCATION ("CME"), GRADUATE MEDICAL EDUCATION, AND VARIOUS HEALTH PROFESSIONS EDUCATION FOR NURSING STUDENTS, PASTORAL STUDENTS, AND OTHER ALLIED HEALTH STUDENTS; TOTALING $11.3 MILLION IN NET COMMUNITY BENEFIT AND SERVING 6,484 STUDENTS. NORTHSIDE'S CME ACTIVITIES PROVIDE PHYSICIANS AND HEALTH CARE PROFESSIONALS WITH COORDINATED, BALANCED EDUCATIONAL OPPORTUNITIES THAT WILL HELP TO ADVANCE THEIR PROFESSIONAL LEARNING, INCREASE THEIR COMPETENCE IN PRACTICE, AND IMPROVE THEIR PRACTICE PERFORMANCE. IN FY2024, 573 PHYSICIANS/MEDICAL STUDENTS RECEIVED CME ON TOPICS SUCH AS MEDICAL ETHICS, MATERNAL AND INFANT CARE, ONCOLOGY, PRIMARY CARE, NEUROSCIENCES, AND GERIATRIC MEDICINE. A SEPTEMBER 2022 ANALYSIS BY THE KAISER FAMILY FOUNDATION INDICATED THAT GEORGIA NEEDS NEARLY 700 PRIMARY CARE PHYSICIANS TO FILL CURRENT PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS. TO HELP DEVELOP A FUTURE SUPPLY OF PRIMARY CARE PROFESSIONALS, NORTHSIDE HOSPITAL GWINNETT OFFERS THE FOLLOWING ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION ("ACGME") APPROVED POSTGRADUATE RESIDENCY AND FELLOWSHIP PROGRAMS: FAMILY MEDICINE RESIDENCY, INTERNAL MEDICINE RESIDENCY, TRANSITIONAL YEAR RESIDENCY, AND SPORTS MEDICINE FELLOWSHIP. IN FY2024, NORTHSIDE'S GME PROGRAM HAD 75 RESIDENTS ENROLLED IN ITS ACGME APPROVED PROGRAMS. LAST, NORTHSIDE'S CPE PROGRAM IS A GRADUATE-LEVEL PROFESSIONAL EDUCATION PROGRAM WHEREIN CLERGY INTEGRATE THEIR MASTER'S OR DOCTORAL LEVEL THEOLOGICAL EDUCATION AND MINISTRY EXPERIENCE WITH THE

Return Reference	Explanation
	REAL CHALLENGES OF OFFERING PROFESSIONAL INTERFAITH SPIRITUAL AND PASTORAL CARE TO PERSONS IN CRISIS. IN FY2024, NORTHSIDE'S CPE PROGRAM EDUCATED 73 FUTURE SPIRITUAL COUNSELORS. 3) THROUGH CASH AND IN-KIND DONATIONS, NORTHSIDE HOSPITAL SUPPORTS COMMUNITY ORGANIZATIONS WHOSE MISSIONS COMPLEMENT THE HOSPITAL'S MISSION AND WHOSE INITIATIVES EITHER ALIGN WITH THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN NORTHSIDE'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OR ADDRESS SOCIAL DETERMINANTS OF HEALTH ("SDOH") SUCH AS HOUSING/HOMELESSNESS, FOOD INSECURITY, EDUCATION, ETC. IN FY2024, NORTHSIDE PROVIDED $4.5 MILLION IN CASH AND IN-KIND DONATIONS TO OVER 350 COMMUNITY ORGANIZATIONS. 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 ORGANIZATIONS, SUCH AS RAINBOW VILLAGE AND ATLANTA CANCER CARE FOUNDATION. NORTHSIDE SELECTED RAINBOW VILLAGE AS A FUNDING RECIPIENT BECAUSE IT ADDRESSES IMPORTANT SDOHS: HOUSING/HOMELESSNESS, FINANCIAL MANAGEMENT, FAMILY STABILITY, EDUCATION AND TRAINING, AND EMPLOYMENT AND CAREER. ANOTHER EXAMPLE OF A SELECTED FUNDS RECIPIENT IS THE ATLANTA CANCER CARE FOUNDATION ("ACCF"). NORTHSIDE PROVIDED FINANCIAL SUPPORT TO ACCF BECAUSE IT ADDRESSES ONE OF NORTHSIDE'S PRIORITIZED HEALTH NEEDS: CANCER. ATLANTA CANCER CARE FOUNDATION REDUCES THE ADDITIONAL STRESS THAT A CANCER DIAGNOSIS COULD BRING BY PROVIDING FINANCIAL ASSISTANCE TO PATIENTS IN NEED. BY ELIMINATING THIS STRESS CAUSED BY THE FINANCIAL BURDEN OF CANCER, THE PATIENT IS ABLE TO FOCUS ON HEALING. 4) COMMUNITY HEALTH IMPROVEMENT SERVICES ARE ACTIVITIES OR PROGRAMS SUBSIDIZED BY NORTHSIDE HOSPITAL AND CARRIED OUT OR SUPPORTED FOR THE EXPRESS PURPOSE OF IMPROVING HEALTH. NORTHSIDE EMPLOYS A VARIETY OF COMMUNITY HEALTH IMPROVEMENT ACTIVITIES INCLUDING COMMUNITY HEALTH EDUCATION, COMMUNITY BASED CLINICAL SERVICES, HEALTH CARE SUPPORT SERVICES, AND SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES. IN FY2024, NORTHSIDE PROVIDED OVER $2.6 MILLION IN COMMUNITY HEALTH IMPROVEMENT SERVICES ACROSS 68 DIFFERENT PROGRAMS THAT REACHED 177,221 PEOPLE.
PART III, LINE 4A: PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)	MUCH OF NORTHSIDE'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES INCLUDES COMMUNITY AND CORPORATE HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION EVENTS AND COMMUNITY-BASED CANCER SCREENINGS. HOWEVER, THERE ARE ALSO 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 ("FASP"). NORTHSIDE'S FASP WAS DESIGNED SPECIFICALLY TO ADDRESS AN UNMET COMMUNITY-BASED NEED FOR HIGH QUALITY, FINANCIALLY ACCESSIBLE, OUTPATIENT SURGICAL AND ENDOSCOPY 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 RECEIVED REFERRALS FROM 15 CHARITABLE ORGANIZATIONS, INCLUDING SAFETY NET CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS, FOR PATIENTS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD OR OBTAIN MEDICALLY NECESSARY OUTPATIENT SURGERY AND ENDOSCOPY SERVICES. PATIENTS ARE PRE-SCREENED BASED ON 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 AND ENDOSCOPY SERVICES TO OVER 500 FINANCIALLY INDIGENT PATIENTS WHOSE CONDITIONS WOULD HAVE GONE UNTREATED UNTIL THE CONDITION WORSENED LEAVING THE PATIENT NO CHOICE BUT TO SEEK CARE IN A LOCAL HOSPITAL'S EMERGENCY DEPARTMENT. IN FY2024 FASP SERVED 507 PERSONS. 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 718 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 7A	NORTHSIDE HEALTH SERVICES ELECTS ALL THE MEMBERS OF THE GOVERNING BODY FOR NORTHSIDE HOSPITAL, INC.
FORM 990, PART VI, SECTION A, LINE 7B	NORTHSIDE HEALTH SERVICES 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 OUTSIDE, INDEPENDENT ACCOUNTING FIRM USING DETAILED FINANCIAL STATEMENTS SUPPORTED BY A CONSOLIDATED AUDIT (ALSO PREPARED BY OUTSIDE, INDEPENDENT AUDITORS). NORTHSIDE FINANCIAL LEADERSHIP, INCLUDING THE SENIOR DIRECTOR OF CORPORATE FINANCE AND CFO, PERFORM A DETAILED REVIEW OF THE FORM 990 AND APPROVAL OF THE RETURN BEFORE IT IS FILED. ADDITIONALLY, OUTSIDE COUNSEL REVIEWS SEVERAL SECTIONS OF THE FORM AT NORTHSIDE'S REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A DISCLOSURE QUESTIONNAIRE ANNUALLY, IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY. NORTHSIDE'S LEGAL SERVICES DEPARTMENT REVIEWS CONTRACTS WITH OTHER CARE PROVIDERS, EDUCATIONAL INSTITUTIONS, MANUFACTURERS AND PAYORS TO DETERMINE WHETHER CONFLICTS OF INTEREST EXIST AND WHETHER THEY ARE IN COMPLIANCE WITH SPECIFIC LAWS AND REGULATIONS.
FORM 990, PART VI, SECTION B, LINE 15	TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO AND KEY EMPLOYEES, A COMPENSATION STUDY, INCLUDING PEER ORGANIZATIONS, IS COMPLETED BY AN INDEPENDENT COMPENSATION CONSULTANT. THIS INFORMATION IS SHARED WITH THE COMPENSATION COMMITTEE. INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE DELIBERATE AND DETERMINE THE COMPENSATION OF THE CEO AND APPROVE THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. RECORDS OF THESE DECISIONS ARE RETAINED. THE CEO'S FINAL WRITTEN EMPLOYMENT CONTRACT MUST BE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD.
FORM 990, PART VI,	THE CORPORATE GOVERNANCE DOCUMENTS (SPECIFICALLY ALL ARTICLES OF INCORPORATION DOCUMENTS) ARE

Return Reference	Explanation
SECTION C, LINE 19	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 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 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.). UNDER THE PSA, NORTHSIDE PAYS AGA A FAIR MARKET VALUE RATE BASED ON PERSONALLY PERFORMED AND MODIFIER ADJUSTED WRVUS. AGA, LLC PROVIDES APPROXIMATELY 254 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.
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 568,053,017. MANAGEMENT AND GENERAL EXPENSES 217,169,573. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 785,222,590.
FORM 990, PART XI, LINE 9:	INCOME FROM JOINT VENTURES NOT ON BOOKS -16,087,068. OTHER CHANGES IN NET ASSETS -3,111,276. CHANGE IN PENSION 62,842,746. EQUITY TRANSFER -6,019,710. INTERCOMPANY REVENUES -2,760. CHANGE IN RESITRCED NET ASSETS -1,306,025.

Additional Data

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Software ID:

Software Version:

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
2023
Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 2246 WISTERIA DRIVE LLC 2246 WISTERIA DRIVE SW SNELLVILLE, GA 30078 87-1915309	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(2) ADVANCED JOINT SURGERY SPECIALISTS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-4793694	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(3) ADVANCED NEUROSURGERY ASSOCIATES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 85-2031927	PROFESSIONAL SERVICES	GA	2,814,173	2,035,452	NORTHSIDE HOSPITAL INC
(4) ADVANCED SURGERY CENTER PERIMETER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-3080613	SURGERY CENTER	GA	7,098,277	13,226,535	NORTHSIDE HOSPITAL INC
(5) AGA CLINICAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 81-1319493	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(6) AGA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-3694469	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(7) AMOA HOLDING LLC 3330 PRESTON RIDGE ROAD SUITE 300 ALPHARETTA, GA 30005 87-4145160	ONCOLOGY SERVICES	GA			NORTHSIDE HOSPITAL INC
(8) AOA-AMC LLC 320 PARKWAY DRIVE NE ATLANTA, GA 30312 81-3018210	INACTIVE	GA			NORTHSIDE HOSPITAL INC
(9) ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE DUNWOODY ROAD SUITE ATLANTA, GA 30342 37-1663139	INACTIVE	GA			NORTHSIDE ATLANTA SURGERY CENTERS LLC
(10) BRASELTON FRIENDSHIP MOB LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE VENTURES INC
(11) BRASELTON HEALTH SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HEALTH SERVICES INC
(12) BRASELTON INVESTOR LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			BRASELTON HEALTH SERVICES LLC
(13) BRASELTON SURGICAL SPECIALIST CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	SURGERY CENTER	GA			NORTHSIDE HOSPITAL INC
(14) BUTTON GWINNETT HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(15) CANCER CENTER OF ATLANTA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0927521	ONCOLOGY SERVICES	GA			NORTHSIDE HOSPITAL INC
(16) CHEROKEE COUNTY INVESTORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 30-0837387	REAL ESTATE SERVICES	GA			FORREST PARK PRESERVE HOLDINGS LLC
(17) CITY LINE DEVELOPERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 83-3902062	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(18) CP LAND HOLDING LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			HORIZON CLINICAL LLC
(19) CRABAPPLE INVESTMENTS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(20) DAHLONEGA DEVELOPERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(21) DOC-5555 PEACHTREE DUNWOODY ROAD NE MOB LLC 309 N WATER STREET SUITE 500 MILWAUKEE, WI 53202 84-2154120	REAL ESTATE SERVICES	GA			SOVEREIGN REHABILITATION OF GEORGIA LLC
(22) FORREST PARK PRESERVE HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-4363731	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(23) GALEN ADVISORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	MEDICAL BILLING SERVICES	GA			NORTHSIDE HOSPITAL INC
(24) GALEN BILLING SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	MEDICAL BILLING SERVICES	GA			NORTHSIDE HOSPITAL INC
(25) GEORGIA CANCER SPECIALISTS I LLC 1835 SAVOY DR SUITE 300 ATLANTA, GA 30341 58-2181189	PROFESSIONAL SERVICES	GA			NORTHSIDE SCG LLC
(26) GEORGIA PROFESSIONAL BILLING SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 26-2016143	MEDICAL BILLING SERVICES	GA	4,808,275	3,838,663	NORTHSIDE HOSPITAL INC
(27) GEORGIA SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3858353	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(28) GWINNETT ADVANCED SURGERY CENTER LLC 2276 WISTERIA DRIVE SNELLVILLE, GA 30078 45-5067682	SURGERY CENTER	GA	4,369,652	8,438,106	NORTHSIDE HOSPITAL INC
(29) GWINNETT CARDIOLOGY SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-1977635	PROFESSIONAL SERVICES	GA	0	266,754	NORTHSIDE HOSPITAL INC
(30) GWINNETT HOSPITAL SYSTEM GME LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-5634252	GRADUATE MEDICAL EDUCATION PROGRAMS	GA			NORTHSIDE HOSPITAL INC
(31) GWINNETT PHYSICIAN GROUP LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-4553410	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(32) GWINNETT SURGICAL SPECIALISTS PROFESSIONAL SERVICES LLC 631 PROFESSIONAL DRIVE SUITE 300 LAWRENCEVILLE, GA 30046 83-4390271	MEDICAL BILLING SERVICES	GA			NORTHSIDE HOSPITAL INC
(33) HICKORY FLAT HIGHWAY HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(34) HIGHWAY 92 INVESTORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(35) HORIZON CLINICAL LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(36) JF DEVELOPERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(37) KEITH BRIDGE DEVELOPMENT LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(38) LAUREATE MEDICAL GROUP AT NORTHSIDE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1436087	MULTI-SPECIALTY PROFESSIONAL SERVICES	GA	50,402,405	12,051,285	NORTHSIDE HOSPITAL INC
(39) MEDICAL ASSOCIATES PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3806922	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(40) MRI & IMAGING OF GEORGIA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-3958809	INACTIVE	GA			NORTHSIDE HOSPITAL INC
(41) N PROPERTIES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(42) NG HS MEMBER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HEALTH SERVICES INC
(43) NORTH ATLANTA ANESTHESIA PROFESSIONALS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 88-2051065	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(44) NORTH ATLANTA EYE CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-3273795	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(45) NORTH ATLANTA ONCOLOGY SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 83-4237605	ONCOLOGY SERVICES	GA			NORTHSIDE HOSPITAL INC
(46) NORTH ATLANTA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-5106086	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(47) NORTHEAST GEORGIA DIAGNOSTIC ASSOCIATES AND CLINIC LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5415284	MULTI-SPECIALTY PROFESSIONAL SERVICES	GA	62,438,525	17,245,545	NORTHSIDE HOSPITAL INC
(48) NORTHSIDE ATLANTA ORTHOPEDICS & SPORTS MEDICINE HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 83-2801900	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(49) NORTHSIDE ATLANTA SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364531	SURGERY CENTER	GA			NORTHSIDE HOSPITAL INC
(50) NORTHSIDE CARDIOVASCULAR INSTITUTE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 84-1936693	PROFESSIONAL SERVICES	GA	26,724,642	1,212,989	NORTHSIDE HOSPITAL INC
(51) NORTHSIDE CARDIOVASCULAR PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 33-1105310	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(52) NORTHSIDE CV PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 85-1277546	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(53) NORTHSIDE FORSYTH SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364708	SURGERY CENTER	GA			NORTHSIDE HOSPITAL INC
(54) NORTHSIDE GS MOB LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(55) NORTHSIDE PEDIATRIC ORTHOPAEDIC PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5113736	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(56) NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259435	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(57) NORTHSIDE SCG LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 87-2441276	PROFESSIONAL SERVICES	GA			NSH CANCER INSTITUTE PROFESSIONAL SERVICES G LLC
(58) NORTHSIDE SEPC PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-5334312	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(59) NORTHSIDE SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259671	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(60) NORTHSIDE URGENT CARE HOLDING LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1625673	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(61) NORTHSIDE WOMEN'S GROUP LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 99-2816647	OBGYN PROFESSIONAL SERVICES	GA	388,115	2,490,019	NORTHSIDE HOSPITAL INC
(62) NSH CANCER INSTITUTE PROFESSIONAL SERVICES A LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0667707	ONCOLOGY SERVICES	GA			NORTHSIDE HOSPITAL INC
(63) NSH CANCER INSTITUTE PROFESSIONAL SERVICES G LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0676654	MEDICAL BILLING SERVICES	GA			NORTHSIDE HOSPITAL INC
(64) PERIMETER PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1088986	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(65) SIGNET CLINICAL LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(66) SOVEREIGN REHABILITATION OF GEORGIA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-5084665	REHABILITATION SERVICES	GA	0	475,251	NORTHSIDE HOSPITAL INC
(67) SPORTS MEDICINE SOUTH OF GWINNETT LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 85-0900005	PROFESSIONAL SERVICES	GA	7,015,379	7,047,544	NORTHSIDE HOSPITAL INC
(68) THE CENTER FOR CANCER CARE AT GWINNETT HOSPITAL SYSTEM LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 82-2542369	ONCOLOGY SERVICES	GA			NORTHSIDE HOSPITAL INC
(69) TOTAL JOINT SURGERY CENTER ATLANTA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	INACTIVE	GA			NORTHSIDE HOSPITAL INC
(70) TOTAL JOINT SURGERY CENTER CHEROKEE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	INACTIVE	GA			NORTHSIDE HOSPITAL INC
(71) TOTAL JOINT SURGERY CENTER FORSYTH LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	INACTIVE	GA			NORTHSIDE HOSPITAL INC
(72) TOTAL JOINT SURGERY CENTER GWINNETT LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	INACTIVE	GA			NORTHSIDE HOSPITAL INC
(73) UROLOGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-5754759	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(74) UROLOGY CLINICAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 81-3281163	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(75) UROLOGY SPECIALISTS OF ATLANTA NORTH LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-2619158	PROFESSIONAL SERVICES	GA			NORTHSIDE HOSPITAL INC
(76) VISTA CLINICAL LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342	REAL ESTATE SERVICES	GA			NORTHSIDE HOSPITAL INC
(77) WEST VILLAGE HEALTH SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 87-4224381	PROFESSIONAL SERVICES	GA	1,140,152	24,885,384	NORTHSIDE HEALTH SERVICES 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
(1) GWINNETT HOSPITAL SYSTEM AUXILIARY INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1713644	ADMINISTRATIVE SERVICES	GA	501(C)(3)	LINE 3	N/A		No
(2) GWINNETT HOSPITAL SYSTEM FOUNDATION INC 1755 NORTH BROWN ROAD STE 100 LAWRENCEVILLE, GA 30043 58-1828486	RAISE FUNDS IN FURTHERANCE OF NORTHSIDE HOSPITAL'S EXEMPT PURPOSE	GA	501(C)(3)	LINE 7	N/A		No
(3) NORTHSIDE HEALTH SERVICES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1917328	PARENT HOLDING COMPANY	GA	501(C)(3)	LINE 12C, III-FI	N/A		No
(4) THE NORTHSIDE HOSPITAL FOUNDATION INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1653541	RAISE FUNDS IN FURTHERANCE OF NORTHSIDE HOSPITAL'S EXEMPT PURPOSE	GA	501(C)(3)	LINE 7	NORTHSIDE HEALTH SERVICES INC		No
(5) NORTHSIDE SHARES HELP INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1458873	PUBLIC CHARITY, ORGANIZED EMPLOYEE RELIEF FUND	GA	501(C)(3)	LINE 7	NORTHSIDE HEALTH SERVICES INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ADVANCED CENTER FOR JOINT REPLACEMENT ATLANTA LLC 1001 JOHNSON FERRY ROAD ATLANTA, GA 30342 92-2082145	PROFESSIONAL SERVICES	GA	NORTHSIDE HOSPITAL INC	RELATED	-489,647	1,550,629		No			No	51.000 %
(2) ADVANCED CENTER FOR JOINT SURGERY LLC 2000 HOWARD FARM DRIVE SUITE T100 CUMMING, GA 30041 82-0606082	ORTHOPEDIC SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	14,946,557	5,377,816		No			No	51.000 %
(3) ENT SURGERY CENTER OF ATLANTA LLC 5673 PEACHTREE DUNWOODY RD STE 945 ATLANTA, GA 30342 20-0075229	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	283,912	293,511		No			No	68.330 %
(4) GWINNETT SURGERY CENTER LLC 631 PROFESSIONAL DRIVE SUITE 390 LAWRENCEVILLE, GA 30046 27-2819709	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	205,008	471,968		No			No	70.000 %
(5) THE HAND & UPPER EXTREMITY SURGERY CENTER OF GEORGIA LLC 993-D JOHNSON FERRY ROAD NE SUITE 2 ATLANTA, GA 30342 20-0147862	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	151,557	1,537,044		No			No	51.000 %
(6) HEALTH CHOICE URGENT CARE LLC 216 CENTERVIEW DR SUITE 100 BRENTWOOD, TN 37027 47-3382621	URGENT CARE CENTER	GA	NORTHSIDE HOSPITAL INC	RELATED	-1,472,525	-1,142,490		No			No	51.000 %
(7) NORTHERN CRESCENT ENDOSCOPY SUITE LLC 5671 PEACHTREE DUNWOODY RD SUITE 68 ATLANTA, GA 30342 58-2453504	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	2,897,867	3,478,764		No			No	51.000 %
(8) UROLOGY SURGICAL PARTNERS LLC 5673 PEACHTREE DUNWOODY RD SUITE 90 ATLANTA, GA 30342 58-2622573	AMBULATORY SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	-160,043	1,075,500		No			No	70.000 %
(9) WOODSTOCK ENDOSCOPY CENTER LLC 900 TOWNE LAKE PKWY SUITE 310 WOODSTOCK, GA 30189 58-2656248	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	1,413,214	2,552,472		No			No	51.000 %
(10) ADVANCED CENTER FOR JOINT REPLACEMENT CHEROKEE LLC 1521 HICKORY FLAT HIGHWAY SUITE 201 CANTON, GA 30115 93-1891566	PROFESSIONAL SERVICES	GA	NORTHSIDE HOSPITAL INC	RELATED				No			No	51.000 %
(11) ADVANCED CENTER FOR JOINT REPLACEMENT GWINNETT LLC 2800 BUFORD DRIVE SUITE 400 BUFORD, GA 30519 93-1772308	PROFESSIONAL SERVICES	GA	NORTHSIDE HOSPITAL INC	RELATED				No			No	51.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)GWINNETT MANAGED CARE INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2135759	PROFESSIONAL SERVICES	GA	N/A	C					No
(2)NORTHSIDE HEALTH NETWORK INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 84-3655289	PROFESSIONAL SERVICES	GA	NORTHSIDE HOSPITAL INC	C	32,500	126,714	100.000 %	Yes	
(3)NORTHSIDE VENTURES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954456	LEASING COMPANY	GA	N/A	C					No
(4)SEQUENT HEALTH PHYSICIAN PARTNERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1511997	CLINICALLY INTEGRATED ORGANIZATION	GA	N/A	C					No

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

			Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

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

Part VII **Supplemental Information**

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

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

Additional Data

Return to Form

Software ID:
Software Version: