

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)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

| | | | |
|--|---|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HILLSIDE, INC. | | D Employer identification number 58-0603148 |
| | Doing business as | | E Telephone number 404-875-4551 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 18,874,713. |
| | 690 COURTENAY DRIVE, NE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30306-3421 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| F Name and address of principal officer: RODNEY SOUTHWORTH 690 COURTENAY DRIVE, NE, ATLANTA, GA 30306 | | | H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.HSIDE.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1888 |
| | | | M State of legal domicile: GA |

Part I Summary

| | | | |
|---|--|---|-----------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: HILLSIDE HELPS CHILDREN AND FAMILIES THRIVE BY PROVIDING OUTSTANDING RESIDENTIAL AND COMMUNITY | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 379 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 50 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 3,707,856. | Current Year 2,302,586. |
| | 9 Program service revenue (Part VIII, line 2g) | 16,147,784. | 16,470,796. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 650,491. | 15,454. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 110,711. | 80,383. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 20,616,842. | 18,869,219. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 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) | 14,308,189. | 15,066,922. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 177,077. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 24,571,611. | 5,951,612. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 38,879,800. | 21,018,534. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -18,262,958. | -2,149,315. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 18,899,422. | End of Year 16,299,446. |
| | 21 Total liabilities (Part X, line 26) | 2,271,704. | 1,821,043. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 16,627,718. | 14,478,403. |

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 5/5/2023 | | | |
| | RODNEY SOUTHWORTH, CHIEF FINANCIAL OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name ANGELA T. DOTSON | Preparer's signature ANGELA T. DOTSON | Date 05/05/23 | Check <input type="checkbox"/> if self-employed | PTIN P00645864 |
| | Firm's name ▶ APRIO, LLP | Firm's EIN ▶ 57-1157523 | Firm's address ▶ 2002 SUMMIT BOULEVARD, SUITE 120 ATLANTA, GA 30319 | | |
| | | | | | Phone no. (404) 892-9651 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HILLSIDE PROVIDES HOPE AND HEALING TO CHILDREN AND FAMILIES THROUGH VITAL MENTAL HEALTH SERVICES AND EDUCATION. OUR PROGRAMS INCLUDE INTENSIVE RESIDENTIAL TREATMENT, PARTIAL HOSPITALIZATION, COMMUNITY INTERVENTION, TREATMENT FOSTER CARE AND INTENSIVE OUTPATIENT THERAPY.

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

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

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

4a (Code:) (Expenses \$ 19,108,374. including grants of \$) (Revenue \$ 16,551,179.) HILLSIDE SERVES APPROXIMATELY 654 CHILDREN EACH YEAR WITH A WIDE ARRAY OF SPECIALTY SERVICES AND ACTIVITIES TARGETED TO OUR POPULATION'S UNIQUE NEEDS. INCLUDED IN THESE SPECIALTY SERVICES ARE RECREATION THERAPY, ANIMAL ASSISTED THERAPY, ART, AND TWO TREATMENTS ADDED IN 2017: HORTICULTURE THERAPY AND WEST AFRICAN DRUMMING CLASSES. HILLSIDE SERVES CHILDREN AND YOUNG ADULTS OF ALL RACES AND GENDERS, AGES 7 TO 21, WHO HAVE MENTAL HEALTH DIAGNOSES. OF THE APPROXIMATELY 654 CHILDREN WE SERVE PER YEAR, MOST LIVE IN GEORGIA, WITH A FEW INDIVIDUALS FROM NEIGHBORING STATES. WE ALSO HAVE A THERAPEUTIC FOSTER CARE PROGRAM AND A COMMUNITY INTERVENTION PROGRAM AS PART OF OUR CONTINUUM OF CARE. DURING THE FISCAL YEAR WE SERVED 36 CHILDREN IN THERAPEUTIC FOSTER CARE FOR A

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

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

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

4e Total program service expenses 19,108,374.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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 on Schedule O. | | |
| | 1a 18 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 18 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process 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? | | X |
| 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 404-875-4551**
690 COURTENAY DRIVE, NE, ATLANTA, GA 30306

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, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/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 |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) EMILY R. ACKER PRESIDENT & CEO | 40.00 | | | | X | | 218,828. | 0. | 48,124. | |
| (2) RODNEY SOUTHWORTH VP & CFO | 40.00 | | | | X | | 238,677. | 0. | 49,593. | |
| (3) DAVID SHADLE VP OF HR | 40.00 | | | | X | | 199,878. | 0. | 47,396. | |
| (4) AMY RENE VP OF COMMUNITY PROGRAMS | 40.00 | | | | X | | 185,415. | 0. | 46,502. | |
| (5) ADAM SILBERMAN, MD MEDICAL DIRECTOR | 40.00 | | | | X | | 330,839. | 0. | 53,005. | |
| (6) KATIE DOWNS CHAIRPERSON | 0.50 | X | | X | | | 0. | 0. | 0. | |
| (7) RUSSELL WAGNER VICE CHAIRPERSON | 0.50 | X | | X | | | 0. | 0. | 0. | |
| (8) CHRIS WILSON TREASURER | 0.50 | X | | X | | | 0. | 0. | 0. | |
| (9) GREG PENNINGTON SECRETARY | 0.50 | X | | X | | | 0. | 0. | 0. | |
| (10) ALLEN SAUTER BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (11) CHAD HUTCHISON BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (12) CHARLIE IVEY BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (13) GAIL LEWIN BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (14) IRMA BEST BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (15) JEBRINA JOHNSON BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (16) KERSTIN VALDES-BENDEN BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (17) MACHELL HARPER BOARD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/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 |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MARIDALE GOFF BOARD DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (19) MARK DUKES BOARD DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (20) MARY HUGHES BOARD DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (21) NICHOLAS T. STAFFORD BOARD DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (22) RENEE GUTTMANN BOARD DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (23) TOMMY HERRINGTON BOARD DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (24) WILLIAM CHANCEY CLINICIAN | 40.00 | | | | | X | | 115,514. | 0. | 10,139. |
| (25) MARK PULLIUM SENIOR BUSINESS DEVELOPMENT | 40.00 | | | | | X | | 124,298. | 0. | 12,042. |
| (26) RANA SIBAI-DRAKE, MD PSYCHIATRIST | 40.00 | | | | | X | | 243,077. | 0. | 15,093. |
| 1b Subtotal | | | | | | | | 1,656,526. | 0. | 281,894. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 519,857. | 0. | 52,794. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,176,383. | 0. | 334,688. |

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 **12**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| DIVERSIFIED COMPUTER SOLUTIONS 4880 LOWER ROSWELL RD, MARIETTA, GA 30068 | IT SERVICES | 255,276. |
| | | |
| | | |
| | | |
| | | |

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> | | | | | | | | | | |
|---|---|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) KIMBERLY YOUNG ASST. MEDICAL DIRECTOR | 40.00 | | | | X | | 150,335. | 0. | 4,904. | |
| (28) LAURA SELLERS VP OF QUALITY IMPROVEMENT | 40.00 | | | | X | | 136,223. | 0. | 29,370. | |
| (29) ANATASIA WRIGHT NURSE PRACTITIONER | 40.00 | | | | X | | 112,677. | 0. | 10,960. | |
| (29) EVAN PEARSON DEVELOPMENT DIRECTOR | 40.00 | | | | X | | 120,622. | 0. | 7,560. | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | 519,857. | | 52,794. | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 17,163. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,792,794. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 492,629. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 2,302,586. | | | |
| Program Service Revenue | 2 a SERVICE FEES - OTHER | Business Code | | | | | |
| | | 900099 | 11,737,384. | 11737384. | | | |
| | b SERVICE FEES - GOVERNMENT | 900099 | 4,686,739. | 4,686,739. | | | |
| | c PROGRAM SERVICES | 900099 | 46,673. | 46,673. | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 16,470,796. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1. | | 1. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 80,383. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | 0. | | | |
| | c Rental income or (loss) | 6c | | 80,383. | | | |
| | d Net rental income or (loss) | | | 80,383. | 80,383. | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 20,947. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 3,746. | 1,748. | | |
| c Gain or (loss) | 7c | | 17,201. | -1,748. | | | |
| d Net gain or (loss) | | | 15,453. | | 15,453. | | |
| 8 a 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 | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a 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 | | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 18,869,219. | 16551179. | 0. | 15,454. | |

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 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 2,176,383. | 1,979,618. | 166,201. | 30,564. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 10,347,668. | 9,411,258. | 830,135. | 106,275. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 371,379. | 180,941. | 182,438. | 8,000. |
| 9 Other employee benefits | 1,279,785. | 1,253,328. | 26,418. | 39. |
| 10 Payroll taxes | 891,707. | 815,811. | 62,337. | 13,559. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 3,855. | | 3,855. | |
| c Accounting | 42,649. | | 42,649. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,102,770. | 956,032. | 138,144. | 8,594. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 355,484. | 335,823. | 17,675. | 1,986. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 619,991. | 560,353. | 59,638. | |
| 17 Travel | 81,269. | 80,997. | | 272. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 13,885. | | 13,885. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 948,170. | 831,419. | 116,751. | |
| 23 Insurance | 710,279. | 681,241. | 29,038. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a FOOD | 707,760. | 707,760. | | |
| b SPECIFIC ASSISTANCE | 518,228. | 518,228. | | |
| c BAD DEBT | 235,894. | 235,894. | | |
| d SUPPLIES | 182,928. | 182,928. | | |
| e All other expenses | 428,450. | 376,743. | 43,919. | 7,788. |
| 25 Total functional expenses. Add lines 1 through 24e | 21,018,534. | 19,108,374. | 1,733,083. | 177,077. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 4,816,962. | 1 | 2,400,036. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | 15. |
| | 4 Accounts receivable, net | 2,568,632. | 4 | 2,923,303. |
| | 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 | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 269,191. | 9 | 293,921. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 23,849,151. | | |
| | b Less: accumulated depreciation | 10b 13,325,337. | 10c | 10,523,814. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 31,235. | 14 | 18,741. |
| | 15 Other assets. See Part IV, line 11 | 43,826. | 15 | 139,616. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 18,899,422. | 16 | 16,299,446. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,423,876. | 17 | 1,045,946. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 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 | 815,000. | 23 | 755,000. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 32,828. | 25 | 20,097. |
| | 26 Total liabilities. Add lines 17 through 25 | 2,271,704. | 26 | 1,821,043. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 16,370,068. | 27 | 14,029,408. |
| | 28 Net assets with donor restrictions | 257,650. | 28 | 448,995. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 16,627,718. | 32 | 14,478,403. |
| | 33 Total liabilities and net assets/fund balances | 18,899,422. | 33 | 16,299,446. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,869,219. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,018,534. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,149,315. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 16,627,718. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 14,478,403. |

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | X |
| 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: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| 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: | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2021)

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

2021

Open to Public Inspection

Name of the organization **HILLSIDE, INC.** Employer identification number **58-0603148**

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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 | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 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? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No | |
| 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 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): | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 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 - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 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-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

HILLSIDE, INC.

Employer identification number

58-0603148

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

| | |
|---|---|
| Name of organization HILLSIDE, INC. | Employer identification number 58-0603148 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | LATTNER FAMILY FOUNDATION, INC. 770 E. ATLANTIC AVE, STE. 201 DELRAY BEACH, FL 33483 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | KIWANIS CLUB OF ATLANTA PO BOX 14104 ATLANTA, GA 30324 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVE ATLANTA, GA 30303 | \$ 62,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | HAROLD J BOWEN, JR & D. BOWEN FAMILY FDN 2859 PACES FERRY RD ATLANTA, GA 30339 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | JOHN AND POLLY SPARKS FOUNDATION BOA, 99 FOUNDERS PLAZA EAST HARTFORD, CT 06108 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | KERSTIN AND HOWARD BENDEN 2703 VININGS OAK DR, SE ATLANTA, GA 30339 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization HILLSIDE, INC. | Employer identification number 58-0603148 |
|---|---|

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 |
|------------|--|----------------------------|--|
| 7 | JOHN H. & WILHELMINA D. HARLAND CHARITABLE FND. 3565 PIEDMONT RD, NE BLDG 2-106 ATLANTA, GA 30305 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | BLACKROCK 55 E 52ND ST NEW YORK, NY 10055 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | DAVID, HELEN & MARIAN WOODWARD FUND 3414 PEACHTREE RD 5TH FLR MC GA 8023 ATLANTA, GA 30326 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | EDNA WARDLAW CHARITABLE TRUST 4401 NORTHSIDE PARKWAY SUITE 120 ATLANTA, GA 30327 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | IDA A. RYAN CHARITABLE TRUST 3414 PEACHTREE RD ATLANTA, GA 30326 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | MARY ALLEN LINDSEY BRANAN FOUNDATION ONE WEST FOURTH STREET WINSTON SALEM, NC 27101 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization HILLSIDE, INC. | Employer identification number 58-0603148 |
|---|---|

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 |
|------------|--|----------------------------|---|
| 13 | <u>THE L&C WOOD FAMILY FOUNDATION</u> <u>3621 VININGS SLOPE, SE, STE 4400</u> <u>ATLANTA, FL 30339</u> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <u>CAMP-YOUNTS FOUNDATION/SUNTRUST BANK</u> <u>PO BOX 4655</u> <u>ATLANTA, GA 30302</u> | \$ <u>8,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | <u>WHITEHEAD CHILDREN'S CHRISTMAS FUND</u> <u>191 PEACHTREE STREET, STE. 1600</u> <u>ATLANTA, GA 30303</u> | \$ <u>7,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | <u>FRANCES WOOD WILSON FOUNDATION, INC.</u> <u>PO BOX 349</u> <u>TUCKER, GA 30085</u> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | <u>THE SHEARON & TAYLOR GLOVER FOUNDATION</u> <u>468 BLACKLAND ROAD, NW</u> <u>ATLANTA, GA 30342</u> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization HILLSIDE, INC. | Employer identification number 58-0603148 |
|---|---|

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

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

| | |
|---|---|
| Name of organization HILLSIDE, INC. | Employer identification number 58-0603148 |
|---|---|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (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 |
| | |

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

2021

Open to Public Inspection

Name of the organization **HILLSIDE, INC.** Employer identification number **58-0603148**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 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 _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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 | | 1,365,030. | | 1,365,030. |
| b Buildings | | 16,722,255. | 9,943,501. | 6,778,754. |
| c Leasehold improvements | | | | |
| d Equipment | | 5,563,412. | 3,208,679. | 2,354,733. |
| e Other | | 198,454. | 173,157. | 25,297. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 10,523,814. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATIONS | 20,097. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 20,097. |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 18,385,864. |
| 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 | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 18,385,864. |
| 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 | 483,355. |
| c | Add lines 4a and 4b | 4c | 483,355. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 18,869,219. |

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 | 21,018,534. |
| 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 | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 21,018,534. |
| 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 | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 21,018,534. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THERE IS NO RELATED BUSINESS TAXABLE INCOME SUBJECT TO TAX.

THE ORGANIZATION RECOGNIZES A TAX BENEFIT ARISING FROM AN UNCERTAIN TAX POSITION FOR FINANCIAL REPORTING PURPOSES ONLY IF, AND TO THE EXTENT THAT, THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IN AN AUDIT BY THE APPLICABLE TAX AUTHORITY.

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR FISCAL YEARS PRIOR TO 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

DONOR RESTRICTED PRIVATE CONTRIBUTIONS AND GRANTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENTS TRANSFERRED TO HILLSIDE ATLANTA FOUNDATION

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **HILLSIDE, INC.** Employer identification number **58-0603148**

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | | | | |
| b Medicaid (from Worksheet 3, column a) | | | 4335459. | 3782463. | 552,996. | 2.63% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 4335459. | 3782463. | 552,996. | 2.63% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | | | | |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | | | | | | |
| k Total. Add lines 7d and 7j | | | 4335459. | 3782463. | 552,996. | 2.63% |

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.

Table with 7 columns: (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. Rows include 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, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
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. Value: 235,894.
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.
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.

Table with 3 columns: Yes, No. Row 1: Yes (X). Row 2: Yes (X). Row 3: Yes (X). Row 4: Yes (X). Row 5: Yes (X). Row 6: Yes (X).

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
6 Enter Medicare allowable costs of care relating to payments on line 5
7 Subtract line 6 from line 5. This is the surplus (or shortfall)
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: Cost accounting system, Cost to charge ratio, Other.

Section C. Collection Practices

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

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

Table with 5 columns: (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 %.

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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)

1 HILLSIDE, INC.
690 COURTENAY DRIVE, NE
ATLANTA, GA 30306

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, PSYCHIATRIC RESIDENT.

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 HILLSIDE, INC.

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HILLSIDE, INC.

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group HILLSIDE, INC.

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group HILLSIDE, INC.

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

Schedule H (Form 990) 2021

Part V Facility Information *(continued)*

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

Multiple horizontal lines for providing supplemental information.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| | |
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Part VI Supplemental Information

Provide the following information.

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

PART III, LINE 2:

THE ORGANIZATION UTILIZES THE ALLOWANCE METHOD FOR RECOGNIZING BAD DEBTS.

FOR THE YEARS ENDING JUNE 30,

2022 AND 2021, THE ORGANIZATION HAD BAD DEBT EXPENSE OF \$235,894 AND

\$556,558, RESPECTIVELY. THE

ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS \$267,181 AND \$166,109 FOR THE YEARS

ENDED JUNE 30, 2022 AND

2021, RESPECTIVELY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **HILLSIDE, INC.** Employer identification number **58-0603148**

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----------|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) EMILY R. ACKER PRESIDENT & CEO | (i) | 199,319. | 19,509. | 0. | 0. | 48,124. | 266,952. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) RODNEY SOUTHWORTH VP & CFO | (i) | 218,118. | 20,559. | 0. | 0. | 49,593. | 288,270. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DAVID SHADLE VP OF HR | (i) | 181,933. | 17,945. | 0. | 0. | 47,396. | 247,274. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) AMY RENE VP OF COMMUNITY PROGRAMS | (i) | 168,769. | 16,646. | 0. | 0. | 46,502. | 231,917. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ADAM SILBERMAN, MD MEDICAL DIRECTOR | (i) | 301,137. | 29,702. | 0. | 0. | 53,005. | 383,844. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) RANA SIBAI-DRAKE, MD PSYCHIATRIST | (i) | 241,877. | 0. | 1,200. | 0. | 15,093. | 258,170. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) KIMBERLY YOUNG ASST. MEDICAL DIRECTOR | (i) | 149,135. | 0. | 1,200. | 0. | 4,904. | 155,239. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) LAURA SELLERS VP OF QUALITY IMPROVEMENT | (i) | 123,993. | 12,230. | 0. | 0. | 29,370. | 165,593. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HILLSIDE, INC.

Employer identification number

58-0603148

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

MENTAL HEALTH SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TOTAL OF 8,092 DAYS. DURING THE FISCAL YEAR WE SERVED 272 CHILDREN
IN COMMUNITY INTERVENTION PROGRAMS.

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

EXPLANATION: PRIOR TO FILING, THE 990 IS REVIEWED BY THE CFO AND THE CEO
AND PRESENTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH DIRECTOR AND PRINCIPAL OFFICER IS REQUIRED TO ANNUALLY
SIGN A STATEMENT AFFIRMING (1) THEY HAVE RECEIVED, READ , UNDERSTAND AGREE
TO COMPLY WITH THE CONFLICT OF INTEREST POLICY AND (2) THEY UNDERSTAND THE
ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL EXEMPTION
IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS
EXEMPT PURPOSES. IN ADDITION, THE ORGANIZATION'S COMPENSATION COMMITTEE IS
COMPRISED OF INDIVIDUALS INDEPENDENT FROM THOSE BEING COMPENSATED AND
CONFIRMS THAT COMPENSATION ARRANGEMENTS ARE REASONABLE AND THE RESULT OF
ARMS LENGTH BARGAINING BY USING COMPENSATION SURVEYS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION'S COMPENSATION COMMITTEE SETS COMPENSATION
FOR OFFICERS AND KEY EMPLOYEES. IT IS COMPRISED OF INDEPENDENT PERSONS.

THEY USE AVAILABLE MARKET DATA TO DETERMINE COMPARIBILITY. THEY KEEP

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

HILLSIDE, INC.

Employer identification number

58-0603148

MINUTES TO DOCUMENT DELIBERATION AND DECISION PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES OVERSIGHT OF THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Electronic Filing PDF Attachment

HILLSIDE, INC.

**CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
JUNE 30, 2022 AND 2021**

HILLSIDE, INC.

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Hillside, Inc.

Opinion

We have audited the accompanying consolidated financial statements of Hillside, Inc. (a nonprofit organization), which comprise the consolidated statements of financial position as of June 30, 2022 and 2021, and the related consolidated statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Hillside, Inc. as of June 30, 2022 and 2021, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Hillside, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hillside, Inc.'s ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hillside, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hillside, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

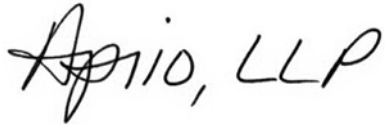
Other Matters

Other Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedules of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and state awards are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 4, 2022, on our consideration of Hillside, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance.

A handwritten signature in black ink that reads "Aprio, LLP". The signature is written in a cursive, slightly slanted style.

Atlanta, Georgia

October 4, 2022

HILLSIDE, INC.
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2022 AND 2021

ASSETS

| | 2022 | 2021 |
|--|---------------|---------------|
| <u>Current assets:</u> | | |
| Cash and cash equivalents | \$ 4,213,957 | \$ 6,627,449 |
| Accounts receivable, net | 2,929,377 | 2,402,958 |
| Prepaid expenses | 301,324 | 273,260 |
| Total current assets | 7,444,658 | 9,303,667 |
| Construction in progress | 139,616 | 43,826 |
| Land, building and equipment at cost, net of accumulated depreciation | 10,523,814 | 11,169,576 |
| Leased equipment under capital lease, net of accumulated depreciation | 18,741 | 31,235 |
| Investments | 20,972,890 | 24,714,377 |
| Total assets | \$ 39,099,719 | \$ 45,262,681 |

LIABILITIES AND NET ASSETS

| | | |
|--|---------------|---------------|
| <u>Current liabilities:</u> | | |
| Accounts payable and accrued expenses | \$ 1,045,946 | \$ 1,423,876 |
| Capital lease obligations - current portion | 13,261 | 12,731 |
| Current portion of long-term debt | 60,000 | 60,000 |
| Total current liabilities | 1,119,207 | 1,496,607 |
| <u>Long-term liabilities</u> | | |
| Capital lease obligations - net of current portion | 6,836 | 20,097 |
| Long-term debt - net of current portion | 695,000 | 755,000 |
| Total long-term liabilities | 701,836 | 775,097 |
| <u>Net assets:</u> | | |
| Without donor restrictions | 36,778,219 | 42,681,865 |
| With donor restrictions | 500,457 | 309,112 |
| Total net assets | 37,278,676 | 42,990,977 |
| Total liabilities and net assets | \$ 39,099,719 | \$ 45,262,681 |

See auditors' report and accompanying notes

HILLSIDE, INC.
CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

| | 2022 | 2021 |
|--|---------------|---------------|
| <u>Changes net assets without donor restrictions:</u> | | |
| <u>Support and revenue:</u> | | |
| <u>Support:</u> | | |
| United Way | \$ 17,163 | \$ 21,883 |
| Government funding | 1,792,794 | 3,343,988 |
| Private contributions and grants | 77,702 | 318,177 |
| Total support | 1,887,659 | 3,684,048 |
| <u>Revenue:</u> | | |
| Revenue from government agencies | 4,686,739 | 4,680,124 |
| Commercial insurance & other | 11,737,384 | 11,467,661 |
| Program services | 152,089 | 166,975 |
| Investment and dividend income | 1,726,921 | 1,242,327 |
| Unrealized gain (loss) on investments, net | (5,301,638) | 2,312,385 |
| Loss on disposal of land, building and equipment | (1,748) | (527) |
| Realized gain on sale of investments, net | 10,556 | 1,986,373 |
| Total revenue | 13,010,303 | 21,855,318 |
| Total support and revenue | 14,897,962 | 25,539,366 |
| <u>Net assets released from restrictions:</u> | | |
| Satisfaction of program restrictions | 386,483 | 1,438,266 |
| | 15,284,445 | 26,977,632 |
| <u>Expenses:</u> | | |
| Program services: | | |
| Treatment programs | 19,108,374 | 18,518,635 |
| Support services: | | |
| Management and general | 1,773,083 | 1,599,208 |
| Fundraising | 306,634 | 106,335 |
| Total expenses | 21,188,091 | 20,224,178 |
| (Decrease) increase in net assets without donor restrictions | (5,903,646) | 6,753,454 |
| <u>Changes net assets with donor restrictions:</u> | | |
| United Way | 62,500 | 32,500 |
| Private contributions and grants | 515,328 | 313,788 |
| Restrictions satisfied by conditional grant | - | (1,210,842) |
| Restrictions satisfied by payments for program expenses | (386,483) | (227,424) |
| Increase (decrease) in net assets with donor restrictions | 191,345 | (1,091,978) |
| (Decrease) increase in net assets | (5,712,301) | 5,661,476 |
| Net assets, beginning of year | 42,990,977 | 37,329,501 |
| Net assets, end of year | \$ 37,278,676 | \$ 42,990,977 |

See auditors' report and accompanying notes

HILLSIDE, INC.
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2022 AND AND 2021

| | 2022 | 2021 |
|--|---------------------|---------------------|
| <u>Cash flow from operating activities:</u> | | |
| (Decrease) increase in net assets | \$ (5,712,301) | \$ 5,661,476 |
| Adjustments to reconcile increase in net assets to net cash provided by operating activities | | |
| Change in allowance for doubtful accounts | 101,072 | 53,178 |
| Realized gain on sale of investments, net | (10,556) | (1,986,373) |
| Loss on disposal of land, building and equipment | 1,748 | 527 |
| Unrealized (gains) losses on investments, net | 5,301,638 | (2,312,385) |
| Depreciation | 948,170 | 938,847 |
| Conditional grant income | - | (1,210,842) |
| Change in assets and liabilities | | |
| Accounts receivable | (627,491) | 327,572 |
| Prepaid expenses | (28,064) | 34,224 |
| Pledges receivable | - | 8,669 |
| Accounts payable and accrued expenses | <u>(377,930)</u> | <u>112,537</u> |
| Total adjustments | <u>5,308,587</u> | <u>(4,034,046)</u> |
| Net cash (used) provided by operating activities | <u>(403,714)</u> | <u>1,627,430</u> |
| <u>Cash flows from investing activities:</u> | | |
| Additions to construction in progress | (98,599) | (588,110) |
| Purchase of land, building and equipment | (288,853) | (165,001) |
| Purchase of investments | (1,563,898) | (14,429,237) |
| Proceeds from sale of investments | <u>14,303</u> | <u>14,474,539</u> |
| Net cash used by investing activities | <u>(1,937,047)</u> | <u>(707,809)</u> |
| <u>Cash flows from financing activities:</u> | | |
| Payments of commercial note | (60,000) | (60,000) |
| Payments on capital lease obligations | <u>(12,731)</u> | <u>(12,222)</u> |
| Net cash used by financing activities | <u>(72,731)</u> | <u>(72,222)</u> |
| Net (decrease) increase in cash and cash equivalents | (2,413,492) | 847,399 |
| Cash and cash equivalents, beginning of year | <u>6,627,449</u> | <u>5,780,050</u> |
| Cash and cash equivalents, end of year | <u>\$ 4,213,957</u> | <u>\$ 6,627,449</u> |
| <u>SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION</u> | | |
| Cash paid during the years for: | | |
| Interest | <u>\$ 14,061</u> | <u>\$ 10,754</u> |
| Non-cash transactions: | | |
| Transfer of construction in progress to land, building and equipment | <u>\$ 2,800</u> | <u>\$ 667,900</u> |

See auditors' report and accompanying notes

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note A
Summary of Significant Accounting Policies

Nature of Operations:

Founded in 1888, Hillside (the "Organization") is one of Atlanta's oldest non-profit organizations with a rich history of treatment and support for children and families struggling with mental health challenges. Therapeutic services and life skills are provided with a focus on the strengths of each individual. Hillside's continuum of services are offered through seven core programs: Intensive Residential Treatment, Partial Hospitalization Day Treatment, Intensive Outpatient Program, Virtual Intensive Outpatient Program, Community Intervention Program, Intensive In-Home Services, and Connections Treatment Foster Care.

Principles of Consolidation:

The accompanying consolidated financial statements include the accounts of Hillside, Inc. and Hillside Atlanta Foundation, Inc. Significant intercompany balances and transactions have been eliminated in consolidation. Hillside, Inc. and Hillside Atlanta Foundation, Inc. are collectively referred to as "the Organization".

Financial Statement Presentation:

The consolidated financial statements of Hillside, Inc. have been prepared on the accrual basis of accounting in accordance with GAAP and accordingly reflect all significant receivables, payables, and other liabilities. Net assets and revenues, expenses, gains, and losses are recorded based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions - Net assets that are not subject to donor-imposed stipulations, which may be utilized at the discretion of the Board and management to support the Organization's purposes and operations. As further discussed in Note H, certain net assets without donor restrictions have been set aside for distinct purposes by the Board and management during the years ended June 30, 2022 and 2021.

Net assets with donor restrictions - Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization or passage of time. As further discussed in Note I, net assets with donor restrictions as of June 30, 2022 and 2021 were restricted for the purpose of pursuing the goals of the Organization. During the years ended June 30, 2022 and 2021, net assets with donor restrictions of \$386,483 and \$1,438,266 were released from restriction.

Estimates:

The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statement. Estimates are used for, but not limited to, the accounting for doubtful accounts, depreciation, pledges receivable, contingencies and fair value of private equity funds considered Level 3. Actual results could differ from these estimates.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note A
Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents:

The organization classified as cash and cash equivalents all checking, saving, and money market accounts and all highly liquid investments maturing within 90 days of purchase unless the cash is restricted for or designated to be used for long-term purposes, such as purchase of property or investment as an endowment or quasi-endowment.

Concentration of Credit Risk Arising From Cash Deposits in Excess of Insured Limits:

The Organization maintains cash balances at several financial institutions. The accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000 per institution. From time to time, the Organization's cash balance exceeds such limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant risks on cash.

Accounts/Pledges Receivable:

The Organization utilizes the allowance method for recognizing bad debts. For the years ending June 30, 2022 and 2021, the Organization had bad debt expense of \$235,894 and \$556,558, respectively. The allowance for doubtful accounts was \$267,181 and \$166,109 for the years ended June 30, 2022 and 2021, respectively.

Investments:

Investments in marketable equity securities are stated at fair value based upon quoted market prices with changes in fair value recognized in net income. Prior to January 1, 2019, the Company's investments in marketable equity securities were held for an indefinite period and were deemed available-for-sale securities.

The Company's equity interest in an alternative investment fund is reported at the net asset value (NAV) reported by the fund manager. Unless it is probable that all or a portion of the investment will be sold for an amount other than NAV, the Company concluded, as a practical expedient, that the NAV approximates fair value.

Risks and Uncertainties:

The Company's investments are exposed to several risks, including liquidity, interest rate, credit and market risks. The Company attempts to manage these risk thorough diversification, ongoing due diligence of fund managers, and monitoring economic conditions. Due to the level of risk associated with certain investment securities, it is a least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note A
Summary of Significant Accounting Policies (Continued)

Land, Building and Equipment:

Donations of land, building and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. The Organization capitalizes all expenditures for land, building and equipment in excess of \$1,000. Purchased land, building and equipment are carried at cost. Building and equipment are depreciated using the straight-line method over their estimated useful lives.

Construction in Progress:

Construction in progress at June 30, 2022 and 2021, consists of costs associated with various construction and hardware infrastructure projects such as software and information and technology projects.

Income Taxes:

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. There is no related business taxable income subject to tax.

The Organization recognizes a tax benefit arising from an uncertain tax position for financial reporting purposes only if, and to the extent that, the position is more likely than not to be sustained in an audit by the applicable tax authority.

The Organization is no longer subject to income tax examinations for fiscal years prior to 2019.

Revenue Recognition and Unrestricted Revenue and Support Recognition:

Contributions received are recorded as increases in net assets with or without donor restrictions, depending on the existence or nature of any donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and are reported in the statement of activities as net assets are released from restrictions. Conditional contributions are not recorded until the measurable performance barriers have been met and the right of return no longer applies.

In accordance with ASU 2018-08, grants and contracts awarded by federal and other sponsors, including facilities and administrative cost recovery, which are generally considered nonreciprocal transactions restricted by sponsors for certain purposes, are recognized as revenue when qualifying expenditures are incurred and conditions under the agreements are met. Hillside has elected the simultaneous release policy available under ASU 2018-08, which allows a not-for-profit organization to recognize a restricted contribution directly in net assets without donor restrictions if the restriction is met in the same period that the revenue is recognized.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note A
Summary of Significant Accounting Policies (Continued)

Contributions of property and equipment are reported as increases in net assets with donor restrictions if the donor restricted the use of the property or equipment to a particular program. Contributions that are restricted to acquisition of property and equipment are also reported as restricted. If donors specify a length of time over which the property or equipment must be used, the restrictions expire evenly over the required period; otherwise, the Organization considers the restriction met when the assets are placed in service. Gifts received, other than in cash, are reported at their fair market value at the date of gift.

Patient service revenue relates to contracts with patients in which the performance obligations are to provide healthcare services to patients. The Organization recognizes revenues over time as services (inputs) are provided to patients in the period in which services are rendered. The Organization deems using this input method to be a faithful depiction of the transfer of services to the patient over the performance obligation period.

The contractual relationships with patients usually involve a third-party payer, a governmental agency or private insurer, and transaction prices for the services provided are dependent upon the terms provided by or negotiated with third-party payers. The Organization has agreements with third-party payers that provide for payments to the Organization at a per diem rate negotiated in the contracts with the third-party payers. The Organization determines the transaction price is the number of bed days times the per diem rate. The Organization generally bills third-party payers or patients within two weeks after services are rendered or patients are discharged. Accordingly, patient service revenue is reported at the estimated net realizable amounts to be received from patients and third-party payers.

Donated Services:

The Organization receives services from volunteers who give their time to the Organization's events and activities. No amounts for the value of those services are included in the consolidated financial statements as the services do not meet the requirements for recognition in accordance with GAAP.

Functional Allocation of Expenses:

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Fair Value of Financial Instruments:

The Organization's financial instruments, including cash and cash equivalents, accounts receivable - net, accounts payable, and accrued expenses, are carried at cost, which approximates their fair value because of the short-term nature of these financial instruments. The carrying value of capital lease obligations are based on the instruments' interest rate, terms, maturity date and collateral, if any, in comparison to the Organization's incremental borrowing rate for similar financial instruments.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note B
Fair Values of Assets and Liabilities

In specific circumstances, certain assets and liabilities are reported or disclosed at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in the Organization's principal market for such transactions. If the Organization has not established a principal market for such transactions, fair value is determined based on the most advantageous market.

Valuation inputs used to determine fair value are arranged in a hierarchy that categorizes the inputs into three broad levels, which are as follows:

Level 1 - inputs are unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 - inputs are directly or indirectly observable valuation inputs for the asset or liability, excluding Level 1 inputs.

Level 3 - inputs are unobservable inputs for the asset or liability.

The Organization's financial instruments include investments in mutual funds and private equity funds. Investments in mutual funds are considered Level 1.

Note C
Investments

Investments as of June 30, 2022 and 2021, are as follows:

| | 2022 | | |
|---|---------------------|----------------------|---|
| <u>Description of Securities</u> | <u>Cost</u> | <u>Fair Value</u> | <u>Accumulated Unrealized Appreciation (Depreciation)</u> |
| Mutual funds (Level 1): | \$ 8,292,204 | \$ 20,959,395 | \$ 12,667,191 |
| Common stock (Level 1): | 1,849 | 1,239 | (610) |
| Private equity funds at net asset value (a) | <u>25,884</u> | <u>12,256</u> | <u>(13,628)</u> |
| Total | <u>\$ 8,319,937</u> | <u>\$ 20,972,890</u> | <u>\$ 12,652,953</u> |
| | 2021 | | |
| <u>Description of Securities</u> | <u>Cost</u> | <u>Fair Value</u> | <u>Accumulated Unrealized Appreciation (Depreciation)</u> |
| Mutual funds (Level 1): | \$ 6,478,636 | \$ 24,518,814 | \$ 18,040,178 |
| Private equity funds at net asset value (a) | <u>281,150</u> | <u>195,563</u> | <u>(85,587)</u> |
| Total | <u>\$ 6,759,786</u> | <u>\$ 24,714,377</u> | <u>\$ 17,954,591</u> |

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note C
Investments (Continued)

(a) In accordance with Subtopic 820-10, the private equity fund, measured at NAV per unit, has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of financial position.

Investment expense was \$80,000 for the years ended June 30, 2022 and 2021.

At June 30, 2022 and 2021, the Organization has a commitment to provide \$0 and \$58,630 of additional capital to the private equity funds, respectively.

Investment return is summarized as follows:

| | <u>2022</u> | <u>2021</u> |
|--|-----------------------|---------------------|
| Investment and dividend income | \$ 1,726,921 | \$ 1,242,327 |
| Net realized and unrealized gains (losses) | <u>(5,291,082)</u> | <u>4,298,758</u> |
| | <u>\$ (3,564,161)</u> | <u>\$ 5,541,085</u> |

Note D
Land, Building and Equipment

A summary of land, building and equipment at June 30, 2022 and 2021, follows:

| | <u>2022</u> | <u>2021</u> |
|-----------------------------------|----------------------|----------------------|
| Land | \$ 1,365,030 | \$ 1,365,030 |
| Building | 16,722,256 | 16,665,451 |
| Furniture, fixtures and equipment | 5,563,411 | 5,372,506 |
| Autos | <u>198,454</u> | <u>194,254</u> |
| | 23,849,151 | 23,597,241 |
| Accumulated depreciation | <u>(13,325,337)</u> | <u>(12,427,665)</u> |
| | <u>\$ 10,523,814</u> | <u>\$ 11,169,576</u> |

Depreciation expense amounted to \$948,170 and \$938,847 for the years ended June 30, 2022 and 2021, respectively.

Note E
Line of Credit

On April 17, 2015, the Organization entered into a revolving line of credit agreement with a financial institution. The revolving line of credit has a borrowing limit of \$1,000,000. Any outstanding balances are due on demand. Interest shall accrue on the outstanding balance at the one month LIBOR plus 1.40% per annum. The interest rate at June 30, 2022 and 2021, was 2.62% and 1.47%, respectively. The outstanding balances will be collateralized by all deposits and investments maintained by the organization with the financial institution. The outstanding balance on the revolving line of credit at June 30, 2022 and 2021 was \$0.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note F
Long-Term Debt

On January 13, 2020, the Organization received a \$900,000 commercial note from a financial institution. The note is payable in 83 consecutive, monthly installments of \$5,000 principal plus accrued interest beginning February 13, 2020, and a final payment of \$485,000 of principal plus all accrued and unpaid interest and any other amounts owed and due on January 13, 2027. Interest shall accrue on the outstanding balance at the one month LIBOR plus 1.40% per annum. At June 30, 2022 and 2021, the interest rate was 2.62% and 1.47%, respectively. At June 30, 2022 and 2021, the note had an outstanding balance of \$755,000 and \$815,000, respectively. The note is collateralized by a security interest in and a lien upon all deposits and investments maintained by the Organization with the financial institution.

Future maturities of long-term debt are as follows:

| Year Ended June 30 | <u>Amounts</u> |
|-----------------------|-------------------|
| 2023 | \$ 60,000 |
| 2024 | 60,000 |
| 2025 | 60,000 |
| 2026 | 60,000 |
| 2027 | <u>515,000</u> |
| | <u>\$ 755,000</u> |

Note G
Paycheck Protection Program

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act was enacted. The Act provided relief to small businesses under the Paycheck Protection Program via U.S. Small Business Administration loans. On April 27, 2020 (“Effective Date”), the Company signed a Paycheck Protection Program Term Note (“Note”) in the amount of \$2,462,510. The Note contains provisions for the forgiveness of the facility, subject to program requirements outlined in Section 1106 of the CARES Act. Any amounts outstanding under the Note shall accrue interest at a rate of 1%.

The Organization determined that it will incur sufficient qualifying expenses to receive forgiveness of the full amount of the loan. In accordance with ASC 958-605, the funds received may therefore be treated as a refundable advance and conditional grant income may be recognized over time as qualifying expenses are incurred. As of June 30, 2022 and 2021, qualifying expenses had been incurred to merit forgiveness in the amount of \$0 and \$1,210,842, respectively. Accordingly, conditional grant income of \$0 and \$1,210,842 was recognized and is included in government funding on the consolidated statement of activities and changes in net assets for the years ended June 30, 2022 and 2021, respectively. As of June 30, 2022 and 2021, the balance of the associated refundable advance is \$0 and \$0, respectively.

On August 7, 2021, the full amount of the PPP loan was forgiven.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note H
Net Assets Without Donor Restrictions

Certain amounts of net assets without donor restrictions have been set aside by the Organization's Board of Directors (the "Board") for distinct purposes. In order to maximize the potential benefit of major gifts without donor restrictions, the Board designated funds to be invested as a quasi-endowment for the purpose of providing income to defray the costs of special projects and to maintain and improve the Organization's infrastructure. The income from these investments is committed to the Organization's annual budget according to the spending rule for endowed funds.

The amounts of the Board commitments at June 30, 2022 and 2021, are as follows:

| | <u>2022</u> | <u>2021</u> |
|--|----------------------|----------------------|
| <u>Net Assets Without Donor Restrictions</u> | | |
| Board designated investments to be held as quasi-endowment | \$ 20,972,890 | \$ 24,714,377 |
| Non-designated net assets | <u>15,805,329</u> | <u>17,967,488</u> |
| Total net assets without donor restrictions | <u>\$ 36,778,219</u> | <u>\$ 42,681,865</u> |

Note I
Net Assets With Donor Restrictions

Summaries of net assets with donor restrictions at June 30, 2022 and 2021, are as follows:

| | <u>2022</u> | <u>2021</u> |
|---------------|-------------------|-------------------|
| Research | \$ 29,873 | \$ 20,000 |
| Scholarships | 115,000 | 88,438 |
| Miscellaneous | <u>355,584</u> | <u>200,674</u> |
| | <u>\$ 500,457</u> | <u>\$ 309,112</u> |

Note J
Leases

Capital Lease:

The Organization leased equipment under a capital lease at June 30, 2022 and 2021. The capital lease bears interest at a rate of 4.08% per annum. A summary of leased equipment at June 30, 2022 and 2021, follows:

| | <u>2022</u> | <u>2021</u> |
|--------------------------------------|------------------|------------------|
| Leased equipment under capital lease | \$ 62,469 | \$ 62,469 |
| Accumulated depreciation | <u>(43,728)</u> | <u>(31,234)</u> |
| | <u>\$ 18,741</u> | <u>\$ 31,235</u> |

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note J
Leases (Continued)

The following is a schedule by years of the future minimum lease payments under capital leases together with the present value of the net minimum lease payments as of June 30, 2022.

| <u>Year Ended</u> <u>June 30</u> | <u>Amount</u> |
|---|-------------------------|
| 2023 | \$ 13,836 |
| 2024 | <u>6,918</u> |
| Total | 20,754 |
| Less interest | <u>(657)</u> |
| Present value of net minimum lease payments | \$ <u><u>20,097</u></u> |

Note K
Concentrations

Significant Vendor:

A significant vendor is defined as one from which the Company receives at least 10% of its total purchases. For the year ended June 30, 2022, the Company had purchases from two suppliers totaling approximately \$1,470,000, which comprised approximately 29% of the Company's annual purchases. There were no accounts payable to these suppliers at June 30, 2022.

For the year ended June 30, 2021, the Company had purchases from one supplier totaling approximately \$797,000, which comprised approximately 14% of the Company's annual purchases. There was no accounts payable to this supplier at June 30, 2021.

Significant Supporter:

A significant supporter is defined as one from whom at least 10% of annual support and revenue is derived. The Organization received support from one supporter totaling approximately \$4,113,000 and \$3,650,000, which comprised approximately 22% and 18% of annual support and revenues for the years ended June 30, 2022 and June 30, 2021, respectively. The accounts receivable balance included approximately \$263,000 and \$107,000 from this supporter at June 30, 2022 and 2021, respectively.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note L
Contingencies

From time to time, the Organization may be engaged in legal cases that arise during the normal course of its operations. The Organization believes that the outcome of these cases will not have a material adverse effect on the financial position of the Organization.

COVID-19 Outbreak:

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the “COVID-19 outbreak”) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Company’s financial condition, liquidity, and future results of operations. Management is actively monitoring the impact of COVID-19 on its financial condition, liquidity, operations, employees and industry trends.

Note M
Employee Retirement Plan

The Organization maintains a 401(k) plan covering all qualified employees. Employer contributions to the plans are based on employee contributions. Employer contributions to the plans amounted to \$371,379 and \$354,588 for the years ended June 30, 2022 and 2021, respectively.

Note N
Information Regarding Liquidity and Availability

The Organization receives both restricted and unrestricted contributions and promises to give. It considers restricted contributions for programs which are ongoing, major, and central to its annual operations to be available to meet cash needs for general expenditures. For the years ended June 30, 2022 and 2021, there were no restricted contributions included in the financial assets and liquidity resources available to meet cash needs for general expenditures within one year. The Organization manages its liquidity and reserves following three guiding principles: operating within a prudent range of financial soundness and stability, maintaining adequate liquid assets to fund near-term operating needs, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged. The Organization has a liquidity policy to maintain current financial assets less current liabilities at a minimum of 30 days operating expenses. The Organization has a policy to target year-end balance of reserves of unrestricted, undesignated net assets to meet 30 days of expected expenditures. To achieve these targets, the entity forecasts its future cash flows and monitors its liquidity monthly, and monitors its reserves annually. During the years ended June 30, 2022 and 2021, the level of liquidity and reserves was managed within the policy requirements.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note N
Information Regarding Liquidity and Availability (Continued)

| | <u>2022</u> | <u>2021</u> |
|--|---------------------|---------------------|
| Total financial assets | | |
| Cash and cash equivalents | \$ 4,213,957 | \$ 6,627,449 |
| Accounts receivable, net | 2,929,377 | 2,402,958 |
| Investments | 20,972,890 | 24,714,377 |
| Pledges receivable | <u>-</u> | <u>-</u> |
| Total financial assets available within one year | 28,116,224 | 33,744,784 |
| Liquidity resources: | | |
| Bank line of credit | 1,000,000 | 1,000,000 |
| Outstanding balance on line of credit | - | - |
| Donor-imposed restrictions: | | |
| Cash and cash equivalents | (500,457) | (309,112) |
| Internal designations: | | |
| Quasi-endowments | <u>(20,972,890)</u> | <u>(24,714,377)</u> |
| Financial assets and liquidity resources available to meet cash needs for general expenditures within one year | <u>\$ 7,642,877</u> | <u>\$ 9,721,295</u> |

Note O
Financial Statement Presentation

Certain amounts in the 2021 consolidated financial statements have been reclassified to conform to the 2022 presentation.

Note P
Functional Classification of Expenses

The Organization's program services consist of mental health treatment provided to children, as described in Note A. Costs incurred directly in support of these program services are classified 100% to program services. Natural expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques. Employee benefits, salaries, and payroll taxes are classified based on employee roles: Executive, financial, and human resource employees are classified under management and general expenses and fundraising staff are classified under fundraising. Costs associated with Directors & Officers liability insurance are classified under management and general. 5% of occupancy, office expenses, postage, telephone and 7.5% of utilities are classified under management and general. Professional fees related to accounting, legal, and human resources are classified under management and general.

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note P
Functional Classification of Expenses (Continued)

The following tables outline the functional expenses of the Organization for the year ended June 30, 2022 and a summary of functional expenses for the year ended June 30, 2021.

| | <u>Program Services</u> | <u>Management and General</u> | <u>Fundraising</u> | <u>Total June 30, 2022</u> | <u>Total June 30, 2021</u> |
|------------------------------------|-----------------------------|-----------------------------------|--------------------|--------------------------------|--------------------------------|
| Admin fees | \$ - | \$ 80,000 | \$ - | \$ 80,000 | \$ 80,000 |
| Awards and grants | 18,484 | - | - | 18,484 | 7,475 |
| Bad debt | 235,894 | - | - | 235,894 | 556,558 |
| Employee benefits | 1,434,263 | 208,857 | 8,039 | 1,651,159 | 1,640,191 |
| Food | 707,760 | - | - | 707,760 | 691,801 |
| Insurance | 681,242 | 29,038 | 2,236 | 712,516 | 552,848 |
| Interest | - | (13,654) | - | (13,654) | 39,398 |
| Local transportation | 80,997 | - | 462 | 81,459 | 34,994 |
| Membership dues | 44,150 | - | 75 | 44,225 | 34,563 |
| Occupancy | 233,845 | 32,850 | - | 266,695 | 199,253 |
| Office expense | 252,807 | 13,306 | 7,184 | 273,297 | 242,173 |
| Payroll taxes | 815,812 | 62,337 | 13,559 | 891,708 | 794,688 |
| Postage | 3,758 | 198 | - | 3,956 | 10,635 |
| Professional fees | 956,032 | 184,648 | 59,647 | 1,200,327 | 1,059,482 |
| Program development | 78,500 | - | 38,854 | 117,354 | 60,373 |
| Recruiting | 31,532 | - | - | 31,532 | 10,471 |
| Repair and maintenance | 64,045 | 16,278 | - | 80,323 | 76,999 |
| Salaries | 11,390,876 | 956,336 | 175,870 | 12,523,082 | 11,873,303 |
| Specific assistance | 518,228 | - | - | 518,228 | 649,883 |
| Staff development | 133,430 | 30,593 | 708 | 164,731 | 68,774 |
| Supplies | 182,928 | - | - | 182,928 | 207,372 |
| Taxes and licenses | 6,606 | 24,586 | - | 31,192 | 30,856 |
| Telephone | 79,258 | 4,171 | - | 83,429 | 80,875 |
| Utilities | <u>326,508</u> | <u>26,788</u> | <u>-</u> | <u>353,296</u> | <u>282,366</u> |
| Total expenses before depreciation | 18,276,955 | 1,656,332 | 306,634 | 20,239,921 | 19,285,331 |
| Depreciation | <u>831,419</u> | <u>116,751</u> | <u>-</u> | <u>948,170</u> | <u>938,847</u> |
| | <u>\$ 19,108,374</u> | <u>\$ 1,773,083</u> | <u>\$ 306,634</u> | <u>\$ 21,188,091</u> | <u>\$ 20,224,178</u> |

HILLSIDE, INC.
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

Note Q
Subsequent Events

The Organization evaluated subsequent events through October 4, 2022, when these consolidated financial statements were available to be issued. Other than the matter discussed below, Management is not aware of any significant events that occurred subsequent to the balance sheet date, but prior to the filing of this report, that would have a material impact on the consolidated financial statements.

Therapeutic Foster Care

In October 2022, the Organization stopped providing therapeutic foster care services.

SUPPLEMENTAL INFORMATION

INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Directors
Hillside, Inc.

We have audited the consolidated financial statements of Hillside, Inc. as of and for the years ended June 30, 2022 and 2021, and our report thereon dated October 4, 2022, which expressed an unmodified opinion on those consolidated financial statements, appears on pages 1 - 3. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental comparative statement of actual revenues and expenditures to budget, summary statement, schedule of indirect costs, consolidating statements of financial position, and consolidating statements of activities and changes in net assets which are the responsibility of management, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. That information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, that information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Aprio, LLP

Atlanta, Georgia

October 4, 2022

Hillside, Inc.
Comparative Statement of Actual Revenues and
Expenditures to Budget
For the Year Ended June 30, 2022

Hillside, Inc. does not submit a budget to any Federal or state agency.

Hillside, Inc.
Summary Statement
June 30, 2022

Founded in 1888, Hillside is one of Atlanta's oldest non-profit organizations with a rich history of treatment and support for children and families struggling with mental health challenges. Therapeutic services and life skills are provided with a focus on the strengths of each individual. Hillside's continuum of services are offered through six core programs: Intensive Residential Treatment, Partial Hospitalization Day Treatment, Intensive Outpatient Program, Community Intervention Program, Intensive In-Home Services, and Connections Treatment Foster Care.

Hillside, Inc.
Schedule of Indirect Costs
For the Year Ended June 30, 2022

Hillside, Inc. had no indirect costs subject to an indirect cost base and indirect cost rate.

Hillside, Inc.
Consolidating Statement of Financial Position
For the Year Ended June 30, 2022

| | Hillside Inc. | Hillside Atlanta Foundation, Inc. | Eliminations | Consolidated Hillside Inc. |
|--|------------------|--------------------------------------|--------------|----------------------------------|
| ASSETS | | | | |
| <u>Current assets</u> | | | | |
| Cash and cash equivalents | \$ 2,400,036 | \$ 1,813,921 | \$ - | \$ 4,213,957 |
| Accounts receivable, net | 2,916,877 | 12,500 | - | 2,929,377 |
| Accounts receivable - intercompany | 6,441 | - | (6,441) | - |
| Prepaid expenses | 293,921 | 7,403 | - | 301,324 |
| Total current assets | 5,617,275 | 1,833,824 | (6,441) | 7,444,658 |
| Construction in progress | 139,616 | - | - | 139,616 |
| Land, building and equipment, net of accumulated depreciation | 10,523,814 | - | - | 10,523,814 |
| Leased equipment under capital lease, net of accumulated depreciation | 18,741 | - | - | 18,741 |
| Investments | - | 20,972,890 | - | 20,972,890 |
| | \$ 16,299,446 | \$ 22,806,714 | \$ (6,441) | \$ 39,099,719 |
| LIABILITIES AND STOCKHOLDERS' EQUITY | | | | |
| <u>Current liabilities</u> | | | | |
| Accounts payable and accrued expenses | \$ 1,045,946 | \$ - | \$ - | \$ 1,045,946 |
| Accounts payable - intercompany | - | 6,441 | (6,441) | - |
| Capital lease obligations - current portion | 13,261 | - | - | 13,261 |
| Current portion of long-term debt | 60,000 | - | - | 60,000 |
| Total current liabilities | 1,119,207 | 6,441 | (6,441) | 1,119,207 |
| <u>Long-term liabilities</u> | | | | |
| Capital lease obligations - net of current portion | 6,836 | - | - | 6,836 |
| Long-term debt, less current portion | 695,000 | - | - | 695,000 |
| Total long-term liabilities | 701,836 | - | - | 701,836 |
| <u>Net Assets</u> | | | | |
| Without donor restrictions | 14,029,408 | 22,748,811 | - | 36,778,219 |
| With donor restrictions | 448,995 | 51,462 | - | 500,457 |
| Total net assets | 14,478,403 | 22,800,273 | - | 37,278,676 |
| | \$ 16,299,446 | \$ 22,806,714 | \$ (6,441) | \$ 39,099,719 |

Hillside, Inc.
Consolidating Statement of Financial Position
For the Year Ended June 30, 2021

| | Hillside Inc. | Hillside Atlanta Foundation, Inc. | Eliminations | Consolidated Hillside Inc. |
|--|----------------------|--------------------------------------|---------------------|----------------------------------|
| ASSETS | | | | |
| <u>Current assets</u> | | | | |
| Cash and cash equivalents | \$ 4,816,962 | \$ 1,810,487 | \$ - | \$ 6,627,449 |
| Accounts receivable, net | 2,402,958 | - | - | 2,402,958 |
| Accounts receivable - intercompany | 165,674 | - | (165,674) | - |
| Prepaid expenses | 269,191 | 4,069 | - | 273,260 |
| Total current assets | <u>7,654,785</u> | <u>1,814,556</u> | <u>(165,674)</u> | <u>9,303,667</u> |
| Construction in progress | 43,826 | - | - | 43,826 |
| Land, building and equipment, net of accumulated depreciation | 11,169,576 | - | - | 11,169,576 |
| Leased equipment under capital lease, net of accumulated depreciation | 31,235 | - | - | 31,235 |
| Investments | - | 24,714,377 | - | 24,714,377 |
| | <u>\$ 18,899,422</u> | <u>\$ 26,528,933</u> | <u>\$ (165,674)</u> | <u>\$ 45,262,681</u> |
| | | | | |
| | Hillside Inc. | Hillside Atlanta Foundation, Inc. | Eliminations | Consolidated Hillside Inc. |
| LIABILITIES AND STOCKHOLDERS' EQUITY | | | | |
| <u>Current liabilities</u> | | | | |
| Accounts payable and accrued expenses | \$ 1,423,876 | \$ - | \$ - | \$ 1,423,876 |
| Accounts payable - intercompany | - | 165,674 | (165,674) | - |
| Current portion of long-term debt | 60,000 | - | - | 60,000 |
| Capital lease obligations - current portion | 12,731 | - | - | 12,731 |
| Total current liabilities | <u>1,496,607</u> | <u>165,674</u> | <u>(165,674)</u> | <u>1,496,607</u> |
| <u>Long-term liabilities</u> | | | | |
| Capital lease obligations - net of current portion | 20,097 | - | - | 20,097 |
| Long-term debt, less current portion | 755,000 | - | - | 755,000 |
| Total long-term liabilities | <u>775,097</u> | <u>-</u> | <u>-</u> | <u>775,097</u> |
| | | | | |
| <u>Net Assets</u> | | | | |
| Without donor restrictions | 16,370,068 | 26,311,797 | - | 42,681,865 |
| With donor restrictions | 257,650 | 51,462 | - | 309,112 |
| Total net assets | <u>16,627,718</u> | <u>26,363,259</u> | <u>-</u> | <u>42,990,977</u> |
| | <u>\$ 18,899,422</u> | <u>\$ 26,528,933</u> | <u>\$ (165,674)</u> | <u>\$ 45,262,681</u> |

Hillside, Inc.
Consolidating Statement of Activities and Changes in Net Assets
For the Year Ended June 30, 2022

| | Hillside Inc. | Hillside Atlanta Foundation, Inc. | Eliminations | Consolidated Hillside Inc. |
|--|----------------------|--------------------------------------|--------------|----------------------------------|
| <u>Changes net assets without donor restrictions</u> | | | | |
| <u>Support and revenue:</u> | \$ - | \$ - | \$ - | \$ - |
| <u>Support:</u> | - | - | - | - |
| United Way | 17,163 | - | - | 17,163 |
| Government funding | 1,792,794 | - | - | 1,792,794 |
| Private contributions and grants | <u>9,274</u> | <u>68,428</u> | <u>-</u> | <u>77,702</u> |
| Total support | <u>1,819,231</u> | <u>68,428</u> | <u>-</u> | <u>1,887,659</u> |
| <u>Revenue:</u> | | | | |
| Revenue from government agencies | 4,686,739 | - | - | 4,686,739 |
| Commercial insurance & other | 11,737,384 | - | - | 11,737,384 |
| Program services | 127,056 | 25,033 | - | 152,089 |
| Investment and dividend income | 1 | 1,726,920 | - | 1,726,921 |
| Unrealized gain (loss) on investments, net | - | (5,301,638) | - | (5,301,638) |
| Loss on disposal of land, building, and equipment | (1,748) | - | - | (1,748) |
| Realized gain on sale of investments, net | <u>17,201</u> | <u>(6,645)</u> | <u>-</u> | <u>10,556</u> |
| Total revenue | <u>16,566,633</u> | <u>(3,556,330)</u> | <u>-</u> | <u>13,010,303</u> |
| Total support and revenue | 18,385,864 | (3,487,902) | - | 14,897,962 |
| <u>Net assets released from restrictions:</u> | | | | |
| Satisfaction of program restrictions | <u>282,801</u> | <u>103,682</u> | <u>-</u> | <u>386,483</u> |
| | <u>18,668,665</u> | <u>(3,384,220)</u> | <u>-</u> | <u>15,284,445</u> |
| <u>Expenses:</u> | | | | |
| Program services: | | | | |
| Treatment programs | 19,108,374 | - | - | 19,108,374 |
| Support services: | | | | |
| Management and general | 1,733,083 | 40,000 | - | 1,773,083 |
| Fundraising | <u>177,077</u> | <u>129,557</u> | <u>-</u> | <u>306,634</u> |
| Total expenses | <u>21,018,534</u> | <u>169,557</u> | <u>-</u> | <u>21,188,091</u> |
| Increase (decrease) in net assets without donor restrictions | <u>(2,349,869)</u> | <u>(3,553,777)</u> | <u>-</u> | <u>(5,903,646)</u> |
| <u>Changes net assets with donor restrictions</u> | | | | |
| United way | 62,500 | - | - | 62,500 |
| Private contributions and grants | 420,855 | 94,473 | - | 515,328 |
| Restrictions satisfied by payments of program expenses | <u>(282,801)</u> | <u>(103,682)</u> | <u>-</u> | <u>(386,483)</u> |
| Increase (decrease) in net assets with donor restrictions | 200,554 | (9,209) | - | 191,345 |
| Increase (decrease) in net assets | (2,149,315) | (3,562,986) | - | (5,712,301) |
| Net assets, beginning of year | <u>16,627,718</u> | <u>26,363,259</u> | <u>-</u> | <u>42,990,977</u> |
| Net assets, end of year | <u>\$ 14,478,403</u> | <u>\$ 22,800,273</u> | <u>\$ -</u> | <u>\$ 37,278,676</u> |

Hillside, Inc.
Consolidating Statement of Activities and Changes in Net Assets
For the Year Ended June 30, 2021

| | Hillside Inc. | Hillside Atlanta Foundation, Inc. | Eliminations | Consolidated Hillside Inc. |
|--|----------------------|--------------------------------------|--------------|----------------------------------|
| <u>Changes net assets without donor restrictions</u> | | | | |
| <u>Support and revenue:</u> | | | | |
| <u>Support:</u> | | | | |
| United Way | \$ 20,583 | \$ 1,300 | \$ - | \$ 21,883 |
| Government funding | 3,343,988 | - | - | 3,343,988 |
| Private contributions and grants | 43,406 | 274,771 | - | 318,177 |
| Total support | <u>3,407,977</u> | <u>276,071</u> | <u>-</u> | <u>3,684,048</u> |
| <u>Revenue:</u> | | | | |
| Revenue from government agencies | 4,680,124 | - | - | 4,680,124 |
| Commercial insurance & other | 11,467,661 | - | - | 11,467,661 |
| Program services | 119,635 | 47,340 | - | 166,975 |
| Investment and dividend income | 52,810 | 1,189,517 | - | 1,242,327 |
| Unrealized gain (loss) on investments, net | (2,491,794) | 4,804,179 | - | 2,312,385 |
| Loss on disposal of land, building, and equipment | (527) | - | - | (527) |
| Realized gain on sale of investments, net | 596,375 | 1,389,998 | - | 1,986,373 |
| Total revenue | <u>14,424,284</u> | <u>7,431,034</u> | <u>-</u> | <u>21,855,318</u> |
| Total support and revenue | 17,832,261 | 7,707,105 | - | 25,539,366 |
| <u>Net assets released from restrictions:</u> | | | | |
| Satisfaction of program restrictions | <u>1,436,228</u> | <u>2,038</u> | <u>-</u> | <u>1,438,266</u> |
| | 19,268,489 | 7,709,143 | - | 26,977,632 |
| <u>Expenses:</u> | | | | |
| Program services: | | | | |
| Treatment programs | 18,345,770 | 172,865 | - | 18,518,635 |
| Support services: | | | | |
| Management and general | 1,599,208 | - | - | 1,599,208 |
| Fundraising | 106,335 | - | - | 106,335 |
| Total expenses | 20,051,313 | 172,865 | - | 20,224,178 |
| Intercompany transfer of investments | <u>(18,828,487)</u> | <u>18,828,487</u> | <u>-</u> | <u>-</u> |
| Increase in net assets without donor restrictions | <u>(19,611,311)</u> | <u>26,364,765</u> | <u>-</u> | <u>6,753,454</u> |
| <u>Changes net assets with donor restrictions</u> | | | | |
| United way | 32,500 | - | - | 32,500 |
| Private contributions and grants | 260,288 | 53,500 | - | 313,788 |
| Restrictions satisfied by conditional grants | (1,210,842) | - | - | (1,210,842) |
| Restrictions satisfied by payments of program expenses | <u>(225,386)</u> | <u>(2,038)</u> | <u>-</u> | <u>(227,424)</u> |
| Decrease in net assets with donor restrictions | (1,143,440) | 51,462 | - | (1,091,978) |
| Increase in net assets | (20,754,751) | 26,416,227 | - | 5,661,476 |
| Net assets, beginning of year | <u>37,382,469</u> | <u>(52,968)</u> | <u>-</u> | <u>37,329,501</u> |
| Net assets, end of year | <u>\$ 16,627,718</u> | <u>\$ 26,363,259</u> | <u>\$ -</u> | <u>\$ 42,990,977</u> |

**SUPPLEMENTAL INFORMATION
ON COMPLIANCE**

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
Hillside, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Hillside, Inc. (a nonprofit organization), which comprise the consolidated statement of financial position as of June 30, 2022 and 2021, and the related consolidated statements of activities, and cash flows for the years then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 4, 2022.

Report on Internal Control Over Financial Reporting

In planning and performing our audits of the consolidated financial statements, we considered Hillside, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Hillside, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

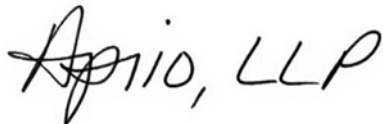
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audits we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Hillside, Inc.'s consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audits, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and do not provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Aprio, LLP". The signature is written in a cursive, flowing style.

Atlanta, Georgia

October 4, 2022

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors
Hillside, Inc.

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Hillside, Inc.'s compliance with the types of compliance requirements identified as subject to audit in the OMB Compliance Supplement that could have a direct and material effect on Hillside Inc.'s major federal program for the year ended June 30, 2022. Hillside, Inc.'s major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Hillside, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Hillside, Inc. and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Hillside, Inc.'s compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Hillside, Inc.'s federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Hillside, Inc.'s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Hillside, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Hillside, Inc.'s compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Hillside, Inc.'s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Hillside, Inc.'s internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

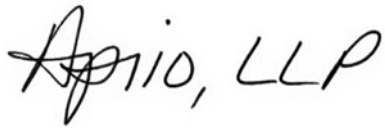
Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that have not been identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink that reads "Aprio, LLP". The signature is written in a cursive, flowing style.

Atlanta, Georgia

October 4, 2022

Hillside, Inc.
Schedule of Findings and Questioned Costs
June 30, 2022

Summary of Audit Results

1. The auditors' report expressed an unqualified opinion on the consolidated financial statements of Hillside, Inc.
2. No reportable conditions relating to the audit of the consolidated financial statements are reported.
3. No instances of noncompliance material to the consolidated financial statements of Hillside, Inc. were disclosed during the audit.
4. No reportable conditions relating to the audit of the major federal award program are reported.
5. The auditors' report on compliance for the major federal award program for Hillside, Inc. expresses an unqualified opinion on the major program.
6. There were no audit findings relative to the major federal award program for Hillside, Inc.
7. The program tested as major federal award program is:

| <u>Grantor/Program Title</u> | <u>CFDA Number</u> |
|---|--------------------|
| Department of Health and Human Services - Medicaid Assistance Program | 93.778 |

8. The threshold for distinguishing Types A and B programs was \$750,000.
9. Hillside, Inc. was determined to be a low-risk auditee.

HILLSIDE, INC.
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2022

| Funding Agency Program/Grant | Contract Number | CFDA Number | Contract Period | Total Expenditures |
|---|------------------------------|----------------|-------------------------------|-----------------------|
| Department of Health and Human Services | | | | |
| Foster Care Title IV-E | | | | |
| Pass-Through From Georgia Department of Human Services Therapeutic Foster Care | 2700-040C-RBWO-22-0000000876 | 93.658 | July 1, 2021 June 30, 2022 | \$ 3,215 |
| Total Foster Care Title IV-E | | | | 3,215 |
| Pass-Through From Georgia Department of Behavioral Health and Developmental Disabilities | | | | |
| Psychiatric Residential Treatment Facility | 44100-263-0262022053 | 93.778 | July 1, 2021 June 30, 2022 | 4,109,711 |
| Total Medicaid Assistance Program | | | | 4,109,711 |
| Total Department of Health and Human Services | | | | 4,112,926 |
| U.S. Department of Agriculture | | | | |
| Child Nutrition Cluster | | | | |
| School Breakfast Program | N/A | 10.553 | School year 2022 | [1] |
| School Lunch Program | N/A | 10.555 | 2022 | 189,108 |
| Total U.S. Department of Agriculture | | | | 189,108 |
| Total Federal Financial Assistance | | | | \$ 4,302,033 |

Notes to the Schedule of Expenditures of Federal Awards

[1] - Expenditures for the funds earned on the School Breakfast Program were not maintained separately and are included in the 2022 National School Lunch Program.

HILLSIDE, INC.
Schedule of State Contractual Assistance
For the Year Ended June 30, 2022

| Funding Source | Program Name/ Contract Number | Revenues | Expenditures | Due From/ Due (to) |
|---|---|---------------------|---------------------|-----------------------|
| Georgia Department of Behavioral Health and Developmental Disabilities | Psychiatric Residential Treatment Facility (PRTF) / 44100-263-0262022053 N/A | \$ 3,918,982 | \$ 3,918,982 | \$ 598,105 |
| | | \$ 178,726 | \$ 178,726 | \$ 10,726 |
| Tennessee Depratment of Health and Human Services | Psychiatric Residential Treatment Facility (PRTF) N/A | \$ 130,730 | \$ 130,730 | \$ 4,546 |
| Virgin Islands Department of Health and Human Services | Psychiatric Residential Treatment Facility (PRTF) N/A | \$ 60,000 | \$ 60,000 | \$ - |
| GA DHR - DBH | DBH - PRTF 44100-263-0262022053 | - | - | - |
| Georgia Department of Human Services | Therapeutic Foster Care / 42700-040C-RBWO-22-0000000876 Wrap-around services/ | 3,215 | 3,215 | - |
| Total Georgia Department of Human Services | | 3,215 | 3,215 | - |
| Georgia Department of Education | PRTF n/a Residential Treatment Facility Grant n/a | 719,901 | 719,901 | - |
| | | 590,916 | 590,916 | 49,243 |
| Total Georgia Department of Education | | 1,310,817 | 1,310,817 | 49,243 |
| Georgia Department of Behavioral Health (DBHDD) | DBHDD PRTF / 44100-263-0262022053 | - | - | - |
| Totals | | <u>\$ 5,602,469</u> | <u>\$ 5,602,469</u> | <u>\$ 662,620</u> |