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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTHSIDE HOSPITAL INC

Doing Business As

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

City or town, state or country, and ZIP + 4
ATLANTA, GA 303421611

D Employer identification number
58-1954432

E Telephone number
(404) 851-8000

G Gross receipts $ 1,259,200,796

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NORTHSIDE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1991 | **M** State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BE A CENTER OF EXCELLENCE IN PROVIDING HIGH-QUALITY HEALTH CARE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	8,208
6	Total number of volunteers (estimate if necessary)	**6**	896
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,554,352
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-639,541

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,606,399	4,591,896
	9 Program service revenue (Part VIII, line 2g)	1,014,794,230	1,092,378,014
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,551,283	7,940,006
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	701,451	5,773,635
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,024,653,363	1,110,683,551
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	43,953	1,443,482
	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)	443,174,232	494,630,078
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶189,807		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	531,224,694	565,175,306
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	974,442,879	1,061,248,866
	19 Revenue less expenses Subtract line 18 from line 12	50,210,484	49,434,685

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	894,734,300	973,107,585
	21 Total liabilities (Part X, line 26)	561,117,478	540,598,773
	22 Net assets or fund balances Subtract line 21 from line 20	333,616,822	432,508,812

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

****** | 2012-08-15
Signature of officer | Date

DEBORAH S MITCHAM CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
DEBORAH O ERNSBERGER	DEBORAH O ERNSBERGER			

Firm's name ▶ PERSHING YOAKLEY & ASSOCIATES P C — Firm's EIN ▶

Firm's address ▶ ONE CHEROKEE MILLS 2220 SUTHERLAND KNOXVILLE, TN 379192363 — Phone no ▶ (865) 673-0844

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

NORTHSIDE HOSPITAL IS COMMITTED TO THE HEALTH AND WELLNESS OF OUR COMMUNITY AS SUCH, WE DEDICATE OURSELVES TO BEING A CENTER OF EXCELLENCE IN PROVIDING HIGH-QUALITY HEALTH CARE WE PLEDGE COMPASSIONATE SUPPORT, PERSONAL GUIDANCE AND UNCOMPROMISING STANDARDS TO OUR PATIENTS IN THEIR JOURNEYS TOWARD HEALTH OF BODY AND MIND TO ENSURE INNOVATIVE AND UNSURPASSED CARE FOR OUR PATIENTS, WE ARE DEDICATED TO MAINTAINING OUR POSITION AS REGIONAL LEADERS IN SELECT MEDICAL SPECIALTIES TO ENHANCE THE WELLNESS OF OUR COMMUNITY, WE COMMIT OURSELVES TO PROVIDING A DIVERSE ARRAY OF EDUCATIONAL AND OUTREACH PROGRAMS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 768,853,739 including grants of $ 367,140) (Revenue $ 1,098,151,649)

THE NORTHSIDE HEALTH CARE DELIVERY SYSTEM INCLUDES THREE HOSPITALS - NORTHSIDE HOSPITAL - ATLANTA IN SANDY SPRINGS, NORTHSIDE HOSPITAL - CHEROKEE IN CANTON AND NORTHSIDE HOSPITAL - FORSYTH IN CUMMING - AND MORE THAN 30 OUTPATIENT SERVICE LOCATIONS WITH MORE THAN 689,000 SYSTEM-WIDE PATIENT ENCOUNTERS ANNUALLY NORTHSIDE'S SERVICE AREA INCLUDES 8 COUNTIES WITH A TOTAL POPULATION OF MORE THAN 4 MILLION NORTHSIDE IS HOME TO THE LARGEST MEDICAL STAFF OF ANY HEALTH CARE SYSTEM IN THE SOUTHEAST STAFF PROVIDE A FULL RANGE OF HEALTH CARE SERVICES, INCLUDING WOMEN'S HEALTH, CANCER CARE, EMERGENCY CARE, SURGERY, SPECIALTY MEDICINE AND A WIDE ARRAY OF OUTPATIENT SERVICES AT MANY LOCATIONS NORTHSIDE HOSPITAL IS PRIMARILY KNOWN AS A LEADER IN WOMEN'S HEALTH SERVICES, BUT ALSO HAS MANY OTHER AREAS OF EXPERTISE - DELIVERS MORE BABIES THAN ANY OTHER HOSPITAL IN THE US (OVER 17,000 DELIVERIES SYSTEM WIDE IN FISCAL YEAR 2011)- DIAGNOSES AND TREATS MORE CASES OF BREAST AND GYN CANCER THAN ANY OTHER HOSPITAL IN THE SOUTHEAST- TREATS MORE PROSTATE CANCER CASES THAN ANY OTHER HOSPITAL IN THE US- PERFORMS MORE SURGERY THAN AT ANY OTHER GA HOSPITALTHE PROGRAM SERVICE REVENUES AND EXPENSES CONSIST OF ALL INPATIENT AND OUTPATIENT SERVICE LINES FOR THE YEAR ENDING SEPTEMBER 30, 2011 SEE THE COMMUNITY BENEFITS REPORT INCLUDED LATER IN SCHEDULE O

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

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

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

4e **Total program service expenses** ▶ $ 768,853,739

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	656		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	8,208		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DEBORAH S MITCHAM
1000 JOHNSON FERRY ROAD
ATLANTA, GA 30342
(404) 851-8000

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC	40 00	X		X				2,110,807	0	6,077
(2) ROBERT E WHITLEY BOARD MEMBER	1 00	X						0	0	0
(3) J BANCROFT LESESNE MD CHAIRMAN	1 00	X						0	0	0
(4) WILLIAM HASTY JR BOARD MEMBER	1 00	X						0	0	0
(5) DALE M BEARMAN MD BOARD MEMBER	1 00	X						0	0	0
(6) THOMAS W GABLE MD BOARD MEMBER	1 00	X						0	0	0
(7) ANTHONY J SALVATORE VICE-CHAIRMAN & TREASURER	1 00	X						0	0	0
(8) K DOUGLAS SMITH MD BOARD MEMBER	1 00	X						0	0	0
(9) LAWRENCE B STONE MD BOARD MEMBER	1 00	X						0	0	0
(10) MARK J SWEENEY SECRETARY	1 00	X						0	0	0
(11) BARBARA PARE BOARD MEMBER	1 00	X						0	0	0
(12) DEBORAH S MITCHAM VP/CFO NSH, INC	40 00			X				432,683	0	10,904
(13) JORGE J HERNANDEZ VICE PRESIDENT/ASST SECRETARY	40 00			X				327,112	0	1,094
(14) TINA WAKIM VICE PRESIDENT	40 00				X			525,952	0	1,128
(15) ROBERT PUTNAM VICE PRESIDENT	40 00				X			449,441	0	4,900
(16) SUSAN SOMMERS VICE PRESIDENT	40 00					X		352,260	0	4,844

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) WAYNE CHIU MD PHYSICIAN	40 00					X		362,605	0	10,904
(18) BENEDICT BENIGNO MD PHYSICIAN	40 00					X		584,036	0	5,376
(19) WILLIAM HAYES VICE PRESIDENT	40 00					X		357,053	0	6,077
(20) JANIS DUBOW VICE PRESIDENT	40 00					X		304,494	0	4,128
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								5,806,443	0	55,432

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 314

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MCKENNA LONG & ALDRIDGE LLP PO BOX 116573 ATLANTA, GA 30368	LEGAL SERVICES	6,560,855
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICES	6,104,766
HOLLIS COBB ASSOCIATES INC PO BOX 2248 NORCROSS, GA 30091	ACCOUNTS RECEIVABLE MGMT	3,694,716
ANGELICA TEXTILE SERVICES INC PO BOX 535122 ATLANTA, GA 30353	LINEN SERVICES	3,458,236
PIEDMONT GRAPHICS PO BOX 6907 MARIETTA, GA 30065	PRINTING SERVICES	3,195,356

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 117

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d	860,636				
	e Government grants (contributions) 1e	2,981,701				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	749,559				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		4,591,896			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621990	1,063,185,928	1,063,185,928		
	b RENTAL INCOME	531120	11,877,827	11,877,827		
	c PHARMACY REVENUE	446110	11,090,299		4,464,655	6,625,644
	d PARKING REVENUE	812930	1,768,741			1,768,741
	e CAFETERIA & VENDING	722210	1,729,288			1,729,288
	f All other program service revenue		2,725,931	1,862,618	89,697	773,616
	g **Total.** Add lines 2a–2f		1,092,378,014			
	3 Investment income (including dividends, interest and other similar amounts)		4,210,974			4,210,974
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	152,057,481	188,796			
	b Less cost or other basis and sales expenses	148,371,009	146,236			
	c Gain or (loss)	3,686,472	42,560			
	d Net gain or (loss)			3,729,032			3,729,032
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	5,773,635	5,773,635		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		5,773,635			
	12 **Total revenue.** See Instructions		1,110,683,551	1,082,700,008	4,554,352	18,837,295

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,380,417	1,380,417		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	63,065	63,065		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,266,163	4,699,622	1,566,541	
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	369,242,839	276,932,129	92,310,710	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,050,539	21,037,904	7,012,635	
9	Other employee benefits	65,108,057	48,831,043	16,277,014	
10	Payroll taxes	25,962,480	19,471,860	6,490,620	
a	Fees for services (non-employees) Management	11,827,782	591,389	11,236,393	
b	Legal	11,631,552		11,631,552	
c	Accounting	848,789		848,789	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees	1,801,896		1,801,896	
g	Other	81,891,373	48,315,910	33,575,463	
12	Advertising and promotion	4,810,442		4,810,442	
13	Office expenses	20,545,138	11,916,180	8,628,958	
14	Information technology	4,492,724	224,636	4,268,088	
15	Royalties . .				
16	Occupancy	32,835,761	12,149,232	20,686,529	
17	Travel	413,446	95,093	318,353	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	229,850	105,731	124,119	
20	Interest	4,518,168		4,518,168	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,158,917	47,066,939	30,091,978	
23	Insurance	10,547,818	632,869	9,914,949	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	213,451,147	211,316,636	2,134,511	
b	BAD DEBT EXPENSE	63,415,043	63,415,043		
c	MISCELLANEOUS	14,320,494	503,691	13,626,996	189,807
d	COLLECTION FEES	10,434,966	104,350	10,330,616	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,061,248,866	768,853,739	292,205,320	189,807
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		22,259	1	22,834
	2	Savings and temporary cash investments		181,253,459	2	195,770,678
	3	Pledges and grants receivable, net		492,112	3	977,638
	4	Accounts receivable, net		58,049,148	4	58,246,804
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		1,572,184	7	2,018,483
	8	Inventories for sale or use		9,672,413	8	11,583,791
	9	Prepaid expenses and deferred charges		6,800,394	9	6,990,882
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,113,593,881			
	b	Less accumulated depreciation	10b 636,037,575	456,395,529	10c	477,556,306
	11	Investments—publicly traded securities		91,538,800	11	93,039,420
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		69,457,595	14	105,502,227
	15	Other assets See Part IV, line 11		19,480,407	15	21,398,522
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		894,734,300	16	973,107,585
Liabilities	17	Accounts payable and accrued expenses		232,377,219	17	257,359,001
	18	Grants payable			18	
	19	Deferred revenue		14,514	19	112,698
	20	Tax-exempt bond liabilities		36,665,000	20	34,270,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		15,000,000	23	12,333,333
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		277,060,745	25	236,523,741
	26	**Total liabilities.** Add lines 17 through 25		561,117,478	26	540,598,773
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		333,616,822	27	432,508,812
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		333,616,822	33	432,508,812
	34	Total liabilities and net assets/fund balances		894,734,300	34	973,107,585

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,110,683,551
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,061,248,866
3	Revenue less expenses Subtract line 2 from line 1	3	49,434,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	333,616,822
5	Other changes in net assets or fund balances (explain in Schedule O)	5	49,457,305
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	432,508,812

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

The organization is not a private foundation because it is (For lines 1 through 11, 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)

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		102,554,172		102,554,172
b Buildings		569,500,169	324,333,532	245,166,637
c Leasehold improvements				
d Equipment		379,282,347	311,704,043	67,578,304
e Other		62,257,193		62,257,193
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				477,556,306

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCHANGE FINANCE LIABILITY	14,010,934
RENT OBLIGATION	2,047,730
RESERVE FOR MALPRACTICE	119,806,948
RETIREMENT PLAN OBLIGATION	60,601,996
OBLIGATION UNDER CAPITAL LEASE	36,519,593
FMV OF SWAP AGREEMENT	1,809,530
OTHER LIABILITY	124,000
POST RETIREMENT OBLIGATION	1,603,010
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	236,523,741

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITALS QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED

Additional Data

Software ID:
Software Version:
EIN: 58-1954432
Name: NORTHSIDE HOSPITAL INC

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
INTERCHANGE FINANCE LIABILITY	14,010,934
RENT OBLIGATION	2,047,730
RESERVE FOR MALPRACTICE	119,806,948
RETIREMENT PLAN OBLIGATION	60,601,996
OBLIGATION UNDER CAPITAL LEASE	36,519,593
FMV OF SWAP AGREEMENT	1,809,530
OTHER LIABILITY	124,000
POST RETIREMENT OBLIGATION	1,603,010

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other **125.000000000000 %**			
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	Yes	
	☑ Other **185.000000000000 %** ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400%			
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			39,586,430		39,586,430	3 970 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			97,002,007	48,469,477	48,532,530	4 860 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			136,588,437	48,469,477	88,118,960	8 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			4,550,860	378,286	4,172,574	0 420 %
f Health professions education (from Worksheet 5)			1,374,720	1,243,816	130,904	0 010 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			431,505	437,614	-6,109	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,655,419		1,655,419	0 170 %
j **Total** Other Benefits			8,012,504	2,059,716	5,952,788	0 600 %
k **Total.** Add lines 7d and 7j			144,600,941	50,529,193	94,071,748	9 430 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	20,928,883		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	122,457,502
6	Enter Medicare allowable costs of care relating to payments on line 5	6	147,135,261
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-24,677,759
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 3

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	NORTHSIDE HOSPITAL 1000 JOHNSON FERRY ROAD ATLANTA,GA 30342	X	X					X		
2	NORTHSIDE HOSPITAL - FORSYTH 1200 NORTHSIDE FORSYTH DRIVE CUMMING,GA 30041	X	X					X		
4	NORTHSIDE HOSPITAL - CHEROKEE 201 HOSPITAL ROAD CANTON,GA 30114	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: NORTHSIDE HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: NORTHSIDE HOSPITAL - FORSYTH

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: NORTHSIDE HOSPITAL - CHEROKEE

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
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f ☐ The policy was available upon request			
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b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **28**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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

Identifier	ReturnReference	Explanation
		PART I, LINE 6A NORTHSIDE HOSPITAL, INC PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THE REPORT IS MADE AVAILABLE TO THE PUBLIC

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 7 IS THE COST TO CHARGE RATIO CALCULATED PURSUANT TO THE IRS SCHEDULE H WORKSHEET 2 INSTRUCTIONS

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSE IN THE AMOUNT OF $63,415,043 HAS BEEN REMOVED FROM TOTAL EXPENSE

Identifier	ReturnReference	Explanation
		PART III, LINE 4 "THE PROVISION FOR BAD DEBTS THAT RELATES TO PATIENT SERVICE REVENUES IS BASED ON AN EVALUATION OF POTENTIALLY UNCOLLECTIBLE ACCOUNTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS REPRESENTS THE ESTIMATE OF THE UNCOLLECTIBLE PORTION OF ACCOUNTS RECEIVABLE " THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINES 2 AND 3 WAS A COST TO CHARGE RATIO APPLIED TO BAD DEBT CHARGES WRITTEN OFF, NET OF RECOVERIES NORTHSIDE HOSPITAL PROVIDES CARE TO THE COMMUNITY, REGARDLESS OF PATIENTS' ABILITY TO PAY THE FORGONE CHARGES ARE AT THE EXPENSE OF NORTHSIDE HOSPITAL

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 WAS A COST TO CHARGE RATIO FROM THE FISCAL YEAR 2011 MEDICARE COST REPORT APPLIED TO MEDICARE CHARGES THE MEDICARE PROGRAM PAYS AT AMOUNTS WHICH ARE LESS THAN THE COST OF PROVIDING SERVICES ANY COST NOT REIMBURSED BY MEDICARE IS BORNE BY NORTHSIDE HOSPITAL WHICH EASES THE BURDEN TO THE GOVERNMENT FOR THE PROVISION OF HEALTHCARE UNDER THE MEDICARE PROGRAM

Identifier	ReturnReference	Explanation
		PART III, LINE 9B FINANCIAL COUNSELORS IDENTIFY PATIENTS DURING THE PRE-SCREENING PROCESS THAT APPEAR TO BE EXPERIENCING FINANCIAL HARDSHIP AND NOTIFY THEM OF FINANCIAL ASSISTANCE OPTIONS IF IT IS DETERMINED THAT AN ACCOUNT IS UNCOLLECTIBLE DURING THE COLLECTION PROCESS BECAUSE OF THE PATIENT'S FINANCIAL STATUS, THE PATIENT IS CONTACTED TO APPLY FOR FINANCIAL ASSISTANCE ONCE THEY ARE DETERMINED TO BE CHARITY, COLLECTION EFFORTS CEASE AND THE ACCOUNT IS WRITTEN OFF TO CHARITY RELIEVING THE PATIENT OF LIABILITY FOR THE DEBT THE RESULT OF BEING APPROVED FOR CHARITY ALSO PREVENTS THE PATIENT FROM ANY POTENTIAL ADVERSE EFFECT ON THEIR CREDIT

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 NORTHSIDE HOSPITAL, INC IS DEDICATED TO MEETING THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES NORTHSIDE REGULARLY ASSESSES THE NEEDS OF ITS COMMUNITY THROUGH A VARIETY OF MEANS NORTHSIDE CONTINUOUSLY MONITORS STATEWIDE NEEDS ASSESSMENTS AND REPORTS, INCLUDING, BUT NOT LIMITED TO, QUARTERLY NEEDS CALCULATIONS PREPARED AND PUBLISHED BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH, DIVISION OF HEALTH PLANNING ("DCH") FOR VARIOUS SERVICE LINES SUCH AS OBSTETRICAL SERVICES, NEONATAL SPECIALTY CARE SERVICES, AMBULATORY SURGERY SERVICES, PET/CT IMAGING, MEGAVOLTAGE RADIATION THERAPY, AND OPEN HEART SURGERY NORTHSIDE ALSO REGULARLY REQUESTS THAT DCH RE-EVALUATE THE PROJECTED NEED FOR ADDITIONAL HOSPITAL BEDS TO SERVE THE COMMUNITY IN ADDITION, NORTHSIDE SUBSCRIBES TO AND REVIEWS INFORMATION CONTAINED IN VARIOUS PUBLIC AND PRIVATE DATABASES AND OTHER HEALTH INFORMATION AND POPULATION SOURCES REGARDING THE DEMOGRAPHICS, HEALTH, AND SOCIAL INDICATORS FOR THE COMMUNITY, INCLUDING, BUT NOT LIMITED TO, THE VARIOUS DCH SURVEY DATABASES, CLARITAS, THE GEORGIA OFFICE OF PLANNING AND BUDGET, OASIS, AND THE ADVISORY BOARD COMPANY NORTHSIDE CONTINUOUSLY REVIEWS INTERNAL SERVICE UTILIZATION DATA AND SURVEY RESPONSES TO IDENTIFY AREAS IN NEED OF ENHANCEMENT, EXPANSION OR OTHER INVESTMENTS TO IMPROVE PATIENT CARE NORTHSIDE, ITS REPRESENTATIVES AND EMPLOYEES PARTICIPATE IN COMMUNITY COALITIONS, ADVISORY GROUPS, COMMITTEES, BOARDS, AND OTHER FORMAL AND INFORMAL GROUPS OR MEETINGS THAT EITHER SERVE THE COMMUNITIES GENERALLY OR SPECIFICALLY ENDEAVOR TO IMPROVE HEALTH CARE ACCESSIBILITY, QUALITY, AND SERVICE IN THE COMMUNITY NORTHSIDE WORKS CLOSELY WITH ELECTED OFFICIALS, COMMUNITY ORGANIZATIONS, AND OTHER COMMUNITY LEADERS TO IDENTIFY GAPS IN SERVICE DELIVERY, INCLUDING GAPS DUE TO GEOGRAPHY, FINANCIAL ACCESSIBILITY, OVER-UTILIZATION OF EXISTING SERVICES/PROVIDERS, OR QUALITY OF CARE NORTHSIDE FURTHER COMMUNICATES WITH SAFETY NET CLINICS AND OTHER COMMUNITY RELIEF ORGANIZATIONS TO IDENTIFY PATIENTS WHOSE HEALTH CARE NEEDS ARE NOT MET BY THE CURRENT HEALTH CARE DELIVERY SYSTEM THE RESULTS OF OUR CONTINUING EFFORTS ASSIST US IN DEVELOPING PRIORITIES AS WELL AS, WHERE NECESSARY, DEVELOPING STRATEGIES FOR OBTAINING NECESSARY REGULATORY APPROVALS FOR NEW OR EXPANDED SERVICE LINES OR FACILITIES TO ILLUSTRATE, IN CIRCUMSTANCES WHERE DCH'S PUBLISHED NEED CALCULATIONS FOR LARGE REGIONS DO NOT COMPORT WITH IDENTIFIED NEEDS OF SMALLER SEGMENTS OF THE COMMUNITY (AS DETERMINED THROUGH NORTHSIDE'S NEEDS ASSESSMENT), NORTHSIDE PETITIONS DCH TO REVIEW DOCUMENTATION EVIDENCING GAPS IN CARE MANY OF THESE EFFORTS HAVE PROVEN SUCCESSFUL, RESULTING IN IMPROVED ACCESS TO CARE EVERY TWO YEARS, NORTHSIDE ALSO ENGAGES HEALTH PLANNING EXPERTS TO DEVELOP A COMMUNITY NEEDS ASSESSMENT TO IDENTIFY HEALTH PROFESSIONAL SHORTAGES THIS NEEDS ASSESSMENT IS RE-EVALUATED ANNUALLY TO ADDRESS THE IDENTIFIED NEED TO ENSURE EASIER ACCESS TO PRIMARY CARE AS WELL AS SPECIALTY PHYSICIAN SERVICES NORTHSIDE'S PHYSICIAN RECRUITMENT EFFORTS ARE DESIGNED TO ENSURE THAT SUFFICIENT QUALIFIED HEALTH PROFESSIONALS ARE AVAILABLE TO MEET THE IDENTIFIED COMMUNITY NEEDS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 NORTHSIDE HOSPITAL 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 CHARITY CARE POLICY BI-LINGUAL SIGNAGE IS POSTED IN THE WAITING AREAS OF THE EMERGENCY DEPARTMENT AS WELL AS ALL OUT-PATIENT LOCATIONS OF THE HOSPITAL WHICH PROVIDES INFORMATION AND EDUCATION TO ALL PATIENTS REGARDING NORTHSIDE'S CHARITY POLICIES ALL PATIENTS ARE PROVIDED WITH AND MUST SIGN TO ACKNOWLEDGE RECEIPT OF INFORMATION REGARDING THEIR FINANCIAL RESPONSIBILITY OF HOSPITAL CHARGES PATIENTS ARE NOTIFIED THAT IF THEY ARE AN UNINSURED OR SELF-PAY PATIENT, THEY WILL BE REFERRED TO A FINANCIAL COUNSELOR FOR DETERMINATION OF THEIR ELIGIBILITY FOR CHARITY CARE, INDIGENT CARE, OR GOVERNMENT REIMBURSEMENT IF THE PATIENT IS NOT ELIGIBLE FOR ANY OF THESE, THE FINANCIAL COUNSELOR WILL DISCUSS PAYMENT OPTIONS DEVELOPED ON A CASE-BY-CASE BASIS NORTHSIDE HOSPITAL ALSO WORKS CLOSELY WITH MANY COMMUNITY OUTREACH PROGRAMS TO PROVIDE CHARITY CARE TO THOSE PATIENTS WHO QUALIFY FOR FREE OR DISCOUNTED SERVICES THROUGH THE VARIOUS COMMUNITY OUTREACH PROGRAMS NORTHSIDE PROVIDES A PRE-APPROVAL CHARITY PROCESS FOR ALL PATIENTS WHO REQUIRE MEDICALLY NECESSARY TREATMENT AND CANNOT AFFORD TO PAY, THIS PROCESS ALLOWS A PATIENT TO QUALIFY FOR CHARITY SERVICES PRIOR TO THE SERVICES BEING PERFORMED, RELIEVING THEM OF THE STRESS AND BURDEN OF THE FINANCIAL ASPECT OF THEIR CARE, AND ALLOWING THEM TO FOCUS ON THEIR RECOVERY

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 NORTHSIDE HOSPITAL-ATLANTANORTHSIDE HOSPITAL-ATLANTA IS A 537-BED ACUTE CARE COMMUNITY HOSPITAL LOCATED ON THE NORTHERN END OF THE CITY OF ATLANTA IN FULTON COUNTY THE HOSPITAL IS EASILY ACCESSIBLE FROM MAJOR INTERSTATE HIGHWAYS AND PUBLIC TRANSPORTATION SYSTEMS NORTHSIDE HOSPITAL-ATLANTA'S PREDEFINED PRIMARY AND SECONDARY SERVICE AREAS ENCOMPASS MUCH OF THE METRO ATLANTA AREA AND INCLUDE SIGNIFICANT PORTIONS OF CHEROKEE, COBB, DEKALB, FORSYTH, FULTON, AND GWINNETT COUNTIES NORTHSIDE HOSPITAL-ATLANTA'S PREDEFINED SERVICE AREA REPRESENTS NEARLY 85% OF THE HOSPITAL'S TOTAL INPATIENTS, OUTPATIENTS AND EMERGENCY DEPARTMENT PATIENTS ACCORDING TO CLARITAS, INC POPULATION ESTIMATES, IN 2011 NEARLY 3 MILLION PEOPLE RESIDED IN NORTHSIDE HOSPITAL-ATLANTA'S PREDEFINED SERVICE AREA FEMALES OF CHILDBEARING AGE REPRESENTED AN ESTIMATED 21% OF THE 2011 SERVICE AREA POPULATION WHILE THE 65+ AGE COHORT REPRESENTED AN ESTIMATED 9% THE RACIAL COMPOSITION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED TO BE PREDOMINATELY CAUCASIAN (62%), FOLLOWED BY AFRICAN AMERICAN (23%) AND ASIAN (6%) IN 2011, AN ESTIMATED THIRTEEN PERCENT OF THE HOSPITAL'S SERVICE AREA POPULATION WAS HISPANIC OR LATINO ALSO IN 2011, FOURTEEN PERCENT OF THE HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA HAD A HOUSEHOLD INCOME OF LESS THAN $25,000 LOOKING TO THE FUTURE, BY 2016 NORTHSIDE HOSPITAL-ATLANTA'S PREDEFINED SERVICE AREA POPULATION IS PROJECTED TO INCREASE TEN PERCENT, REACHING NEARLY 3 3 MILLION PEOPLE THE HOSPITAL'S SERVICE AREA POPULATION IS PROJECTED TO AGE SLIGHTLY DUE TO THE PROJECTED RAPID GROWTH OF THE 65+ AGE COHORT TO ILLUSTRATE, FEMALES OF CHILDBEARING AGE ARE PROJECTED TO DECREASE SLIGHTLY TO 20% OF THE SERVICE AREA'S TOTAL POPULATION WHILE THE 65+ COHORT IS PROJECTED TO INCREASE TO 11% OF THE SERVICE AREA'S TOTAL POPULATION THE 65+ POPULATION IS PROJECTED TO INCREASE 34% BETWEEN 2011 AND 2016 WHICH FAR EXCEEDS THE GROWTH RATE OF FEMALES 15-44 (2%) AND THE TOTAL POPULATION (10%) THE RACIAL COMPOSITION OF NORTHSIDE HOSPITAL-ATLANTA'S 2016 SERVICE AREA POPULATION IS PROJECTED TO SHIFT SLIGHTLY WITH CAUCASIANS COMPRISING 58% OF THE SERVICE AREA POPULATION FOLLOWED BY AFRICAN AMERICANS (25%) AND ASIANS (7%) A SLIGHT INCREASE IN THE HISPANIC OR LATINO POPULATION AS A PERCENT OF THE TOTAL SERVICE AREA POPULATION ALSO IS PROJECTED (13% TO 15%) WHILE THE PERCENTAGE OF HOUSEHOLDS WITH INCOMES LESS THAN $25,000 IS PROJECTED TO REMAIN AT FOURTEEN PERCENT GIVEN THE DENSITY OF THE POPULATION RESIDING IN NORTHSIDE HOSPITAL-ATLANTA'S SERVICE AREA AND ITS PROJECTED GROWTH, PARTICULARLY IN THE 65+ AGE COHORT, NORTHSIDE HOSPITAL-ATLANTA ANTICIPATES CONTINUED DEMAND FOR HIGH-QUALITY HEALTHCARE SERVICES DEMAND FOR INPATIENT SERVICES IN THE HOSPITAL'S PREDEFINED SERVICE AREA IS PROJECTED TO INCREASE 10% BETWEEN 2011 AND 2016 WITH DEMAND FOR HOSPITAL-BASED OUTPATIENT SERVICES PROJECTED TO INCREASE 17% OVER THE SAME TIME PERIOD EXAMPLES OF PROJECTED HIGH-DEMAND SERVICES INCLUDE BUT ARE NOT LIMITED TO GENERAL MEDICINE SERVICES, OBSTETRICAL AND NEONATAL SERVICES, CARDIAC SERVICES, GENERAL SURGERY, ORTHOPEDICS, RADIOLOGY AND EMERGENCY SERVICES THIS DESCRIPTION IS CONTINUED LATER IN SCHEDULE H

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 NORTHSIDE IS DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF THE COMMUNITIES IT SERVES AND TO MEETING THE HEALTHCARE NEEDS OF ITS GROWING COMMUNITY TO THAT END, NORTHSIDE CONTINUALLY INVESTS IN NEW OR EXPANDED FACILITIES AND SERVICES, AND STATE-OF-THE-ART TECHNOLOGY IN ADDITION, NORTHSIDE INVESTS ITS RESOURCES, BOTH CAPITAL AND PERSONNEL, INTO NUMEROUS OUTREACH ACTIVITIES SUCH AS FREE HEALTH SEMINARS, SCREENINGS, AWARENESS EVENTS AND MORE NORTHSIDE CONTINUES TO INVEST IN NEW AND/OR EXPANDED SERVICES OR FACILITIES DESIGNED TO IMPROVE AVAILABILITY OF SERVICES AND GEOGRAPHIC AND FINANCIAL ACCESS TO CARE AMONG OTHER THINGS, DURING FISCAL YEAR 2011, NORTHSIDE ALLOCATED ITS RESOURCES TO IMPROVE ACCESS TO TIME-SENSITIVE CARE FOR CARDIAC PATIENTS AND TO EXPAND INPATIENT BED CAPACITY IN ADDITION, NORTHSIDE MADE A SIGNIFICANT INVESTMENT IN STATE-OF-THE-ART TECHNOLOGY THAT BENEFITS PATIENTS IN NUMEROUS WAYS, AS DETAILED BELOW NORTHSIDE'S COMMITMENT TO MEETING THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES IS EVIDENCED BY NORTHSIDE'S SUCCESSFUL EFFORTS IN FISCAL YEAR 2011 TO OBTAIN REGULATORY APPROVAL FOR SEVERAL PROJECTS IN FURTHERANCE OF ITS MISSION AS A LEADING PROVIDER OF SURGICAL SERVICES, NORTHSIDE IS COMMITTED TO PROVIDING ITS PATIENTS ACCESS TO THE LATEST IN SURGICAL TECHNOLOGY AND TREATMENT IN FISCAL YEAR 2011, NORTHSIDE HOSPITAL-ATLANTA INVESTED MORE THAN $7 MILLION IN UPGRADING AND EXPANDING THE CAPACITY OF ITS ROBOTIC SURGICAL PROGRAM ROBOTIC-ASSISTED MINIMALLY INVASIVE SURGERY PROVIDES NUMEROUS BENEFITS TO PATIENTS, INCLUDING IMPROVED CLINICAL OUTCOMES, SHORTER HOSPITAL STAYS, REDUCED BLOOD LOSS, REDUCED PAIN AND TRAUMA, LOWER RISK OF INFECTION, FASTER RECOVERY, AND LESS SCARRING IN FISCAL YEAR 2011, NORTHSIDE HOSPITAL-CHEROKEE BEGAN OFFERING PERCUTANEOUS CORONARY INTERVENTION SERVICES TO THE RESIDENTS OF NORTH GEORGIA WITHIN THE FIRST NINE (9) MONTHS OF OPERATIONS, THE HOSPITAL PERFORMED MORE THAN 70 POTENTIALLY LIFE-SAVING INTERVENTIONS WITHOUT ACCESS TO THIS CRITICAL SERVICE, RESIDENTS OF NORTH GEORGIA WOULD NEED TO TRAVEL MORE THAN 20 MILES ALONG HEAVILY-CONGESTED INTERSTATE HIGHWAYS AND ROADWAYS TO REACH THE NEAREST PCI PROVIDER BY REINVESTING CASH SURPLUSES INTO EXPANDING SERVICES, NORTHSIDE IMPROVED ACCESS TO CRITICAL LIFESAVING TREATMENT ALSO IN FY 2011, NORTHSIDE RECEIVED REGULATORY APPROVAL TO INVEST $51 MILLION TO EXPAND INPATIENT BED CAPACITY AT NORTHSIDE HOSPITAL-FORSYTH FROM 155 TO 188 INPATIENT BEDS THIS INVESTMENT IS IN DIRECT RESPONSE TO THE DEPARTMENT OF COMMUNITY HEALTH'S IDENTIFIED INSTITUTION-SPECIFIC BED NEED PROJECTION ALL OF THESE INVESTMENTS IMPROVE ACCESS TO NEEDED HEALTHCARE SERVICES THROUGHOUT THE NORTHSIDE SYSTEM SERVICE AREA THIS DESCRIPTION IS CONTINUED LATER IN SCHEDULE H

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 NORTHSIDE HOSPITAL, INC INCLUDES THREE HOSPITALS - NORTHSIDE HOSPITAL - ATLANTA IN SANDY SPRINGS, NORTHSIDE HOSPITAL - CHEROKEE IN CANTON AND NORTHSIDE HOSPITAL - FORSYTH IN CUMMING THESE HOSPITALS AND OTHER OFFSITE LOCATIONS MAKE UP THE NORTHSIDE HOSPITAL SYSTEM WHICH SERVES AN AREA THAT INCLUDES 8 COUNTIES WITH A TOTAL POPULATION OF MORE THAN 4 MILLION IN ADDITION TO PROVIDING HOSPITAL-BASED MEDICAL SERVICES, THE NORTHSIDE HOSPITAL SYSTEM PROVIDES A NUMBER OF COMMUNITY-BASED SERVICES, DESIGNED TO IMPROVE THE HEALTH OF AREA RESIDENTS WORKING WITH VARIOUS ORGANIZATIONS, HOSPITAL EMPLOYEES AND MEDICAL STAFF, THE NORTHSIDE HOSPITAL SYSTEM PARTICIPATES IN HEALTH EDUCATION AND SCREENINGS AS WELL AS PROVIDES SUPPORT ACTIVITIES FOR INDIVIDUALS IN THE COMMUNITY LIVING WITH A SERIOUS OR CHRONIC HEALTH CONDITION IN ADDITION TO THE EXCELLENT MEDICAL CARE AND EDUCATIONAL PROGRAMS WE PROVIDE TO THE COMMUNITY, THE HOSPITAL ALSO PROVIDES FINANCIAL SUPPORT TO A NUMBER OF OTHER NON-PROFIT, COMMUNITY AND CIVIC CAUSES WHOSE MISSIONS AND OBJECTIVES COMPLEMENT NORTHSIDE HOSPITAL'S MISSION AND VALUES NORTHSIDE HOSPITAL GIVES BACK A SIGNIFICANT AMOUNT TO THE COMMUNITY WE MEASURE THE SUCCESS OF OUR EFFORTS BY THE NUMBER OF RESIDENTS WE REACH WITH OUR MESSAGES RELATED TO HEALTH AND WELLNESS OUR MISSION IS TO WORK TO POSITIVELY IMPACT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE CLEARLY, EDUCATION, OUTREACH AND COMMUNITY SERVICE ALLOW US TO BROADEN OUR IMPACT BEYOND THE WALLS OF OUR FACILITIES

Identifier	ReturnReference	Explanation
	PART VI, LINE 7	NORTHSIDE HOSPITAL, INC IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT UNDER GEORGIA LAW HOWEVER, WE PRODUCE AN ANNUAL REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON OUR WEBSITE, WWW NORTHSIDE COM

Identifier	ReturnReference	Explanation
	PART VI, LINE 4 (CONTINUED)	NORTHSIDE HOSPITAL-FORSYTHNORTHSIDE HOSPITAL-FORSYTH IS A 188-BED ACUTE CARE COMMUNITY HOS PITAL CENTRALLY LOCATED IN CUMMING, FORSYTH COUNTY NORTHSIDE HOSPITAL-FORSYTH'S PREDEFINE D PRIMARY AND SECONDARY SERVICE AREAS PRIMARILY ENCOMPASS FORSYTH AND DAWSON COUNTIES AS W ELL AS PORTIONS OF THE ADJACENT COUNTIES OF CHEROKEE, FULTON, GWINNETT, AND HALL NORTHSID E HOSPITAL-FORSYTH'S PREDEFINED SERVICE AREA REPRESENTS 89% OF THE HOSPITAL'S TOTAL INPATI ENTS, OUTPATIENTS AND EMERGENCY DEPARTMENT PATIENTS ACCORDING TO CLARITAS, INC POPULATIO N ESTIMATES, IN 2011 MORE THAN 730,000 PEOPLE RESIDED IN NORTHSIDE HOSPITAL-FORSYTH'S PRED EFINED SERVICE AREA FEMALES OF CHILDBEARING AGE REPRESENTED AN ESTIMATED 20% OF THE 2011 SERVICE AREA POPULATION WHILE THE 65+ AGE COHORT REPRESENTED AN ESTIMATED 9% THE RACIAL C OMPOSITION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED TO BE PREDOMINATELY CAUCASIAN (79%) FOLLOWED BY AFRICAN AMERICAN (7%) AND ASIAN (6%) IN 2011, AN ESTIMATED TWELVE PERCENT OF THE HOSPITAL'S SERVICE AREA POPULATION WAS HISPANIC OR LATINO ALSO IN 2011, THIRTEEN PER CENT OF HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA HAD A HOUSEHOLD INCOME OF LESS THAN $25, 000 LOOKING TO THE FUTURE, BY 2016 NORTHSIDE HOSPITAL-FORSYTH'S PREDEFINED SERVICE AREA PO PULATION IS PROJECTED TO INCREASE FIFTEEN PERCENT, TO MORE THAN 840,000 PEOPLE THE HOSPIT AL'S SERVICE AREA IS PROJECTED TO AGE SLIGHTLY DUE TO THE PROJECTED RAPID GROWTH OF THE 65 +AGE COHORT TO ILLUSTRATE, FEMALES OF CHILDBEARING AGE ARE PROJECTED TO DECREASE SLIGHTL Y TO 19% OF THE SERVICE AREA'S TOTAL POPULATION WHILE THE 65+ AGE COHORT IS PROJECTED TO I NCREASE TO 11% OF THE SERVICE AREA'S TOTAL POPULATION THE 65+ POPULATION IS PROJECTED TO INCREASE 41% BETWEEN 2011 AND 2016 WHICH FAR EXCEEDS THE GROWTH RATE OF FEMALES 15-44 (7%) AND THE TOTAL POPULATION (15%) THE RACIAL COMPOSITION OF NORTHSIDE HOSPITAL-FORSYTH'S 20 16 SERVICE AREA POPULATION IS PROJECTED TO SHIFT SLIGHTLY WITH CAUCASIANS COMPRISING 76% O F THE SERVICE AREA POPULATION, FOLLOWED BY AFRICAN AMERICANS (8%) AND ASIANS (8%) A SLIGH T INCREASE IN THE HISPANIC OR LATINO POPULATION ALSO IS PROJECTED (13% TO 14%) WHILE THE P ERCENTAGE OF HOUSEHOLDS WITH INCOMES LESS THAN $25,000 IS PROJECTED TO DECREASE SLIGHTLY T O TWELVE PERCENT GIVEN THE RAPID POPULATION GROWTH PROJECTED FOR NORTHSIDE HOSPITAL-FORSYT H'S PRIMARY SERVICE AREA, PARTICULARLY IN THE 65+ AGE COHORT, COUPLED WITH THE FACT THAT N ORTHSIDE HOSPITAL-FORSYTH IS THE SOLE-COUNTY PROVIDER, NORTHSIDE HOSPITAL-FORSYTH ANTICIPA TES CONTINUED STRONG DEMAND FOR HIGH-QUALITY HEALTHCARE SERVICES DEMAND FOR INPATIENT SER VICES IN THE HOSPITAL'S PREDEFINED SERVICE AREA IS PROJECTED TO INCREASE 15% BETWEEN 2011 AND 2016 WITH DEMAND FOR HOSPITAL-BASED OUTPATIENT SERVICES PROJECTED TO INCREASE 22% OVER THE SAME TIME PERIOD EXAMPLES OF PROJECTED HIGH-DEMAND SERVICES INCLUDE BUT ARE NOT LIMI TED TO GENERAL MEDICINE SERVICES, OBSTETRICAL AND NEONATOLOGY SERVICES, CARDIAC SERVICES, GENERAL SURGERY, ORTHOPEDICS, RADIOLOGY AND EMERGENCY SERVICES NORTHSIDE HOSPITAL-CHEROKE ENORTHSIDE HOSPITAL - CHEROKEE IS AN 84-BED ACUTE CARE COMMUNITY HOSPITAL CENTRALLY LOCATE D IN CANTON, CHEROKEE COUNTY NORTHSIDE HOSPITAL - CHEROKEE'S PREDEFINED PRIMARY AND SECON DARY SERVICE AREA PRIMARILY ENCOMPASS CHEROKEE AND PICKENS COUNTIES, AS WELL AS PORTIONS O F THE SURROUNDING COUNTIES OF BARTOW, COBB, DAWSON, FORSYTH, FULTON, GILMER, LUMPKIN AND P AULDING NORTHSIDE HOSPITAL-CHEROKEE'S PREDEFINED SERVICE AREA REPRESENTS NEARLY 94% OF TH E HOSPITAL'S TOTAL INPATIENTS, OUTPATIENTS, AND EMERGENCY DEPARTMENT PATIENTS ACCORDING TO CLARITAS, INC POPULATION ESTIMATES, IN 2011 MORE THAN 700,000 PEOPLE RESIDED IN NORTHSID E HOSPITAL-CHEROKEE'S PREDEFINED SERVICE AREA FEMALES OF CHILDBEARING AGE REPRESENTED AN ESTIMATED 20% OF THE 2011 SERVICE AREA POPULATION WHILE THE 65+ AGE BOHORT REPRESENTED AN ESTIMATED 9% THE RACIAL COMPOSITION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED TO BE PRE DOMINATELY CAUCASIAN (84%) FOLLOWED BY AFRICAN AMERICAN (7%) AND ASIAN (3%) IN 2011, AN E STIMATED EIGHT PERCENT OF THE HOSPITAL'S SERVICE AREA POPULATION WAS HISPANIC OR LATINO A LSO IN 2011, THIRTEEN PERCENT OF HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA HAD A HOUSEHOLD INCOME OF LESS THAN $25,000 LOOKING TO THE FUTURE, BY 2016 NORTHSIDE HOSPITAL-CHEROKEE'S PREDEFINED SERVICE AREA POPULATION IS PROJECTED TO INCREASE THIRTEEN PERCENT TO MORE THAN 800,000 PEOPLE THE HOSPITAL'S SERVICE AREA POPULATION IS PROJECTED TO AGE SLIGHTLY DUE TO THE PROJECTED RAPID GROWTH OF THE 65+ AGE COHORT TO ILLUSTRATE, FEMALES OF CHILDBEARING AGE ARE PROJECTED TO DECREASE SLIGHTLY TO 19% OF THE SERVICE AREA'S TOTAL POPULATION WHILE THE 65+ POPULATION IS PROJECTED TO INCREASE TO 12% OF THE SERVICE AREA'S TOTAL POPULATION THE 65+ POPULATION IS PROJECTED TO INCREASE 39% BETWEEN 2011 AND 2016 WHICH FAR EXCEEDS THE GROWTH RATE OF FEMALES 15-44 (5%) AND THE TOTAL POPULATION (13%) THE RACIAL COMPOSITI ON OF NORTHSIDE HOSPITAL-CHEROKEE'S 2016 SERVICE A

Identifier	ReturnReference	Explanation
	PART VI, LINE 4 (CONTINUED)	REA POPULATION IS PROJECTED TO SHIFT SLIGHTLY WITH CAUCASIANS COMPRISING 81% OF THE SERVIC E AREA POPULATION, FOLLOWED BY AFRICAN AMERICANS (9%) AND ASIANS (4%) A SLIGHT INCREASE I N THE HISPANIC OR LATINO POPULATION ALSO IS PROJECTED (8% TO 10%) WHILE THE PERCENTAGE OF HOUSEHOLDS WITH INCOMES LESS THAN $25,000 IS PROJECTED TO REMAIN AT THIRTEEN PERCENT GIVEN THE STRONG POPULATION GROWTH PROJECTED FOR NORTHSIDE HOSPITAL-CHEROKEE'S PREDEFINED SERVI CE AREA, PARTICULARLY IN THE 65+ AGE COHORT, COUPLED WITH THE FACT THAT NORTHSIDE HOSPITAL -CHEROKEE IS THE SOLE-COUNTY PROVIDER, NORTHSIDE HOSPITAL-CHEROKEE ANTICIPATES CONTINUED S TRONG DEMAND FOR HIGH-QUALITY HEALTHCARE SERVICES DEMAND FOR INPATIENT SERVICES IN THE HO SPITAL'S PREDEFINED SERVICE AREA IS PROJECTED TO INCREASE 13% BETWEEN 2011 AND 2016 WITH D EMAND FOR HOSPITAL-BASED OUTPATIENT SERVICES PROJECTED TO INCREASE 20% OVER THE SAME TIME PERIOD EXAMPLES OF PROJECTED HIGH-DEMAND SERVICES INCLUDE BUT ARE NOT LIMITED TO GENERAL MEDICINE SERVICES, OBSTETRICAL AND NEONATAL SERVICES, CARDIAC SERVICES, GENERAL SURGERY, ORTHOPEDICS, RADIOLOGY AND EMERGENCY SERVICES

Identifier	ReturnReference	Explanation
	PART VI, LINE 5 (CONTINUED)	IN ADDITION TO BRICKS AND MORTAR INVESTMENTS, THE NORTHSIDE SYSTEM INVESTS A SUBSTANTIAL AMOUNT OF TIME AND RESOURCES IN PUBLIC HEALTH EDUCATION, PREVENTION AND SCREENING ACTIVITIES IN LOCAL COMMUNITIES THROUGHOUT ITS SERVICE AREA WHETHER HOSTING ITS OWN OUTREACH EVENT OR PARTNERING WITH A LOCAL COMMUNITY ORGANIZATION LIKE THE MARCH OF DIMES, AMERICAN CANCER SOCIETY OR THE AMERICAN HEART ASSOCIATION, NORTHSIDE IS DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF THE COMMUNITIES IT SERVES AS AN EXAMPLE OF THIS COMMITMENT, IN FISCAL YEAR 2011 MORE THAN 20,000 PEOPLE WERE REACHED THROUGH THE OUTREACH ACTIVITIES OF THE NORTHSIDE CANCER INSTITUTE THESE ACTIVITIES INCLUDED FREE PROSTATE AND SKIN CANCER SCREENINGS, NUMEROUS EDUCATIONAL SEMINARS AND SUPPORT GROUP ACTIVITIES NORTHSIDE ALSO SUPPORTS LOCAL COMMUNITY ORGANIZATIONS IN THEIR OUTREACH EFFORTS IN FISCAL YEAR 2011, NORTHSIDE SPONSORED THE MARCH OF DIMES MARCH FOR BABIES EVENT AND HAD A TEAM OF 600 WALKERS NORTHSIDE RAISED MORE THAN $475,000 FOR THE MARCH OF DIMES THROUGH EMPLOYEE DONATIONS, NORTHSIDE'S PREEMIE SUPPORT GROUP'S FUNDRAISING EFFORTS AND NORTHSIDE'S MATCHING FUNDS ALL OF THESE ACTIVITIES ARE IN FURTHERANCE OF NORTHSIDE'S MISSION TO IMPROVE THE HEALTH AND WELLNESS OF THE COMMUNITIES IT SERVES TO FOLLOW UP ON ITS COMMUNITY NEEDS ASSESSMENT, THE HOSPITAL ALSO ENGAGES IN RECRUITMENT EFFORTS DESIGNED TO ENSURE THAT SUFFICIENT QUALIFIED HEALTH PROFESSIONALS ARE AVAILABLE TO MEET THE IDENTIFIED COMMUNITY NEEDS THE 2010 PHYSICIAN NEED ANALYSIS INDICATED A NEED FOR HALF A FULL-TIME EMPLOYEE OR MORE IN NORTHSIDE HOSPITAL-FORSYTH'S SERVICE AREA FOR TWENTY-NINE (29) SPECIALTIES INCLUDING, AMONG OTHERS FAMILY AND INTERNAL MEDICINE, GYNECOLOGY, OB/GYN, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, GENERAL SURGERY, ORTHOPEDIC SURGERY AND NEUROSURGERY NORTHSIDE HOSPITAL-CHEROKEE'S 2010 PHYSICIAN NEED ANALYSIS PRODUCED SIMILAR RESULTS INDICATING A NEED FOR HALF AN FTE OR MORE IN THIRTY (30) SPECIALTIES INCLUDING, AMONG OTHERS FAMILY AND INTERNAL MEDICINE, GYNECOLOGY, OB/GYN, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, COLON AND RECTAL SURGERY AND UROLOGY BOTH HOSPITALS ARE CONCENTRATING RECRUITMENT EFFORTS ON THESE NEEDED SPECIALTIES NORTHSIDE WILL UPDATE THE PHYSICIAN COMMUNITY NEEDS ASSESSMENT IN 2012 THE SYSTEM'S MEDICAL STAFF IS ORGANIZED IN THE PUBLIC INTEREST WITH MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES OPEN AND AVAILABLE TO QUALIFIED PHYSICIANS IN THE COMMUNITY MANY OF THE PHYSICIANS ON STAFF ACROSS THE SYSTEM NOT ONLY PROVIDE NEEDED HEALTHCARE SERVICES TO THE COMMUNITY BUT ALSO VOLUNTEER THEIR TIME TO PARTICIPATE IN NORTHSIDE'S COMMUNITY BENEFIT PROGRAMS SUCH AS FREE HEALTH SCREENINGS AND PUBLIC SPEAKING ENGAGEMENTS ON A VARIETY OF HEALTH AND WELLNESS TOPICS AT NORTHSIDE HOSPITAL-CHEROKEE THERE ARE MORE THAN 400 PHYSICIANS IN MORE THAN 30 SPECIALTIES ON STAFF, MANY OF WHOM RESIDE IN THE COMMUNITY SERVED BY THE HOSPITAL NORTHSIDE HOSPITAL-ATLANTA AND NORTHSIDE HOSPITAL-FORSYTH HAVE A COMBINED MEDICAL STAFF OF MORE THAN 2,000 PHYSICIANS IN MORE THAN 30 SPECIALTIES, OF WHICH NEARLY 300 DESIGNATE NORTHSIDE HOSPITAL-FORSYTH AS THEIR PRIMARY CAMPUS NORTHSIDE HOSPITAL, INC HAD AN ELEVEN (11) MEMBER BOARD WITH DIVERSIFIED REPRESENTATION INCLUDING PHYSICIANS, COMMUNITY MEMBERS, BUSINESS LEADERS AND HOSPITAL ADMINISTRATION ALL MEMBERS OF THE BOARD RESIDED IN THE SYSTEM'S COUNTY-LEVEL PRIMARY SERVICE AREA THE HOSPITAL MAINTAINS A CONFLICTS OF INTEREST POLICY TO ENSURE THAT BOARD MEMBERS REMAIN THE COMMUNITY'S FIDUCIARIES BY RECUSING THEMSELVES FROM PARTICIPATING IN ANY DECISIONS IN WHICH THEY MAY HAVE A DIRECT OR INDIRECT VESTED INTEREST

Additional Data

Software ID:
Software Version:
EIN: 58-1954432
Name: NORTHSIDE HOSPITAL INC

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **28** Name and address	Type of Facility (Describe)
NORTHSIDEDUNWOODY CANCER CENTER 1155 HAMMOND DRIVE ATLANTA,GA 30328	CANCER CENTER
NORTHSIDE HOSPITAL OP CNTR MERIDIAN MARK 5445 MERIDIAN MARK ROAD ATLANTA,GA 30342	OUTPATIENT CENTER
NORTHSIDE HOSPITAL IMAGING AT PEACHTREE 5505 PEACHTREE-DUNWOODY RD STE 120 ATLANTA,GA 30342	IMAGING CENTER
NORTHSIDEINTERCHANGE PROF BLDG 5780 PEACHTREE DUNWOODY ROAD ATLANTA,GA 30342	OUTPATIENT CENTER
NORTHSIDE HOSPITAL DOCTORS CENTRE 960 980 JOHNSON FERRY ROAD ATLANTA,GA 30342	OUTPATIENT CENTER
NORTHSIDEALPHARETTA MEDICAL CAMPUS 3400A 3400C OLD MILTON PARKWAY ALPHARETTA,GA 30022	OUTPATIENT CENTER
NORTHSIDEEAST COBB IMAGING 1121 JOHNSON FERRY RD BLDG 1 STE 300 MARIETTA,GA 30068	IMAGING CENTER
MEDICAL TOWER AT NORTHSIDE HOSPITAL 5670 PEACHTREE-DUNWOODY ROAD ATLANTA,GA 30342	OUTPATIENT CENTER
NORTHSIDEHOLLY SPRINGS IMAGING 684 SIXES ROAD SUITE 100 HOLLY SPRINGS,GA 30115	IMAGING CENTER
PEDIATRIC IMAGING CNTR AT NSALPHARETTA 3300 OLD MILTON PARKWAY SUITE 150 ALPHARETTA,GA 30005	IMAGING CENTER
CARDIOVASCULAR PHYSICIAN'S OF N ATL 5885 GLENRIDGE DRIVE SUITE 225 ATLANTA,GA 30328	OUTPATIENT CENTER
CARDIOVASCULAR PHYSICIAN'S OF N ATL 1285 UPPER HEMBREE ROAD ROSWELL,GA 30076	OUTPATIENT CENTER
RIVERSTONE OUTPATIENT IMAGING CENTER 15 REINHARDT COLLEGE PKWY STE 104 CANTON,GA 30114	IMAGING CENTER
CHEROKEE MEDICAL OFFICE BLDG TOWNELAKE 100 STONE FOREST DRIVE SUITE 120 WOODSTOCK,GA 30189	OUTPATIENT CENTER
NORTHSIDEJOHNS CREEK IMAGING 3890 JOHNS CREEK PARKWAY STE 100 SUWANEE,GA 30024	IMAGING CENTER
NORTHSIDEMEDLOCK MEDICAL IMAGING 11459 JOHNS CREEK PARKWAY STE 120 JOHNS CREEK,GA 30097	IMAGING CENTER
NS HOSPITALALPHARETTA CANCER CNTR 2705 OLD MILTON PKWY SUITE B ALPHARETTA,GA 30009	CANCER CENTER
NORTHSIDEDAWSONVILLE IMAGING 200 DAWSONVILLE COMMONS CIR STE 220 DAWSONVILLE,GA 30534	IMAGING CENTER
NORTHSIDE MENTAL HEALTH CENTER 1140 HAMMOND DRIVE SUITE J1075 ATLANTA,GA 30328	OUTPATIENT CENTER
VISTAS SANDY SPRINGS 183 MYSTIC PLACE ATLANTA,GA 30342	OUTPATIENT CENTER
NORTH CRESCENT WOMEN'S IMAGING 11975 MORRIS ROAD SUITE 120 ALPARETTA,GA 30005	IMAGING CENTER
VISTAS ALPHARETTA 100 NORTH MAIN STREET ALPHARETTA,GA 30004	OUTPATIENT CENTER
SANDY SPRINGS OUTPATIENT SURGERY 975 JOHNSON FERRY ROAD SUITE 160 ATLANTA,GA 30342	OUTPATIENT CENTER
CHEROKEE CANCER CENTER 1200 OAKSIDE DRIVE CANTON,GA 30114	CANCER CENTER
SURGERY CENTERS OF GEORGIA LLC 220 HOSPITAL ROAD CANTON,GA 30114	OUTPATIENT CENTER
DUNWOODY OUTPATIENT SURGERY CENTER 4553 N SHALLOWFORD RD STE 60C DUNWOODY,GA 30338	OUTPATIENT CENTER
ATLANTA ORTHOPEDIC SPECIALISTS 1163 JOHNSON FERRY RD STE 200 MARIETTA,GA 30068	OUTPATIENT CENTER
NORTHSIDE HOSPITAL FORSYTH MOB 1100 1400 1505 NORTHSIDE FORSYTH DR CUMMING,GA 30041	OUTPATIENT CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MARCH OF DIMES FOUNDATION1275 MAMORONECK AVENUE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	304,075				GENERAL SUPPORT
(2) AMERICAN CANCER SOCIETYPO BOX 56566 ATLANTA,GA 30343	13-1788491	501(C)(3)	75,200				GENERAL SUPPORT
(3) AMERICAN HEART ASSOCIATION1101 NORTHCHASE PKWY SUITE 1 MARIETTA,GA 30067	13-5613797	501(C)(3)	45,000				GENERAL SUPPORT
(4) ARTHRITIS FOUNDATION2970 PEACHTREE ROAD NW ATLANTA,GA 30305	58-6011830	501(C)(3)	50,000				GENERAL SUPPORT
(5) FREEMANVILLE CHRISTIAN SCHOOL INC 2765 BETHANY BEND ALPHARETTA,GA 30004	58-2600863	501(C)(3)	150,000				BASEBALL COMPLEX
(6) GEORGIA STATE125 DECATUR STREET ATLANTA,GA 30303	58-6033185	501(C)(3)	75,000				GENERAL SUPPORT
(7) GREATER NORTH FULTON CHAMBER OF COMMERCE11605 HAYNES BRIDGE ROAD ALPHARETTA,GA 30004	58-1157316	501(C)(3)	60,000				GENERAL SUPPORT
(8) NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE2001 MARTIN LUTHER KING DRIVE ATLANTA,GA 30310	58-0812615	501(C)(3)	50,000				GENERAL SUPPORT
(9) OVARIAN CANCER INSTITUTE960 JOHNSON FERRY ROAD SUITE 130 ATLANTA,GA 30332	58-2445245	501(C)(3)	72,000				GENERAL SUPPORT
(10) WELLNESS COMMUNITY5775 PEACHTREE DUNWOODY ROAD ATLANTA,GA 30342	58-2142151	501(C)(3)	499,142				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 10

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP / EDUCATIONAL ASSISTANCE	7	63,065			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT T QUATTROCCHI	(i)	1,093,546	1,000,000	17,261	0	6,077	2,116,884	0
	(ii)	0	0	0	0	0	0	0
(2) DEBORAH S MITCHAM	(i)	355,285	71,801	5,597	0	10,904	443,587	0
	(ii)	0	0	0	0	0	0	0
(3) JORGE J HERNANDEZ	(i)	261,849	60,801	4,462	0	1,094	328,206	0
	(ii)	0	0	0	0	0	0	0
(4) TINA WAKIM	(i)	401,708	112,598	11,646	0	1,128	527,080	0
	(ii)	0	0	0	0	0	0	0
(5) ROBERT PUTNAM	(i)	348,176	84,576	16,689	0	4,900	454,341	0
	(ii)	0	0	0	0	0	0	0
(6) SUSAN SOMMERS	(i)	299,528	45,478	7,254	0	4,844	357,104	0
	(ii)	0	0	0	0	0	0	0
(7) WAYNE CHIU MD	(i)	274,290	83,036	5,279	0	10,904	373,509	0
	(ii)	0	0	0	0	0	0	0
(8) BENEDICT BENIGNO MD	(i)	446,745	123,000	14,291	0	5,376	589,412	0
	(ii)	0	0	0	0	0	0	0
(9) WILLIAM HAYES	(i)	295,556	56,039	5,458	0	6,077	363,130	0
	(ii)	0	0	0	0	0	0	0
(10) JANIS DUBOW	(i)	253,917	37,471	13,106	0	4,128	308,622	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	ON OCCASION, CERTAIN BENEFITS, SUCH AS LONG TERM DISABILITY PREMIUMS, ARE GROSSED UP FOR SELECTED EMPLOYEES
	PART I, LINE 4B	NORTHSIDE HOSPITAL, INC 'S CEO HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH INCLUDES VARIOUS COMPONENTS, NONE OF WHICH NORTHSIDE CONSIDERS TO BE DEFERRED COMPENSATION FOR TAX REPORTING PURPOSES SERP PAYMENTS ARE PERIODIC IN NATURE AND THE CEO RECEIVED A PAYMENT DURING THE REPORTING PERIOD THE CEO IS ELIGIBLE FOR AN ANNUAL INCENTIVE WHICH INCLUDES VARIOUS MEASUREMENTS FOR ACHIEVEMENTS OF QUALITY, OPERATIONAL, FINANCIAL, AND STRATEGIC TARGETS THE COMPENSATION COMMITTEE DETERMINES THE INCENTIVE PLAN AND APPROVES THE PAYMENTS/CALCULATIONS IN ACCORDANCE WITH THE PLAN, ANNUALLY

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY OF FULTON COUNTY	58-1033907	360053GU0	12-16-2003	30,000,000	CAPITAL IMPROVEMENTS		X		X		X
B	HOSPITAL AUTHORITY OF FULTON COUNTY	58-1033907	360053GV8	12-16-2003	20,000,000	CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,000,000	20,000,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	375,000	250,000		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	29,625,000	19,750,000		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2006	2006		
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	No: X	No: X		
15	Were the bonds issued as part of an advance refunding issue?	No: X	No: X		
16	Has the final allocation of proceeds been made?	Yes: X	Yes: X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes: X	Yes: X		

Part III Private Business Use

		A	B	C	D
		Yes / No	Yes / No	Yes / No	Yes / No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	No: X	No: X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	No: X	No: X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X					
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X				
b	Name of provider	WACHOVIA BANK							
c	Term of hedge	14 830000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) RACHEL BEARMAN	DALE BEARMAN, NSH BOARD MEMBER, IS A FAMILY MEMBER OF RACHEL BEARMAN	10,000

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1) ATLANTA PERINATAL CONSULTANTS LLP	LAWRENCE STONE, M D , NSH BOARD MEMBER/PARTNER ATLANTA PERINATAL CONS	1,848,395	LAWRENCE STONE, M D , MEMBER OF THE NSH, INC BOARD OF DIRECTORS, IS A PARTNER IN ATLANTA PERINATAL CONSULTANTS, WHICH PROVIDES MEDICAL SERVICES TO NSH, INC TRANSACTIONS ARE CONDUCTED AT ARMS-LENGTH		No
(2) NORTHSIDE ANESTHESIOLOGY CONSULTANTS LLC	DOUGLAS SMITH, M D , NSH BOARD MEMBER/KEY EMPLOYEE NS ANESTHESIOLOGY CONS	695,814	DOUGLAS SMITH, M D , MEMBER OF THE NSH, INC BOARD OF DIRECTORS, IS A KEY EMPLOYEE OF NORTHSIDE ANESTHESIOLOGY CONSULTANTS, LLC, WHICH PROVIDES MEDICAL SERVICES TO NSH, INC TRANSACTIONS WITH THIS ENTITY ARE CONDUCTED AT ARMS-LENGTH AND ARE REPRESENTATIVE OF PAYMENTS FOR PROVISION OF ON-CALL PHYSICIAN SERVICES TO THE COMMUNITY WHICH NSH SERVES		No
(3) J BRYAN WHITLEY	ROBERT E WHITLEY, NSH BOARD MEMBER/FAMILY MEMBER TO J BRYAN WHITLEY	66,366	ROBERT E WHITLEY, MEMBER OF THE NSH, INC BOARD OF DIRECTORS, IS A FAMILY MEMBER TO J BRYAN WHITLEY, WHO IS AN EMPLOYEE OF NSH, INC		No
(4) MEDLOCK MEDICAL LLC	DALE M BEARMAN, M D , NSH BOARD MEMBER/MEDLOCK MEDICAL, LLC OWNER	401,235	DALE M BEARMAN, M D , MEMBER OF THE NSH, INC BOARD OF DIRECTORS, HAS A GREATER THAN 5% OWNERSHIP INTEREST IN MEDLOCK MEDICAL, LLC, WHICH PROVIDES RENTAL SPACE TO NSH, INC TRANSACTIONS WITH THIS ENTITY ARE CONDUCTED AT ARMS-LENGTH		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		NORTHSIDE HEALTH SERVICES, THE PARENT ENTITY, ELECTS ALL THE MEMBERS OF THE GOVERNING BODY FOR NORTHSIDE HOSPITAL, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		NORTHSIDE HEALTH SERVICES, THE PARENT ENTITY, ELECTS ALL THE MEMBERS OF THE GOVERNING BODY FOR NORTHSIDE HOSPITAL, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		NORTHSIDE HEALTH SERVICES, THE PARENT ENTITY, MUST APPROVE BY LAW REVISIONS AND REVISIONS OF THE ARTICLES OF INCORPORATION FOR NORTHSIDE HOSPITAL, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS PREPARED BY AN UNRELATED AND INDEPENDENT ACCOUNTANT USING DETAILED FINANCIAL STATEMENTS SUPPORTED BY A CONSOLIDATED AUDIT (ALSO PREPARED BY OUTSIDE, INDEPENDENT AUDITORS) NORTHSIDE FINANCIAL LEADERSHIP, INCLUDING THE SYSTEM CONTROLLER AND CFO, PERFORM A DETAILED REVIEW OF THE 990 AND SIGN-OFF ON THE RETURNS BEFORE THEY ARE FILED OUTSIDE COUNSEL REVIEWS SEVERAL SECTIONS AT NORTHSIDE'S REQUEST FINAL RETURNS AND ALL ASSOCIATED SCHEDULES ARE THEN REVIEWED BY THE CHAIRMAN OF THE FINANCE & AUDIT COMMITTEE OF THE BOARD OF NORTHSIDE HOSPITAL, INC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A DISCLOSURE QUESTIONNAIRE ANNUALLY, IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY NORTHSIDE'S LEGAL SERVICES DEPARTMENT REVIEWS CONTRACTS WITH OTHER CARE PROVIDERS, EDUCATIONAL INSTITUTIONS, MANUFACTURERS AND PAYORS TO DETERMINE WHETHER CONFLICTS OF INTEREST EXIST AND WHETHER THEY ARE WITHIN LAW AND REGULATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO AND KEY EMPLOYEES, A COMPENSATION STUDY, INCLUDING PEER ORGANIZATIONS, IS COMPLETED BY AN INDEPENDENT COMPENSATION CONSULTANT THIS INFORMATION IS SHARED WITH THE COMPENSATION COMMITTEE INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE DELIBERATE AND DETERMINE THE COMPENSATION OF THE CEO AND APPROVE THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES RECORDS ARE RETAINED OF THESE DECISIONS THE CEO'S FINAL WRITTEN EMPLOYMENT CONTRACT MUST BE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE CORPORATE GOVERNANCE DOCUMENTS (SPECIFICALLY ALL ARTICLES OF INCORPORATION DOCUMENTS) ARE MADE AVAILABLE ON THE GEORGIA SECRETARY OF STATE WEBSITE. THE AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE FORM 990 AND ARE THEREFORE OPEN FOR PUBLIC DISCLOSURE VIA GUIDESTAR ORG. OUR CONFLICT OF INTEREST POLICY IS MADE AVAILABLE ON OUR INTRANET, TO NORTHSIDE EMPLOYEES, BUT IS NOT AVAILABLE TO THE PUBLIC. WHEN AND IF APPROPRIATE REQUESTS ARE MADE BY THE PUBLIC, WE EVALUATE DISCLOSURE ON A CASE-BY-CASE BASIS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,322,683 CHANGE IN PENSION 53,864,331 OTHER CHANGES IN NET ASSETS -2,465 DEFERRED GRANT REVENUE -81,878 TOTAL TO FORM 990, PART XI, LINE 5 49,457,305

Identifier	Return Reference	Explanation
	COMMUNITY BENEFITS REPORT - FISCAL YEAR 2011	NORTHSIDE HOSPITAL IS COMMITTED TO THE HEALTH AND WELLNESS OF OUR COMMUNITY AS SUCH, WE D EDICATE OURSELVES TO BEING A CENTER OF EXCELLENCE IN PROVIDING HEALTH CARE OF THE HIGHEST QUALITY WE PLEDGE COMPASSIONATE SUPPORT, PERSONAL GUIDANCE AND UNCOMPROMISING STANDARDS T O OUR PATIENTS IN THEIR INDIVIDUAL JOURNEYS TOWARD HEALTH OF BODY AND MIND TO ENSURE INNO VATIVE AND UNSURPASSED CARE FOR OUR PATIENTS, WE ARE DEDICATED TO MAINTAINING OUR POSITION AS REGIONAL LEADERS IN SELECT MEDICAL SPECIALTIES AND TO ENHANCE THE WELLNESS OF OUR COM MUNITY, WE COMMIT OURSELVES TO PROVIDING A DIVERSE ARRAY OF EDUCATIONAL AND OUTREACH PROGR AMS IN ADDITION TO PROVIDING HOSPITAL-BASED MEDICAL SERVICES, NORTHSIDE HOSPITAL PROVIDES A NUMBER OF COMMUNITY-BASED SERVICES, DESIGNED TO IMPROVE THE HEALTH OF AREA RESIDENTS W ORKING WITH VARIOUS ORGANIZATIONS, HOSPITAL EMPLOYEES AND MEDICAL STAFF, NORTHSIDE PARTICI PATES IN HEALTH EDUCATION AND SCREENINGS AS WELL AS PROVIDES SUPPORT ACTIVITIES FOR INDIVI DUALS IN THE COMMUNITY, WHO ARE LIVING WITH A SERIOUS OR CHRONIC HEALTH CONDITION A NOT-F OR-PROFIT COMMUNITY-FOCUSED RESOURCE NORTHSIDE HOSPITAL, INC , AS A NOT-FOR-PROFIT ENTITY, REINVESTS EXCESS REVENUES (OVER EXPENSES) TO ENHANCE THE SYSTEM'S CAPACITY TO DELIVER HIG H-QUALITY HEALTH CARE TO THE COMMUNITIES IT SERVES THESE RESOURCES PROVIDE FOR A LONG-TER M FOCUS ON THE RECRUITMENT AND RETENTION OF OUTSTANDING MEDICAL PROFESSIONALS, ENHANCED RE SEARCH AND TECHNOLOGIES, AND NEW FACILITIES AND SERVICES IN ADDITION, SUCH RESOURCES ENAB LE THE SYSTEM TO PROVIDE NUMEROUS OTHER SERVICES THAT BENEFIT THE COMMUNITY THE INFORMATI ON PRESENTED IN THIS REPORT DEMONSTRATES THE LEVEL OF COMMUNITY SERVICE AND BENEFITS THAT WE HAVE PROVIDED TO THE COMMUNITIES WE SERVE DURING FISCAL YEAR 2011 - OCTOBER 1, 2010 THR OUGH SEPTEMBER 30, 2011 TO BENEFIT OUR COMMUNITIES NORTHSIDE HOSPITAL DEFINES COMMUNITY B ENEFIT AS SERVICES AND ACTIVITIES THAT ADDRESS COMMUNITY HEALTH NEEDS PRIMARILY THROUGH DI SEASE PREVENTION, HEALTH PROMOTION AND EDUCATION, IMPROVING ACCESS TO SERVICES AND WORKING WITH OTHERS TO IMPROVE INDIVIDUAL AND COMMUNITY HEALTH STATUS COMMUNITY BENEFIT ACTIVITI ES HIGHLIGHTED IN THIS REPORT INCLUDE - CHARITY CARE - SERVICES AND MEDICAL SPECIALTIES - EDUCATION FOR COMMUNITY HEALTH - BROAD-BASED COMMUNITY OUTREACH/SPECIAL EVENTS - CONTINUI NG MEDICAL EDUCATION - COMMUNITY SERVICE ACTIVITIES CHARITY CARE NORTHSIDE HOSPITAL TREATS ALL PATIENTS, REGARDLESS OF AGE, SEX, CREED, RACE, NATIONAL ORIGIN OR SOURCE OF PAY MENT ALL PATIENTS ARE TREATED EQUALLY WITH REGARD TO CHARGES, BED ASSIGNMENTS AND MEDICAL CARE, REGARDLESS OF ABILITY TO PAY NORTHSIDE HOSPITAL PROVIDES CARE WITHOUT CHARGE, OR AT DISC OUNTED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA SUCH CASES ARE NOT REPORTED AS REVENU E OR LISTED AS ACCOUNTS RECEIVABLE WE MAINTAIN RECORDS TO IDENTIFY AND MONITOR THE INDIGE NT AND CHARITY CARE WE PROVIDE THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SE RVICES AND SUPPLIES PROVIDED UNDER THE CHARITY CARE POLICY DURING FISCAL YEAR 2011, THE C OST OF INDIGENT AND CHARITY CARE PROVIDED BY NORTHSIDE HOSPITAL WAS APPROXIMATELY $39 5 MI LLION THE COST OF UNCOMPENSATED CARE INCLUDING INDIGENT AND CHARITY CARE AND UNCOLLECTED ACCOUNTS REPRESENTED APPROXIMATELY $60 5 MILLION SERVICES AND MEDICAL SPECIALTIES WOMEN'S SERVICES AND MATERNITY EDUCATION THE LIFETIME MAGAZINE IS A 16-PAGE HEALTH PUBLICATION FO R WOMEN AGES 30-65 THE FREE PUBLICATION FOCUSES ON FAMILY HEALTH AND IS PUBLISHED THREE T IMES A YEAR EACH ISSUE IS MAILED TO APPROXIMATELY 367,000 HOUSEHOLDS WITH AN ADDITIONAL 2 3,000 WIDELY DISTRIBUTED AT THE HOSPITAL, PHY SICIAN OFFICES AND THROUGHOUT THE COMMUNITY IT ALSO IS AVAILABLE VIA THE HOSPITAL'S WEBSITE, WWW NORTHSIDE COM THE NORTHSIDE HOSPITAL MOTHERSFIRST PROGRAM IS A VALUABLE RESOURCE TO WOMEN, WHO ARE ALREADY PREGNANT OR CONSIDE RING BECOMING PREGNANT MOTHERSFIRST OFFERS PERTINENT EDUCATION, CLASSES, SUPPORT GROUPS, HOSPITAL TOURS AND OTHER SERVICES FOR WOMEN THROUGHOUT THE MANY STAGES OF THEIR CHILDBEARI NG YEARS, FROM EARLY PREGNANCY THROUGH THE EARLY CHILDHOOD OF THEIR BABY IN FISCAL YEAR 2 011, MOTHERSFIRST REACHED 26,800 PEOPLE THROUGH THE MORE THAN 2,000 CLASSES AND 1,400 HOSP ITAL TOURS THAT THE GROUP OFFERED THROUGHOUT THE YEAR SUPPORT GROUPS OFFER PATIENTS AND T HE COMMUNITY A WAY TO COPE WITH THE ISSUES THEY FACE WITH THE COMFORT OF KNOWING THAT THER E ARE OTHERS THERE TO HELP NORTHSIDE OFFERS VARIOUS SUPPORT GROUPS FOR WOMEN, CONDUCTED A T THE HOSPITALS AND SUPPORTED BY VARIOUS STAFF MEMBERS WHO ORGANIZE, LECTURE AND FACILITAT E - MOM-ME CONNECTION OFFERS BREASTFEEDING SUPPORT FOR NEW MOMS TWO GROUPS MEET EACH WEE K AT NORTHSIDE'S CAMPUSES IN SANDY SPRINGS AND ALPHARETTA, WITH APPROXIMATELY 32 MOMS IN A TTENDANCE - THE SPECIAL CARE NURSERY (SCN) SUPPORT GROUP IS A GROUP FOR PARENTS WHO HAVE BABIES CURRENTLY IN THE SCN APPROXIMATELY 4-6 FAMILIES ATTENDED THE GROUP EACH WEEK IN 20 11 - CARING AND COPING IS A SUPPORT GROUP FOR PAR

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	COMMUNITY BENEFITS REPORT - FISCAL YEAR 2011	ENTS AND GRANDPARENTS WHO HAVE LOST A BABY DUE TO MISCARRIAGE, ECTOPIC PREGNANCY, STILLBIR TH, AND NEWBORN DEATH MEETINGS ARE HELD ONCE A MONTH APPROXIMATELY 20-30 PEOPLE ATTENDED EACH MEETING IN 2011 - PREGNANCY AFTER LOSS IS A GROUP FOR THOSE WHO ARE EXPERIENCING A SUBSEQUENT PREGNANCY FOLLOWING THE LOSS OF A BABY MEETINGS ARE HELD ONCE A MONTH AND HAVE ONE FACILITATOR APPROXIMATELY EIGHT PEOPLE ATTENDED EACH MEETING IN 2011 - LOSS IN MULT IPLE BIRTH GROUP IS A GROUP FOR THOSE WHO HAVE LOST ONE OR MORE MULTIPLES MEETINGS ARE HE LD ONCE A MONTH AND HAVE ONE FACILITATOR APPROXIMATELY 5-10 PEOPLE ATTENDED EACH MEETING IN 2011 - H E A R T STRINGS LUNCH BUNCH IS A GROUP FOR FAMILIES WHO ARE EITHER EXPECTING A BABY WITH A LIFE-LIMITING DIAGNOSIS OR WHO HAVE DELIVERED A BABY WHO HAS PASSED AWAY FR OM A LIFE-LIMITING DIAGNOSIS MEETINGS ARE HELD ONCE A MONTH AND HAVE ONE FACILITATOR APP ROXIMATELY 3-6 PEOPLE ATTENDED EACH MEETING IN 2011 CANCER CARE PROGRAM IN 2011, THE CANC ER CARE PROGRAM AT NORTHSIDE HOSPITAL CONTINUED ITS COMMITMENT TO THE COMMUNITY THROUGH NU MEROUS OUTREACH ACTIVITIES AND PARTNERSHIPS, REACHING 20,257 PEOPLE. NORTHSIDE PROVIDED SK IN, PROSTATE AND BREAST CANCER SCREENINGS TO 932 PEOPLE DURING FISCAL YEAR 2011 - FOUR FR EE PROSTATE CANCER SCREENINGS TOOK PLACE, REACHING 257 PARTICIPANTS, A 6 PERCENT INCREASE OVER 2010 TWENTY-SIX MEN WERE RECOMMENDED FOR MEDICAL FOLLOW UP AS A RESULT OF SUSPICIOUS FINDINGS - THREE FREE SKIN CANCER SCREENINGS WERE HELD IN MAY, RESULTING IN 300 PARTICIP ANTS, AN 18 PERCENT INCREASE OVER 2010 ONE-HUNDRED-TWENTY PEOPLE WERE RECOMMENDED FOR FOL LOW-UP TREATMENT BECAUSE OF ABNORMAL FINDINGS IN APRIL, NORTHSIDE HOSTED A THREE-HOUR CLA SS CALLED, "INTERACTIVE EXERCISE IN CULTURAL DIVERSITY," PRESENTED BY THE REV DR TERESA SNORTON, EXECUTIVE DIRECTOR FOR THE ASSOCIATION OF CLINICAL PASTORAL EDUCATION APPROXIMAT ELY 40 NORTHSIDE HOSPITAL STAFF AND COMMUNITY PARTNERS ATTENDED THE LECTURE. CHECK IT OUT' IS A COLLABORATIVE EFFORT WITH THE GREATER ATLANTA HADASSAH, WHICH PROVIDES BREAST HEALTH EDUCATION TO HIGH SCHOOL JUNIOR AND SENIOR GIRLS, TEACHING THEM PROPER BREAST SELF-EXAM T ECHNIQUE, THE IMPORTANCE OF EARLY DETECTION AND ABOUT RISK FACTORS SCHOOLS IN COBB, FULTO N, GWINNETT AND DEKALB COUNTIES HAVE ACCEPTED THE PROGRAM AS PART OF THEIR HEALTH CURRICUL UM IN 2011, THE PROGRAM WAS PRESENTED TO APPROXIMATELY 728 WOMEN COLORECTAL CANCER EDUCA TION WAS PROVIDED ON ALL THREE NORTHSIDE CAMPUSES DURING COLON CANCER AWARENESS MONTH (MAR CH) NEARLY 500 PEOPLE BENEFITED FROM ONE-ON-ONE EDUCATION ABOUT THE IMPORTANCE OF COLOREC TAL SCREENING AND SY MPTOMS OF THE DISEASE. NORTHSIDE ALSO COLLABORATED WITH OTHER COMMUNIT Y AGENCIES AND PROVIDED EDUCATION AT THE SUPER COLON EVENT IN CENTENNIAL OLY MPIC PARK ANO THER 13,173 PEOPLE RECEIVED CANCER EDUCATION, ACROSS ALL SPECIALTIES, THROUGH A VARIETY OF OTHER COMMUNITY EDUCATION AND OUTREACH PROGRAMS THROUGHOUT THE YEAR

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		NORTHSIDE HOSPITAL PARTNERS WITH THE CANCER SUPPORT COMMUNITY - ATLANTA (CSC ATLANTA) TO P ROVIDE PSYCHOSOCIAL AND EDUCATIONAL SUPPORT TO CANCER PATIENTS, SURVIVORS AND THEIR FAMILI ES AND FRIENDS THE ORGANIZATION PROVIDES SUPPORT GROUPS FACILITATED BY LICENSED PSYCHOTHE RAPISTS AND A VARIETY OF EDUCATIONAL WORKSHOPS, STRESS REDUCTION CLASSES AND SOCIAL EVENTS TO HELP PARTICIPANTS LEARN THAT THEY ARE NOT ALONE IN THEIR FIGHT FOR RECOVERY PROGRAMS ARE AVAILABLE IN ATLANTA, FORSYTH AND CHEROKEE IN 2011, THERE WERE 4,289 VISITS BY NORTHS IDE HOSPITAL PATIENTS TO CSC ATLANTA, A 5 8 PERCENT INCREASE OVER 2010 APPROXIMATELY 4 PE RCENT OF THE PATIENTS WERE NEW TO CSC ATLANTA WITH TWO GRANTS AWARDED TO THE HOSPITAL, NO RTHSIDE WAS ABLE TO BETTER ASSIST UNINSURED WOMEN WITH SCREENING MAMMOGRAPHY AND DIAGNOSTI C SERVICES ONE GRANT FROM SUSAN G KOMEN FOR THE CURE HELPED 355 WOMEN, WHO LIVE WITHIN 1 0 METRO ATLANTA COUNTIES ANOTHER GRANT FROM IT'S THE JOURNEY SERVED 34 WOMEN, WHO LIVE OU TSIDE OF METRO ATLANTA IN ADDITION TO SCREENING MAMMOGRAPHY AND DIAGNOSTIC SERVICES, IT'S THE JOURNEY ALSO PROVIDED $15,000 IN GRANT MONEY FOR NORTHSIDE'S HEREDITARY CANCER PROGRA M FOURTEEN PATIENTS WERE SERVED THE NETWORK OF HOPE IS A NETWORK OF CANCER SURVIVORS, WH O VOLUNTEER TO SUPPORT NEWLY DIAGNOSED PATIENTS THROUGH SHARING, STRENGTH AND SUPPORT THE Y ALSO ASSIST WITH COMMUNITY EDUCATION WITH 34 VOLUNTEERS IN 2011, NETWORK OF HOPE VOLUNT EERS CONTRIBUTED APPROXIMATELY 2,927 HOURS OF THEIR TIME AND ASSISTED WITH 1,135 PATIENT E NCOUNTERS HEART HEALTH IN MAY, NORTHSIDE HOSPITAL HOSTED TWO FREE COMMUNITY STROKE SCREEN INGS - IN ATLANTA AND FORSYTH APPROXIMATELY 147 PEOPLE WERE SCREENED FOR STROKE RISK FACT ORS TWO STROKE SUPPORT GROUPS FOR STROKE SURVIVORS AND THEIR FAMILIES MEET MONTHLY AT NOR THSIDE'S ALPHARETTA CAMPUS THE GROUPS HOST SPEAKERS AND PROVIDE NETWORKING AND SOCIAL SUP PORT FOR STROKE SURVIVORS AND THEIR FAMILIES APPROXIMATELY 25 PEOPLE ATTENDED THE GROUPS IN 2011 NORTHSIDE HOSPITAL-CHEROKEE OFFERS A FREE DIABETES SUPPORT GROUP FOR ANY ONE CURRE NTLY SUFFERING FROM DIABETES AND NEEDING MORAL SUPPORT, CLINICAL INFORMATION, GUIDANCE OR ADVICE ABOUT LIVING WITH DIABETES IS ENCOURAGED TO ATTEND THE GROUP MEETS MONTHLY APPROX IMATELY 10 PEOPLE ATTENDED IN 2011 REHABILITATION SERVICES NURSES AND PHYSICAL THERAPISTS OFFER FREE PRE-OPERATIVE CLASSES TO ANY ONE CONSIDERING OR PLANNING TOTAL HIP AND KNEE REP LACEMENTS OR BACK AND NECK SURGERY PATIENTS AND THEIR FAMILIES LEARN WHAT TO EXPECT DURIN G THEIR HOSPITALIZATION AND THROUGHOUT RECOVERY IN 2011, APPROXIMATELY 415 PEOPLE PARTICI PATED IN THESE CLASSES IN ATLANTA AND FORSYTH BARIATRIC SURGERY NORTHSIDE HOSTS MONTHLY W EIGHT LOSS INFORMATIONAL SEMINARS FOR THE COMMUNITY TO DISCUSS THE TYPES OF SURGERY AVAILA BLE, THE PROS AND CONS OF SURGERY, THE SCREENING PROCESS, PRE AND POST-OPERATIVE REQUIREME NTS AND WHAT TO EXPECT AT THE HOSPITAL IN 2011, 114 PEOPLE ATTENDED 51 SEMINARS SUPPORT GROUPS ALSO ARE HELD EACH MONTH FOR PATIENTS WHO HAVE UNDERGONE (OR ARE CONSIDERING) BARIA TRIC SURGERY TWO GROUPS ARE HELD (IN ATLANTA AND FORSYTH) FOR ANY BARIATRIC PATIENT, PRE OR POST SURGERY A THIRD GROUP IS HELD IN ATLANTA FOR PATIENTS MORE THAN ONE YEAR POST SUR GERY IN ALL, 789 PEOPLE ATTENDED BARIATRIC SUPPORT GROUPS IN 2011 SUPPORT SERVICES THE N ORTHSIDE HOSPITAL AUXILIARIES ADD A SPECIAL CARING TOUCH AS THEY INTERACT WITH PATIENTS AN D FAMILIES THROUGHOUT NORTHSIDE'S THREE HOSPITALS APPROXIMATELY 660 VOLUNTEERS, RANGING I N AGE FROM 14 TO 99, ANNUALLY GIVE MORE THAN 125,370 HOURS OF SERVICE IN 2011, THE AUXILI ARIES RAISED MORE THAN $356,925 FOR HOSPITAL AND COMMUNITY PROJECTS IN ADDITION TO THE RE GULAR VOLUNTEERS, TEENAGERS (AGES 14-18), FROM ALL OF THE SURROUNDING COUNTIES AND SCHOOL SY STEMS, VOLUNTEERED THEIR TIME DURING THE SUMMER TO HELP OUT PATIENTS AND STAFF, GAINING INVALUABLE EXPERIENCE IN THE PROCESS IN 2011, THERE WERE 236 TEENS, WORKING IN 20+ AREAS AND GIVING 9,727 HOURS TWO LUNCH 'N LEARNS AND ONE VOLUNTEEN CONFERENCE ALSO WERE HELD AT THE ATLANTA CAMPUS, WHICH WERE ATTENDED BY 30 TEENS NORTHSIDE HOSPITAL OPERATES A CALL C ENTER TO TAKE PHONE REGISTRATIONS FOR CLASSES AND FOR FREE PHYSICIAN REFERRAL IN 2011, TH E CALL CENTER TOOK 12,000 CALLS FOR CLASS REGISTRATION AND 8,670 CALLS FOR PHYSICIAN REFER RAL IT ALSO MADE 22,000 QUALITY ASSESSMENT CALLS TO FORMER PATIENTS IN ADDITION TO THE S UPPORT THAT OUR CHAPLAINCY DEPARTMENT PROVIDES TO STAFF AND PATIENTS, THEY ALSO ASSIST COM MUNITY SPIRITUAL LEADERS AND CLERGY WHO VISIT THE HOSPITAL AND ARE CALLED ON FREQUENTLY TO PROVIDE BOTH EDUCATION AND SUPPORT TO COMMUNITY AGENCIES AND AREA CHURCHES RECENT EXAMPL ES OF THIS INCLUDE - PROVIDING EDUCATIONAL PROGRAMS ABOUT SPIRITUALITY AND HEALTH, GRIEF, END-OF-LIFE CONCERNS, FAMILY DYNAMICS IN HOSPITAL PASTORAL CARE, ADVANCE DIRECTIVES AND M ORE TO COMMUNITY AND VARIOUS RELIGIOUS GROUPS, STEPHENS MINISTERS' GROUPS, THE KIWANIS CLU B OF CUMMING, AND EDUCATIONAL ARTICLES ABOUT SPIRI

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		TUALITY AND HEALTH AND CHAPLAINCY IN COMMUNITY AND PROFESSIONAL PUBLICATIONS - ONE OF OUR CHAPLAINS PARTICIPATED IN THE LEADERSHIP FORSYTH (LF) CLASS OF 2011 BETWEEN JANUARY AND M AY 2011 HE ALSO ACTS AS A LOGISTICS COORDINATOR, SUPPORTING THE LF CLASS OF 2012 - PARTI CIPATING IN THE FORSYTH COUNTY MINISTERIAL ASSOCIATION - MEETING WITH CLERGY EVERY MONTH F OR A LUNCH SPONSORED BY NORTHSIDE HOSPITAL-FORSYTH - PLANNING COMMUNITY THANKSGIVING SERV ICES - PARTICIPATING IN THE UNITED WAY WORK DAY - OFFERING FOUR BEREAVEMENT SUPPORT GROU PS EACH YEAR THAT ARE OPEN TO MEMBERS OF THE COMMUNITY, AS WELL AS THOSE SERVED BY NORTHSI DE HOSPITAL OR NORTHSIDE EMPLOYEES THE GROUP MEETS ONCE A MONTH FOURTEEN PEOPLE ATTENDED THE GROUPS IN 2011 - PARTICIPATING THE GEORGIA CRISIS CONSORTIUM, RED CROSS AND NUMEROUS OTHER CHARITABLE OR HELPING ORGANIZATIONS NORTHSIDE'S HEALTH RESOURCE CENTER, OR THE MED ICAL LIBRARY, IS OPEN TO THE COMMUNITY AND HOME TO A VAST COLLECTION OF HIGH-QUALITY MEDIC AL INFORMATION AND RESOURCES INCLUDING BOOKS, JOURNALS AND VIDEOTAPES AVAILABLE FOR CHECKO UT INTERNET ACCESS AND CONSUMER HEALTH INFORMATION DATABASES ALSO ARE AVAILABLE THE LAUG HING LIBRARY CONSISTS OF A VARIETY OF VIDEOTAPES (DRAMA, HUMOR, EDUCATIONAL AND SUSPENSE) AND VCRS THAT CAN BE CHECKED OUT OVERNIGHT TO PATIENTS AND THEIR FAMILIES SPECIAL AUDIOCA SSETTES FEATURING RELAXATION TECHNIQUES AND PORTABLE CASSETTE PLAYERS ALSO ARE AVAILABLE F OR PATIENTS AND FAMILY MEMBERS IN 2011, THE CENTER FACILITATED 3,400 REQUESTS FROM PATIEN TS FOR SEARCHES/INFORMATION REQUESTS, INTERNET USAGE AND CHECK-OUTS THE PATIENT RELATIONS (CUSTOMER SERVICE) DEPARTMENT ASSISTED APPROXIMATELY 21,098 PATIENTS IN 2011 IN ADDITION TO NORMAL DUTIES, THE DEPARTMENT PROVIDES RESOURCES TO PATIENTS AND THEIR FAMILIES INCLUD ING - COORDINATING "HAPPY TAILS" PET VISITATION TO HIGH RISK PERINATAL (HRP) PATIENTS - C OORDINATING CHIP (COMPASSIONATE HELP ISSUE PREVENTION) VOLUNTEERS TO VISIT PATIENTS ON THE IR FIRST DAY OF STAY AND LONG TERM PATIENTS - COORDINATING INFORMATION DESK VOLUNTEERS WHO SERVE AS WELCOMING TEAM TO HOSPITAL GUESTS - CONDUCTING PATIENT INTERVIEWS AND PROACTIVEL Y VISITING PATIENTS ON THEIR SECOND DAY OF STAY - DOCUMENTING AND TRACKING PATIENT CONCERN S AND COMMUNICATE TRENDS TO MANAGEMENT - ASSISTING WITH FINDING TRANSPORTATION TO HOME OR OTHER DESTINATIONS VIA TAXI, GAS CARDS AND MARTA BREEZE CARDS - ASSISTING WITH HOTEL ACCOM MODATIONS WITH REDUCED RATES FOR OUT-OF-TOWN FAMILIES - WORKING CLOSELY WITH THE CHAPLAINC Y DEPARTMENT TO PROVIDE ASSISTANCE WITH AIRPORT MORTUARY SERVICES - ASSISTING WITH THE VAR IOUS EMBASSIES AND CONSULATES TO ASSIST PATIENTS IN BRINGING THEIR FAMILIES TO THE UNITED STATES IN THE CASES OF EMERGENCIES - PROVIDING MEAL VOUCHERS TO THE HOSPITAL CAFETERIA TO PATIENTS, FAMILY MEMBERS AND VISITORS WHO EXPERIENCE LONG WAIT TIMES OR HAVE BEEN INCONVEN IENCED - PROVIDING CLOTHING FOR PATIENTS, WHOSE CLOTHING HAS BEEN SOILED OR DAMAGED, SO TH AT THEY HAVE CLOTHES TO WEAR UPON DISCHARGE - MAINTAINING CLOTHING CLOSET FOR INDIGENT PAT IENTS - ASSISTING WITH SPANISH-SPEAKING PERINATAL LOSS SERVICES - ACTING AS AN ADVOCATE WI TH ELECTRIC, GAS AND PHONE COMPANY CONCERNING BILLING ISSUES WHILE HOSPITALIZED - ASSISTIN G WITH BABY SHOWERS FOR EXPECTANT MOTHERS ON HRP

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		THE HOSPITAL'S INTERPRETATION SERVICES DEPARTMENT PROVIDES LANGUAGE INTERPRETATION AND TRA NSLATION SERVICES TO PATIENTS AND THEIR FAMILIES IN FISCAL YEAR 2011, THE DEPARTMENT - IN CLUDING SPANISH, PORTUGUESE, RUSSIAN, VIETNAMESE, KOREAN, MANDARIN AND CANTONESE INTERPRET ERS, A DISPATCHER AND A COORDINATOR - SERVED 56,551 INTERPRETATION AND TRANSLATION ENCOUNT ERS IN 80 DIFFERENT LANGUAGES AT NORTHSIDE'S THREE CAMPUSES, TOTALING MORE THAN 15,568 HOU RS THE DEPARTMENT ALSO PRODUCED 215 TRANSLATED DOCUMENTS FOR STAFF AND PATIENT USE IN 20 11, MORE THAN $454,786 IN PARKING FEES WAS WAIVED FOR PATIENTS, FAMILIES AND SPECIAL GUEST S WHO VISITED THE ATLANTA CAMPUS EDUCATION FOR COMMUNITY HEALTH SPEAKERS' BUREAU THE SPEA KERS' BUREAU PROVIDES A SIGNIFICANT AMOUNT OF EDUCATIONAL PROGRAMS AND MATERIALS TO ORGANI ZATIONS AND INDIVIDUALS EACH YEAR THE PROGRAM OFFERS FREE COMMUNITY LECTURES ON A REGULAR BASIS, PROVIDING USEFUL INFORMATION ABOUT A VARIETY OF HEALTH-RELATED TOPICS INCLUDING EX ERCISE, NUTRITION AND WEIGHT CONTROL, WOMEN AND HEART DISEASE, BREAST HEALTH, SLEEP DISORD ERS, AND MORE IN 2011, NORTHSIDE PROVIDED SPEAKERS TO 26 GROUPS, REACHING MORE THAN 700 P EOPLE AN ADDITIONAL 28 REQUESTS FOR SPEAKERS WERE RECEIVED, BUT CANCELLED BY EITHER THE O RGANIZATION OR NORTHSIDE BECAUSE A SPEAKER COULD NOT BE FOUND CORPORATE & COMMUNITY HEALT H SOLUTIONS NORTHSIDE HOSPITAL PROVIDES ON-SITE HEALTH SCREENINGS AT LARGE COMPANIES, TO D ETECT EARLY RISK FACTORS OF DISEASE BY OFFERING THE BROADEST, MOST COMPREHENSIVE ARRAY OF CLINICAL SCREENING SERVICES AND HEALTHY LIFESTYLE EDUCATION TO THE PEOPLE OF NORTH ATLANTA HEALTH SCREENINGS ARE CONDUCTED THROUGHOUT THE YEAR AND INCLUDE CHOLESTEROL/GLUCOSE TEST ING, BLADDER HEALTH, CORONARY RISK PROFILE, HEARING SCREENING, OSTEOPOROSIS SCREENING, PUL MONARY FUNCTION TESTING, BODY COMPOSITION ANALYSIS, SLEEP QUALITY SCREENING, BLOOD PRESSUR E SCREENING AND CANCER RISK ASSESSMENT IN 2011, NORTHSIDE OFFERED HEALTH SCREENINGS TO 38 GROUPS, REACHING 5,051 PEOPLE WEBSITE NORTHSIDE HOSPITAL'S OFFICIAL WEBSITE, WWW NORTHSI DE.COM, HAS BEEN RANKED #1 BY ATLANTA CONSUMERS EVERY YEAR SINCE 2005 IN THE NATIONAL RESE ARCH CORPORATION'S ANNUAL HEALTHCARE MARKET GUIDE STUDY THE SITE FEATURES INFORMATION ABO UT HOSPITAL PROGRAMS AND SERVICES, A CLINICAL TRIAL DATABASE, HEALTH ENCYCLOPEDIA AND VIDE O LIBRARY OF GENERAL HEALTH CONTENT ABOUT SURGERIES AND PROCEDURES, PHYSICIAN DIRECTORY, P REGNANCY CENTER AND A COMPREHENSIVE EMPLOYMENT SECTION THERE WERE 869,626 VISITS (545,958 UNIQUE VISITORS) TO THE SITE, OF WHICH APPROXIMATELY 60 PERCENT WERE NEW VISITORS NORTHS IDE HOSPITAL-ATLANTA AUXILIARY PUPPET PROGRAM THIS PROGRAM TRAVELS TO SCHOOLS IN DEKALB, C OBB AND NORTH FULTON COUNTIES, EDUCATING CHILDREN IN GRADES PRE K-4 ABOUT MEDICAL CHECK-UP S, PEER PRESSURE AND DRUG AND ALCOHOL ABUSE THE PROGRAM HAS RECEIVED NUMEROUS AWARDS SINC E ITS BEGINNING IN 1977, INCLUDING THE GEORGIA HOSPITAL ASSOCIATION'S COUNCIL ON AUXILIARI ES/VOLUNTEERS COMMUNITY OUTREACH AWARD AND THE GEORGIA SOCIETY OF DIRECTORS OF VOLUNTEER S ERVICES EXCELLENCE IN UTILIZATION OF VOLUNTEERS AWARD IN 2011, THE PROGRAM PERFORMED 43 P UPPET SHOWS, REACHING NEARLY 5,555 METRO ATLANTA STUDENTS PARTNERS IN EDUCATION NORTHSIDE HOSPITAL'S PARTNERS IN EDUCATION PROGRAM SPONSORS MORE THAN 100 SCHOOLS IN SEVEN NORTH ME TRO ATLANTA COUNTIES CHEROKEE, COBB, DAWSON, DEKALB, FORSYTH, FULTON AND GWINNETT OUR CO MMITMENT TO OUR PARTNERS IN EDUCATION SCHOOLS REPRESENTS THE HOSPITAL'S MISSION AND VALUES AND ITS CONTINUED EFFORTS TO SUPPORT WOMEN, FAMILIES, EDUCATION AND HEALTH AND SAFETY TH ROUGH THESE PARTNERSHIPS, WE FULFILL HEALTH CARE EQUIPMENT NEEDS, PARTICIPATE IN FUNDRAISE RS, SUPPORT CAREER DAYS AND OTHER STUDENT PROGRAMS THAT PROMOTE HEALTH AND WELLNESS, SCIEN CE, SAFETY AND ANTI-BULLY ING, SPONSOR TEACHER APPRECIATION/ RECOGNITION EVENTS, AND MUCH M ORE OUR PARTNER SCHOOLS SUPPORT NORTHSIDE WITH ART PROJECTS FOR PATIENTS, PARTICIPATING I N OUR FUNDRAISING WALKS FOR HEALTH CARE CAUSES, PERFORMING AT HOSPITAL EVENTS AND VOLUNTEE RING WITH OUR COMMUNITY CONNECTION VOLUNTEER PROGRAM HEALTHCARE EXPLORING NORTHSIDE HOSPI TAL PARTNERS WITH THE LEARNING FOR LIFE HEALTHCARE EXPLORING PROGRAM TO OFFER LOCAL HIGH S CHOOL STUDENTS (GRADES 9-12), WHO ARE CONSIDERING A CAREER IN HEALTHCARE, A UNIQUE, INSIDE R'S VIEW OF THE HOSPITAL AND ITS MANY CAREERS THROUGHOUT THE SEVEN-MONTH PROGRAM, WHICH I S AFFILIATED WITH THE BOY SCOUTS OF AMERICA, THE STUDENTS VISIT MANY AREAS OF THE HOSPITAL , PERFORMING EXERCISES AND PARTICIPATING DURING LECTURES BY HEALTHCARE PROFESSIONALS EACH CLASS FOCUSES ON A DIFFERENT AREA OF HEALTH CARE - CARDIOLOGY, ROBOTIC SURGERY, RADIOLOGY , PHARMACY, WOMEN'S SERVICES AND OTHER SPECIALTIES DURING THE 2010-2011 SESSION, 60 STUDE NTS ATTENDED 20 CLASSES, WHICH WERE FACILITATED BY APPROXIMATELY 40 NORTHSIDE EMPLOYEES AN D PHYSICIANS BROAD-BASED COMMUNITY OUTREACH/SPECIAL EVENTS TENNIS AGAINST BREAST CANCER I N OCTOBER 2010, NORTHSIDE HOSPITAL ORGANIZED THE S

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		EVENTH ANNUAL "TENNIS AGAINST BREAST CANCER" EVENT, LUNCHEON AND FASHION SHOW AT MULTIPLE LOCATIONS IN NORTH FULTON AND FORSYTH TO RAISE COMMUNITY AWARENESS OF BREAST CANCER PREVEN TION AND EDUCATION MORE THAN 500 WOMEN PARTICIPATED IN TENNIS FUNDAMENTAL DRILLS AND ENJO YED LUNCH AND A TENNIS FASHION SHOW PHYSICIANS AT EACH LUNCHEON GAVE PRESENTATIONS ON NEW STATE-OF-THE-ART DIGITAL BREAST CANCER DIAGNOSTIC TOOLS AVAILABLE MORE THAN $65,800 WAS RAISED FOR THE NORTHSIDE HOSPITAL BREAST CARE PROGRAM FOR THE EDUCATIONAL AND EMOTIONAL SU PPORT OF BREAST CARE PATIENTS CELEBRATION OF LIGHTS THE 22ND ANNUAL CELEBRATION OF LIGHTS CHRISTMAS TREE LIGHTING AND FESTIVAL IN DECEMBER 2010 WAS A SPECIAL CELEBRATION FOR NORTH SIDE HOSPITAL'S CANCER PATIENTS, THEIR FAMILIES AND THE COMMUNITIES WE SERVE TREES WERE L IT ATOP THE 980 DOCTORS' CENTRE IN SANDY SPRINGS, THE NORTHSIDE/ALPHARETTA MEDICAL CAMPUS AND NORTHSIDE HOSPITAL-FORSYTH IN CUMMING MORE THAN 5,000 NORTHSIDE HOSPITAL EMPLOYEES, P HYSICIANS, CANCER SURVIVORS, FAMILIES AND COMMUNITY MEMBERS ATTENDED THE EVENT AT NORTHSID E HOSPITAL-FORSYTH GUESTS ENJOYED FACE PAINTERS, CLOWNS AND PERFORMANCES BY LOCAL SCHOOL GROUPS LIGHTS ON THE TREES COULD BE PURCHASED IN HONOR OR MEMORY OF A LOVED ONE, AND MORE THAN $40,000 WAS RAISED FOR THE NORTHSIDE HOSPITAL CANCER CARE PROGRAM EGGSTRAVAGANZA IN APRIL 2011, NORTHSIDE HOSPITAL-CHEROKEE HOSTED ITS ANNUAL EASTER EGGSTRAVAGANZA CHILDREN AND THEIR PARENTS ENJOYED AN EASTER EGG HUNT, CARNIVAL GAMES, PHOTOS WITH THE EASTER BUNN Y, A PETTING ZOO AND MUCH MORE MORE THAN 2,000 PEOPLE PARTICIPATED IN THE EVENT, WHICH RA ISED NEARLY $1,500 FOR THE HOSPITAL'S SPECIAL CARE NURSERY CHARITY GOLF CLASSIC THE 2011 NORTHSIDE HOSPITAL CHARITY GOLF CLASSIC WAS A CORPORATE FUNDRAISER FOR THE NORTHSIDE HOSPI TAL BLOOD AND MARROW TRANSPLANT PROGRAM (BMT) AND GENERAL RESEARCH PROGRAM HELD AT THE AT LANTA ATHLETIC CLUB IN JOHNS CREEK, 264 GOLFERS PLAYED 18 HOLES, RAISING NEARLY $300,000 BABY ALUMNI BIRTHDAY PARTY THE 2011 NORTHSIDE HOSPITAL BABY ALUMNI BIRTHDAY PARTY AT ZOO A TLANTA WAS ATLANTA'S LARGEST BIRTHDAY PARTY MORE THAN 5,000 CHILDREN AND THEIR FAMILIES C ELEBRATED AND ENJOYED FACE PAINTERS, CRAFTS, BIRTHDAY COOKIES AS WELL AS AN EVENING VISIT OF THE ANIMAL EXHIBITS CANCER SURVIVORS' EVENT NORTHSIDE'S ANNUAL CANCER SURVIVORS' EVENT CELEBRATES OUR PATIENTS' LIVES THROUGH LAUGHTER AND SONG THE MORE THAN 400 GUESTS WHO AT TENDED OUR 2011 EVENT CAME AWAY TOUCHED WITH THE KNOWLEDGE THAT EVEN THOUGH CANCER IS A DR EADFUL DISEASE, THERE IS ALWAYS HOPE AND THAT LIFE IS WORTH LIVING AND CELEBRATING CAMP H OPE IN APRIL 2011, THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY HOSTED ITS SEVENTH ANNUAL CAMP HOPE, A THREE-DAY WEEKEND RETREAT THAT PROVIDES HELPFUL RELAXATION ACTIVITIES AND TECHNIQ UES, AS WELL AS ENTERTAINMENT AND FUN, FOR THE NORTHSIDE HOSPITAL CANCER PATIENTS TRANSPO RTATION TO AND FROM THE CAMP WAS PROVIDED AND THE ENTIRE WEEKEND WAS FREE OF CHARGE, THANK S TO THE GENEROSITY OF THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY IN 2011, 26 PATIENTS ATTE NDED SENIORFEST IN SEPTEMBER 2011, NORTHSIDE HOSPITAL ORGANIZED AND SPONSORED THE ANNUAL SENIORFEST AT THE ED ISAKSON/ALPHARETTA FAMILY YMCA THIS IS AN ANNUAL EVENT CELEBRATING A TLANTA'S SENIOR CITIZENS AND THIS YEAR IT INCLUDED 300 SENIORS FROM FOUR DIFFERENT CENTERS IN THE NORTH FULTON AREA THE SENIORS WERE TREATED TO LUNCH, FASHION SHOW, ENTERTAINMENT, ARTS AND CRAFTS AND BINGO BLOOD DRIVES NORTHSIDE HOSPITAL IS A PARTNER WITH THE METRO AT LANTA RED CROSS TO OFFER BLOOD DRIVES FOR HOSPITAL STAFF AND THE COMMUNITY IN 2011, 20 BL OOD DRIVES WERE HELD IN ATLANTA, FORSYTH, CHEROKEE AND ALPHARETTA, COLLECTING 769 PINTS OF BLOOD

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		OTHER COMMUNITY-SPONSORED EVENTS IN 2011, MANY GRATEFUL PATIENTS AND THEIR FAMILIES AND FR IENDS DONATED FUNDS TO HELP OUR BLOOD AND MARROW TRANSPLANT (BMT) PROGRAM, CANCER CARE PRO GRAM, BREAST CARE PROGRAM, HIGH RISK PERINATAL, SPECIAL CARE NURSERY, PERINATAL LOSS FAMIL Y SUPPORT PROGRAM AND PARENTS PARTNERED FOR PREEMIES FUNDS HELPED FAMILIES WITH MEDICAL C ARE, MEDICINE, TRANSPORTATION, LODGING, PEER SUPPORT GROUPS, PATIENT EDUCATION MATERIALS, RESEARCH AND STATE-OF-THE-ART TECHNOLOGY UPGRADES IN 2011, OUR BREAST CARE PROGRAM, HERED ITARY CANCER PROGRAM AND SCREENATLANTA MOBILE MAMMOGRAPHY UNIT RECEIVED GENEROUS DONATIONS FROM THE SPORT OF GIVING, IT'S THE JOURNEY, SUSAN G KOMEN FOR THE CURE AND THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY THE SPECIAL CARE NURSERY RECEIVED A GENEROUS DONATION FOR PAT IENT AND STAFF EDUCATION IN ADDITION, SEVERAL LOCAL SCHOOL SPORTS PROGRAMS, RESTAURANTS A ND OTHER LOCAL BUSINESSES RAISED FUNDS THROUGH BREAST CANCER AWARENESS EVENTS FOR OUR BREA ST CARE PROGRAM THESE GENEROUS GRANTS SUPPORT PATIENT EDUCATION, TREATMENT, RESEARCH AND SCREENING CONTINUING MEDICAL EDUCATION PHYSICIANS NORTHSIDE HOSPITAL IS ACCREDITED BY THE MEDICAL ASSOCIATION OF GEORGIA TO SPONSOR CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES, WHICH AWARD AMA PRA CATEGORY 1 CREDIT TO PHYSICIANS FOR PARTICIPATION IN CME ACTIVITIES IN FY 2011, THE NORTHSIDE HOSPITAL DEPARTMENT OF MEDICAL EDUCATION RECEIVED A 4-YEAR REACCR EDITATION AS A CME PROVIDER FROM THE MEDICAL ASSOCIATION OF GEORGIA UNTIL AUGUST, 2015 IN FISCAL YEAR 2011, 227 LIVE CME ACTIVITIES WERE OFFERED TO 2,972 PHYSICIAN ATTENDEES ACTI VITIES OFFERED REGULARLY SCHEDULED SERIES NINE REGULARLY-SCHEDULED SERIES ARE CONDUCTED AT NORTHSIDE HOSPITAL-ATLANTA, NORTHSIDE HOSPITAL-FORSYTH AND NORTHSIDE HOSPITAL-CHEROKEE MULTIDISCIPLINARY GROUPS OF HEALTHCARE PROVIDERS MEET ON A WEEKLY, BIWEEKLY, MONTHLY OR Q UARTERLY BASIS TO ADDRESS APPROPRIATE CLINICAL ISSUES THROUGH A CASE REVIEW FORMAT IN ETHI CS, OB-GYN, ONCOLOGY AND RADIATION ONCOLOGY, VARIOUS TUMOR CONFERENCES PROVIDE FREQUENT OP PORTUNITIES FOR BOTH MEDICAL AND SURGICAL SUBSPECIALISTS TO DISCUSS COMPLEX CASES ONE NEW REGULARLY SCHEDULED SERIES WAS ADDED DURING THIS PERIOD FETAL THERAPY CASE CONFERENCE G RAND ROUNDS ACTIVITIES THE WEEKLY INTERNAL MEDICINE CONFERENCE FEATURES LOCAL AS WELL AS GUEST FACULTY FROM ACROSS THE COUNTRY WHO SPEAK ON TIMELY IDENTIFIED MEDICAL ISSUES THAT S ERVE TO BENEFIT PRIMARY CARE PHYSICIANS AND SPECIALISTS IN ACCORDANCE WITH THE ACCME CRITE RIA THIS YEAR THE RADIOLOGY CONFERENCE HAS BEEN INCORPORATED INTO THE INTERNAL MEDICINE C ONFERENCE WITH A SPECIFIC THURSDAY DESIGNATED FOR A RELATIVE RADIOLOGY TOPIC ON A BI-MONTH LY BASIS NORTHSIDE ADDITIONALLY HOSTS THE QUARTERLY MULTIDISCIPLINARY GRAND ROUNDS LECTUR E FOR A TARGET AUDIENCE OF SURGEONS AND ANESTHESIOLOGISTS, OB/GYNS AND A VARIETY OF HEALTH CARE PROFESSIONALS THE ANESTHESIA CONFERENCE CONTINUES TO PRESENT DIDACTIC LECTURES ON A MONTHLY BASIS FOR MEMBERS OF THE DEPARTMENT RELATIVE TO THEIR CLINICAL PRACTICE NORTHSIDE HOSPITAL'S JOINT SPONSORSHIP EDUCATIONAL VENTURES INCLUDED FOUR COURSES IN ADVANCED CARDI AC LIFE SUPPORT IN THE FOURTH QUARTER OF 2010, NORTHSIDE HOSPITAL HOSTED A MULTI-DAY CONF ERENCE FOR A NATIONAL AUDIENCE ON LAPAROSCOPIC SUTURING AND KNOT TYING AND LAPAROSCOPIC AN D ROBOTIC HYSTERECTOMY IN THE THIRD QUARTER OF 2011, THIS SAME CONFERENCE WAS OFFERED TO AN INTERNATIONAL AUDIENCE OF OB/GYN AND GYN PHYSICIANS IN ADDITION, NORTHSIDE HOSPITAL HO STED A MULTI-DAY INTERNATIONAL SYMPOSIUM WITH THE WORLD'S LEADING EXPERTS ON ENDOMETRIOSIS AND PRESENTED OPEN FORUM DISCUSSIONS TO FURTHER EXPLORE TREATMENT AND DIAGNOSIS OPTIONS I N THE MANAGEMENT OF ENDOMETRIOSIS THIRTY-NINE STATES AND 41 COUNTRIES WERE REPRESENTED O NLINE CME NORTHSIDE HOSPITAL'S MEDICAL EDUCATION DEPARTMENT SUBSCRIBED TO ONLINE CME/CEU ACCREDITED BY GRADUATE EDUCATION FOUNDATION, AND OFFERED FREE ACCESS FOR NORTHSIDE HOSPITA L PHYSICIANS AND ALLIED HEALTH PROFESSIONALS TWENTY PHYSICIANS AND 94 HEALTHCARE PROFESSI ONALS COMPLETED A TOTAL OF 95 COURSES ONLINE FOR CME CREDIT THE GRADUATE EDUCATION FOUNDA TION HAS TERMINATED THIS SERVICE AS OF 12/31/2011 DUE TO A LACK OF FUNDING AND CURRENT ECO NOMIC CONDITIONS MEDICAL EDUCATION DEPARTMENT STAFFING BEGINNING IN FISCAL YEAR 2011, TH E MEDICAL EDUCATION DEPARTMENT EMPLOYED TWO FULL-TIME EMPLOYEES AND ONE PART-TIME EMPLOYEE IN ADDITION, THE DEPARTMENT HAS PERIODICALLY HIRED OUTSIDE CONSULTANTS TO MEET THE DEMAN DS OF SOME CME ACTIVITIES AN ESTIMATED 8,000 HOURS WERE DEDICATED TO THE EDUCATIONAL SERV ICES OFFERED IN FISCAL YEAR 2011 BY THE MEDICAL EDUCATION DEPARTMENT TWO HUNDRED NINETY-E IGHT HOURS OF INSTRUCTION WERE OFFERED THROUGH THE REGULARLY SCHEDULE SERIES AND LIVE ACTI VITIES MEDICAL EDUCATION COMMITTEE THE ACCREDITED PROGRAM OF CONTINUING MEDICAL EDUCATIO N IS COORDINATED BY THE DEPARTMENT OF MEDICAL EDUCATION IN CONJUNCTION WITH THE CME COMMIT TEE THE PRIMARY ROLE OF THE CME COMMITTEE IS TO P

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		ROVIDE ADVICE AND GUIDANCE TO THE DEPARTMENT OF MEDICAL EDUCATION (1) TO ENSURE THE DEVELO PMENT OF CME ACTIVITIES WHICH ADDRESS THE EDUCATIONAL NEEDS OF THE MEDICAL STAFF, AND (2) TO ESTABLISH POLICIES AND PROCEDURES FOR THE DEVELOPMENT AND IMPLEMENTATION OF CME ACTIVIT IES OF HIGH EDUCATIONAL QUALITY THAT COMPLY WITH THE ACCME ESSENTIALS AND STANDARDS THE M EDICAL EDUCATION COMMITTEE MEETS QUARTERLY THROUGHOUT THE YEAR AND HAS A MEMBERSHIP OF 12 PHYSICIANS IN ADDITION TO REPRESENTATIVES FROM THE MEDICAL STAFF OFFICE, PHARMACY, THE HEA LTH RESOURCE CENTER AND QUALITY IMPROVEMENT FOR THE FISCAL YEAR 2011 CME ACTIVITY FACULTY THE DEPARTMENT OF MEDICAL EDUCATION HAS HOSTED 141 PHYSICIANS, AND 15 HEALTHCARE PROFESS IONALS WHO HAVE SERVED AS FACULTY FOR LIVE CME ACTIVITIES THROUGHOUT THE FISCAL YEAR 2011 IN ADDITION, NINE PHYSICIANS SERVE AS ACTIVITY DIRECTORS FOR THE REGULARLY SCHEDULED SERI ES FEATURING APPROXIMATELY 196 MEETINGS NURSES/NURSING STUDENTS AND OTHER HEALTH PROFESSI ONAL EDUCATION (CAREER PLACEMENT) NORTHSIDE HOSPITAL PARTICIPATES IN EXTENSIVE CLINICAL AN D INTERNSHIP AFFILIATIONS WITH SEVERAL COLLEGES AND UNIVERSITIES SOME OF THESE INCLUDE CL AYTON STATE UNIVERSITY, EMORY UNIVERSITY, GEORGIA PERIMETER COLLEGE, GEORGIA STATE UNIVERS ITY, GWINNETT TECHNICAL COLLEGE, KENNESAW STATE UNIVERSITY, LANIER TECHNICAL COLLEGE, CHAT TAHOOCHEE TECHNICAL COLLEGE, MEDICAL COLLEGE OF GEORGIA AND MERCER UNIVERSITY BY PROVIDIN G EDUCATIONAL OPPORTUNITIES FOR COLLEGE STUDENTS FROM THE METRO ATLANTA AREA AND BEYOND, W E ASSIST STUDENTS IN IDENTIFYING HEALTH CARE EMPLOYMENT OPTIONS, SELECTING CAREER PATHS AN D CHOOSING AN EFFECTIVE AND EFFICIENT EDUCATIONAL ROUTE. THIS WORKING RELATIONSHIP HELPS T O LOWER EDUCATIONAL COSTS, REDUCE HOSPITAL RECRUITMENT COSTS AND SIGNIFICANTLY ENHANCE THE RELATIONSHIP BETWEEN THE HOSPITAL AND THE COMMUNITY IN 2011, APPROXIMATELY SIX STAFF MEM BERS EACH PARTICIPATED IN EIGHT CAREER DAYS AND RECRUITMENT FAIRS DIRECT MAIL AND E-MAILS DISTRIBUTED REGARDING THESE EVENTS REACHED NEARLY 902,000 POTENTIAL EMPLOYEES NORTHSIDE HOSPITAL HAS A JOB SHADOWING PROGRAM THAT OFFERS INDIVIDUALS INTERESTED IN LEARNING ABOUT HEALTHCARE CAREERS AND OPPORTUNITY TO COME AND SHADOW A HEALTHCARE PROFESSIONAL APPROXIMA TELY 400 INDIVIDUALS PARTICIPATED IN THE SHADOW PROGRAM IN 2011 IN MAY, NORTHSIDE'S CANCE R CARE PROGRAM HOSTED ITS 4TH ANNUAL ONCOLOGY NURSING SY MPOSIUM, "NAVIGATING THE CONTINUUM OF CARE." MORE THAN 115 NURSES FROM GEORGIA AND SOUTH CAROLINA ATTENDED THIS EDUCATIONAL EVENT, WITH TOPICS INCLUDING MULTIPLE MY ELOMA, NURSE NAVIGATION, PALLIATIVE CARE, HEREDITA RY BREAST CANCER AND MORE.

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		SCHOLARSHIPS THE NORTHSIDE HOSPITAL AUXILIARY SCHOLARSHIP IS AN ANNUAL SCHOLARSHIP AWARDED TO ASSIST RECIPIENTS PURSUING A HEALTH-RELATED EDUCATIONAL PROGRAM AS A STUDENT IN AN ACC REDITED COLLEGE, UNIVERSITY OR HEALTH-RELATED TECHNICAL SCHOOL THE SCHOLARSHIP IS AWARDED BASED ON DOCUMENTED NEED AND THE NUMBER OF APPLICANTS CURRENT AUXILIANS, NORTHSIDE EMPLO YEES AND THEIR IMMEDIATE FAMILY ARE ELIGIBLE IN 2011, MORE THAN $40,800 WAS AWARDED IN SC HOLARSHIPS BY THE ATLANTA AND FORSYTH AUXILIARIES THE ATLANTA AUXILILARY'S SCHOLARSHIP WA S $37,800, THE GROUP ALSO GAVE $7,200 IN VOLUNTEEN GRANTS THE NORTHSIDE HOSPITAL-CHEROKEE AUXILIARY SCHOLARSHIP IS AN ANNUAL SCHOLARSHIP AWARDED TO ASSIST RECIPIENTS PURSUING A HE ALTH-RELATED EDUCATIONAL PROGRAM AS A STUDENT IN AN ACCREDITED COLLEGE, UNIVERSITY OR HEAL TH-RELATED TECHNICAL SCHOOL THE SCHOLARSHIP IS AWARDED BASED ON DOCUMENTED NEED AND THE N UMBER OF APPLICANTS CURRENT AUXILIANS, NORTHSIDE EMPLOYEES AND THEIR IMMEDIATE FAMILY ARE ELIGIBLE IN 2011, $1,000 WAS AWARDED IN SCHOLARSHIPS NORTHSIDE HOSPITAL'S NORTHSIDE SCH OLARS PROGRAM IS AN EXCITING SCHOLARSHIP OPPORTUNITY FOR HIGH-PERFORMING NURSING STUDENTS ENTERING THEIR JUNIOR OR SENIOR YEARS THE RECEIPT OF THE SCHOLARSHIP INVOLVES INTERNSHIP ROTATION, PERSONALIZED MENTORING, AND A MINIMUM OF TWO YEARS EMPLOYMENT COMMITMENT TO NORT HSIDE HOSPITAL FOLLOWING SUCCESSFUL COMPLETION OF PROGRAM AND GRADUATION FROM A SCHOOL OF NURSING IN 2011, $63,065 WAS AWARDED IN SCHOLARSHIPS COMMUNITY SERVICE ACTIVITIES EMPLOY EE VOLUNTEERISM (THE COMMUNITY CONNECTION) NORTHSIDE HOSPITAL PROMOTES AND ENCOURAGES COMM UNITY VOLUNTEERISM AMONG ITS PHYSICIANS, EMPLOYEES, AUXILIANS AND THEIR FAMILIES AND FRIEN DS EACH YEAR, OUR STAFF AND PHYSICIANS VOLUNTEER THEIR TIME, TALENTS AND RESOURCES TO MAK E A POSITIVE IMPACT AND BUILD STRONG AND HEALTHY COMMUNITIES IN 2011, MORE THAN 1,900 EMP LOYEES DONATED MORE THAN 18,500 HOURS OF THEIR TIME TO MORE THAN 100 COMMUNITY SERVICE PRO JECTS IN THE HOSPITAL'S SERVICE AREAS - A SPRING CELL PHONE DRIVE FOR THE LOCAL PARTNERSH IP AGAINST DOMESTIC VIOLENCE CHAPTER PROVIDED CELL PHONES THAT, IN TURN, WERE REPROGRAMMED FOR 911 EMERGENCY ACCESS AND GIVEN TO THEIR CONSTITUENTS - WE PARTNERED WITH PEACHTREE C HARTER MIDDLE SCHOOL AND PEARLE VISION - PERIMETER AND THE NORTHSIDE STAFF DONATED MORE TH AN 400 EYEGLASSES TO BENEFIT THE ONESIGHT FOUNDATION - SUMMER, FALL, LIVE UNITED AND HOLI DAY FOOD DRIVES ALL HELPED RESTOCK LOCAL FOOD PANTRIES - STAFF SUPPORTED CHILDREN THROUGH THE CHILDREN'S RESTORATION "12 DAYS OF CARING" PROJECT, ADOPTING APPROXIMATELY 600 HOMELE SS CHILDREN AND PROVIDING TOYS AND FULFILLED THEIR WISH LISTS, THEREBY HELPING CHILDREN'S RESTORATION NETWORK TO ENSURE THAT OVER 2,000 HOMELESS CHILDREN IN METRO ATLANTA HAD A MEM ORABLE AND MEANINGFUL CHRISTMAS - DEPARTMENTS, INDIVIDUALS AND THEIR FAMILIES FULFILLED T HE WISH LISTS FOR SEVEN NORTHSIDE HOSPITAL FAMILIES WHO WERE IN NEED THROUGH THE NORTHSIDE UNITED WAY SHARES HELP PROGRAM - NORTHSIDE HOSPITAL-CHEROKEE'S HOLIDAY TOY DRIVE PROVIDE D TOYS TO THE BOYS & GIRLS CLUB OF CHEROKEE COUNTY - THE STAFF AT THE NORTHSIDE/ALPHARETT A MEDICAL CAMPUS PARTICIPATED IN THE SECOND WIND DREAMS PROJECT TO PROVIDE GIFTS FOR SENIO RS AT NURSING HOMES, AND STAFF MEMBERS HAD THE OPPORTUNITY TO SHOP FOR THE SENIORS, AND SO ME INCLUDED FAMILY AND FRIENDS TO DELIVER GIFTS TO SENIORS ON CHRISTMAS EVE OR CHRISTMAS D AY - STAFF AT NORTHSIDE HOSPITAL-FORSYTH PARTICIPATED IN THE TOYS FOR TOTS DRIVE, PROVIDI NG TOYS TO OVER 100 CHILDREN - THE JULY BACK-TO-SCHOOL DRIVE BENEFITTED CHILDREN'S RESTOR ATION NETWORK'S ANNUAL BACK 2 SCHOOL PROGRAM FOR HOMELESS CHILDREN IN PROVIDING CHILDREN I N SHELTERS AND GROUP HOMES WITH OVER 400 NEW BOOK BAGS FILLED WITH ALL OF THE NECESSARY SC HOOL SUPPLIES AND VARIOUS CHILDREN'S BOOKS - THE ATLANTA DAY SHELTER FOR WOMEN AND CHILDR EN'S UNDERGARMENT DRIVE WAS A HUGE SUCCESS AND PROVIDED UNDERWEAR, DIAPERS, SOCKS AND FEMI NINE HYGIENE PRODUCTS TO THE FAMILIES IN THE SHELTER - BUSINESS OFFICE STAFF CONTINUED TH EIR PARTNERSHIP WITH A UNI-HEALTH POST-ACUTE CARE, WHICH IS A LOCAL SENIOR RETIREMENT CENT ER ONE SATURDAY A MONTH, 15-20 EMPLOYEES PLAY BINGO WITH PRIZES, CELEBRATE BIRTHDAYS AND VISIT WITH THE SENIORS THE BOND BETWEEN OUR VOLUNTEERS AND THE SENIORS HAS STEADILY GROWN THE SENIORS LOVE CHILDREN, SO SEVERAL EMPLOYEES BRING THEIR CHILDREN (AGES 5 AND UP) AND FAMILY WITH THEM TO VISIT WITH THE SENIORS STAFF ALSO ANNUALLY ADOPT EACH RESIDENT (150+) AND PROVIDE THEM WITH A PERSONAL CARE PACKAGE DURING THE CHRISTMAS SEASON - THROUGH PRO JECT OPEN HAND, STAFF MEMBERS PACK MEALS FOR DELIVERY TO PERSONS WITH HIV/AIDS, THE SICK A ND SHUT-INS AND THE ELDERLY PROJECT OPEN HAND PREPARES AND DELIVERS TWO FRESHLY COOKED ME ALS, EVERY DAY, SEVEN DAYS A WEEK, TO PEOPLE WITH AIDS OR HIV-RELATED ILLNESSES WHO NEED T HEM THIS PROJECT DEPENDS ON THE PARTICIPATION OF MORE THAN 100 VOLUNTEERS EACH DAY TO COO K, PACK AND DELIVER THE MEALS - A NEW HOLIDAY PRO

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		JECT WAS CREATED TO PROVIDE STAFF MEMBERS THE OPPORTUNITY TO ADOPT A CHILD, FULFILL THEIR WISH LIST, AND BE ABLE TO MEET AND SEE THE KIDS AND SPEND TIME WITH THEM DURING THE HOLIDA YS THE FIRST HOLIDAYS WITH THE KIDS PROJECT WAS HELD SATURDAY, DEC 3 AT NORTHSIDE HOSPIT AL-FORSYTH THE KIDS WERE TREATED TO A LIGHT LUNCH, ARTS AND CRAFTS AND, OF COURSE, GIFTS YOUTH COORDINATORS FROM THE ALPHARETTA YMCA CONDUCTED FUN GAMES AND ICE-BREAKERS IT WAS A GREAT OPPORTUNITY TO SHOW THESE KIDS THAT NO MATTER WHAT THEIR CIRCUMSTANCES, NORTHSIDE HOSPITAL CARES ABOUT THEM - IN ADDITION, NORTHSIDE HOSPITAL-FORSYTH STAFF PARTICIPATED IN THE JESSE'S HOUSE PROJECT PROVIDING GIFTS FOR THE GIRLS AT JESSE'S HOUSE, AND THEY FOLLOW ED UP WITH A HOLIDAY POTLUCK LUNCHEON OTHER FORSYTH PROJECTS INCLUDE HANDS ON FORSYTH, TA STE OF FORSYTH, THE CUMMING COUNTRY FAIR AND FESTIVAL, UNITED WAY OF FORSYTH, THE PLACE AN D THE DRAKE HOUSE - NORTHSIDE HOSPITAL-CHEROKEE STAFF PARTICIPATED IN VARIOUS COMMUNITY P ROJECTS TO HELP THE TASTE OF CANTON AND THE CHEROKEE FAMILY VIOLENCE CENTER AND MUST MINIS TRIES THE CHEROKEE STAFF ALSO PROVIDED COATS TO FOREVER FED, WHICH IS A MOBILE FOOD MINIS TRY THAT SERVES NORTH GEORGIA EMPLOYEE PLEDGE DRIVE EACH YEAR, STAFF AND PHYSICIANS CONTR IBUTE MONEY THROUGH PAYROLL DEDUCTIONS, CHECKS AND CASH TO THE NORTHSIDE HOSPITAL SHARES H ELP/UNITED WAY CAMPAIGN TWENTY PERCENT OF THE FUNDS RAISED GOES TO THE EMERGENCY AID OF H OSPITAL EMPLOYEES AND THEIR DEPENDENTS IN DIRE FINANCIAL NEED DUE TO AN EMERGENCY SITUATIO N THE OTHER 80 PERCENT OF FUNDS RAISED ARE DONATED FOR LOCAL HEALTH AND HUMAN SERVICE AGE NCY NEEDS THROUGH THE UNITED WAY OF METROPOLITAN ATLANTA AND FORSYTH FUNDS ARE FOCUSED ON COMMUNITY IMPACT AREAS (I E EDUCATION, INCOME AND HEALTH TO BUILD STRONG AND HEALTHY COM MUNITIES) VIA 400 COMMUNITY PROGRAMS WITHIN MORE THAN 250 DIFFERENT CHARITABLE ORGANIZATIO NS ACROSS THE ATLANTA METROPOLITAN AREA IN 2011, MORE THAN $542,000 WAS RAISED AND 48 PER CENT OF EMPLOYEES PARTICIPATED NORTHSIDE HOSPITAL IS RANKED THE TOP GEORGIA HOSPITAL CAMP AIGN IN TERMS OF FINANCIAL, GIFTS-IN-KIND AND VOLUNTEER SUPPORT TO THE COMMUNITIES IT SERV ES

Identifier	Return Reference	Explanation
		SPONSORSHIPS IN ADDITION TO THE EXCELLENT MEDICAL CARE AND EDUCATIONAL PROGRAMS WE PROVIDE, NORTHSIDE PROVIDES FINANCIAL ASSISTANCE TO MORE THAN 250 CHARITABLE ORGANIZATIONS EACH YEAR THE HOSPITAL'S FOUR-MEMBER SPONSORSHIP COMMITTEE REVIEWS ALL REQUESTS RECEIVED AND DETERMINES WHETHER OR NOT EACH ORGANIZATION COMPLIMENTS THE HOSPITAL'S MISSION AND VALUES AND MEETS GEOGRAPHIC AND DEMOGRAPHIC PARAMETERS THAT THE HOSPITAL HAS ESTABLISHED THROUGHOUT ITS PRIMARY AND SECONDARY SERVICE AREAS NORTHSIDE HOSPITAL GIVES BACK TO THE COMMUNITY MORE THAN ANY OTHER ATLANTA-AREA HOSPITAL OUR REPUTATION FOR COMMUNITY OUTREACH AND SUPPORT IS EVIDENT IN OUR BEING RECOGNIZED (IN INDEPENDENT SURVEYS CONDUCTED BY THE NATIONAL RESEARCH CORPORATION) AS THE LEADER IN COMMUNITY OUTREACH EFFORTS IN ATLANTA A FEW OF OUR FISCAL YEAR 2011 SPONSORSHIPS INCLUDE - NORTHSIDE HOSPITAL'S MARCH OF DIMES MARCH FOR BABIES CAMPAIGN WAS BIG SUCCESS, WITH 611 REGISTERED WALKERS ACROSS FOUR EVENTS NORTHSIDE MATCHED ALL FUNDS RAISED THROUGH THE HOSPITAL (FROM EMPLOYEE FUNDRAISING AND TEAMS) FOR A TOTAL OF $335,542 FAMILY TEAMS, THROUGH NORTHSIDE'S SUPPORT GROUP PARENTS PARTNERED FOR PREEMIES (PPP) AND OTHER FAMILIES OF PREMATURE BABIES BORN AT NORTHSIDE, RAISED $143,427 - NORTHSIDE WAS ONCE AGAIN THE PRESENTING SPONSOR OF THE AMERICAN CANCER SOCIETY'S 2011 RELAY FOR LIFE ATLANTA EVENT, HELD AT HAMMOND PARK THERE WERE 68 MEMBERS ON THE NORTHSIDE TEAM, WHO RAISED MONEY AND PARTICIPATED IN THE WALK - NORTHSIDE HOSPITAL ALSO WAS A PROUD SPONSOR OF THE 2011 SUSAN G KOMEN RACE FOR THE CURE, AN EVENT TO RAISE MONEY FOR BREAST CANCER RESEARCH, EDUCATION, AND ADVOCACY THE NORTHSIDE TEAM WAS COMPRISED OF 288 EMPLOYEES, VOLUNTEERS, CANCER SURVIVORS, FAMILY AND FRIENDS, ALL WALKING IN HONOR OF THOSE BATTLING THIS DISEASE COLLECTIVELY, THE TEAM RAISED NEARLY $16,000 FOR BREAST CANCER RESEARCH AN ADDITIONAL $600 WAS RAISED FOR THE HOSPITAL'S BREAST CARE PROGRAM FROM THE SALE OF THE LEFTOVER TEAM T-SHIRTS - IN FISCAL YEAR 2011, NORTHSIDE CONTINUED ITS RELATIONSHIP WITH THE LEUKEMIA AND LYMPHOMA SOCIETY'S LIGHT THE NIGHT WALK FIFTEEN NORTHSIDE EMPLOYEES, PHYSICIANS, PATIENTS AND THEIR FAMILIES PARTICIPATED IN THIS DOWNTOWN ATLANTA EVENT, RAISING $7,086 - FOR THE FIRST TIME, NORTHSIDE PARTICIPATED IN THE COLON CANCER ALLIANCE UNDY 5000, "A BRIEF RUN TO RAISE AWARENESS OF COLON CANCER " NORTHSIDE WAS THE EVENT'S MEDICAL CIRCLE SPONSOR THE HOSPITAL WAS REPRESENTED BY APPROXIMATELY 10-15 PEOPLE AT THE RACE, WHO STAFFED THE MEDICAL TENT, NORTHSIDE'S BOOTH AND PARTICIPATED IN THE RUN - IN ADDITION TO THE ABOVE SIGNATURE EVENTS, NORTHSIDE HOSPITAL CONTINUED ITS PARTNERSHIP WITH LOCAL CANCER AWARENESS ORGANIZATIONS SUCH AS THE GEORGIA BREAST CANCER COALITION AND THE GEORGIA OVARIAN CANCER ALLIANCE THROUGH THESE PARTNERSHIPS, NUMEROUS EVENTS WERE HELD THAT RAISED THOUSANDS OF DOLLARS FOR CANCER RESEARCH AND ALSO SPREAD THE IMPORTANCE OF CANCER PREVENTION AND EARLY DETECTION - ADDITIONAL SPONSORSHIPS INCLUDED THE AMERICAN RED CROSS, AMERICAN HEART ASSOCIATION GO RED LUNCHEON AND HEART BALL, CHEROKEE COUNTY SERVICE LEAGUE, DAWSON COUNTY SENIOR CENTER, DUNWOODY NATURE CENTER, FORSYTH COUNTY FAMILY HAVEN, JOHNS CREEK ART CENTER, PARTNERSHIP AGAINST DOMESTIC VIOLENCE, SPECIAL OLYMPICS OF GEORGIA, VISITING NURSE/HOSPICE ATLANTA, WSB-TV'S FAMILY 2 FAMILY PROJECT, THE YWCA OF GREATER ATLANTA AND MANY MORE IN-KIND DONATIONS NORTHSIDE HOSPITAL-FORSYTH AND NORTHSIDE HOSPITAL-CHEROKEE PROVIDE MEETING AND EDUCATIONAL CLASSROOM SPACE FOR VARIOUS MEETINGS, CONFERENCES AND CLASSES FOR NOT-FOR-PROFIT COMMUNITY GROUPS THROUGHOUT THE YEAR IN 2011, ROOMS WERE PROVIDED AT NO COST TO 67 ORGANIZATIONS FOR APPROXIMATELY 1,700 HOURS THE REHABILITATION SERVICES DEPARTMENT DONATED APPROXIMATELY 50 SETS OF SCRUBS TO GENESIS SHELTER, AN ATLANTA-BASED SHELTER FOR BABIES TWO MONTHS OF AGE AND YOUNGER AND THEIR FAMILIES, EMPOWERING THEM TO GROW AND DEVELOP IN NURTURING AND HEALTHY SURROUNDINGS IN 2011, MORE THAN 10,000 POUNDS OF MEDICAL SUPPLIES WERE DONATED TO MEDSHARE INTERNATIONAL, AN ORGANIZATION THAT RECYCLES SURPLUS MEDICAL SUPPLIES AND EQUIPMENT FOR USE BY HEALTH CARE INSTITUTIONS SERVING THE POOR IN DEVELOPING COUNTRIES APPROXIMATELY 43 DIFFERENT DEVELOPING COUNTRIES AND COUNTLESS PATIENTS HAVE BEEN SERVED BY MEDSHARE OUR COMMITMENT WE MEASURE THE SUCCESS OF OUR EFFORTS BY THE NUMBER OF RESIDENTS WE REACH WITH OUR MESSAGES RELATED TO HEALTH AND WELLNESS OUR MISSION IS TO WORK TO POSITIVELY IMPACT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE CLEARLY, EDUCATION, OUTREACH AND COMMUNITY SERVICE ALLOW US TO BROADEN OUR IMPACT BEYOND THE WALLS OF OUR FACILITIES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NORTHSIDE FOUNDATION INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1653541	FUNDRAISING FOR NORTHSIDE	GA	501(C)(3)	LINE 7	NORTHSIDE HEALTH SERVICES INC		No
(2) NORTHSIDE HEALTH SERVICES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1917328	MANAGEMENT SERVICES	GA	501(C)(3)	LINE 11C, III-FI	N/A		No
(3) NORTHSIDE SHARES HELP INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1458873	FUNDRAISING & COMMUNITY BUILDING	GA	501(C)(3)	LINE 7	NORTHSIDE HEALTH SERVICES INC		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NORTHSIDE VENTURES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA30342 58-1954456	LEASING COMPANY	GA	N/A	C			

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1954432
Name: NORTHSIDE HOSPITAL INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
NORTH ATLANTA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-5106086	PROFESSIONAL SERVICES	GA	4,827,123	0	N/A
NORTHSIDE CARDIOVASCULAR PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 33-1105310	PROFESSIONAL SERVICES	GA	1,956,513	0	N/A
NORTHSIDE SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 01-0642336	HEALTHCARE SERVICES	GA	0	1,512,014	N/A
SURGERY CENTER OF GEORGIA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2169517	SURGERY CENTER	GA	278,506	1,501,676	NORTHSIDE SURGERY CENTERS LLC
NORTHSIDE SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259671	HEALTHCARE SERVICES	GA	2,761,358	0	N/A
NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259435	HEALTHCARE SERVICES	GA	0	0	N/A
NORTHSIDE MEDICAL GROUP LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954432	INACTIVE	GA	0	0	N/A
SURGICOE REAL ESTATE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2558486	REAL ESTATE SERVICES	GA			NORTHSIDE SURGERY CENTERS LLC

Northside Hospital, Inc. and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended September 30, 2011 and 2010, and Independent Auditors' Report

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

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Deloitte.

Deloitte & Touche LLP
Suite 2000
191 Peachtree Street NE
Atlanta, GA 30303-1943
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INDEPENDENT AUDITORS' REPORT

To Northside Hospital, Inc. and Subsidiaries:

We have audited the accompanying consolidated balance sheets of Northside Hospital, Inc. (a Georgia not-for-profit corporation and a subsidiary of Northside Health Services, Inc.) and subsidiaries ("Northside") as of September 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These consolidated financial statements are the responsibility of the management of Northside. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on Northside's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such consolidated financial statements present fairly, in all material respects, the consolidated financial position of Northside as of September 30, 2011 and 2010, the results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 1 to the consolidated financial statements, Northside has changed its method of accounting related to goodwill due to the adoption of the Financial Accounting Standards Board Accounting Standards Update 2010-07, *Not-for-Profit Entities (Topic 958), Not-for-Profit Entities, Mergers and Acquisitions*.

Deloitte + Touche LLP

January 13, 2012

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2011 AND 2010

ASSETS	2011	2010
CURRENT ASSETS:		
Cash and cash equivalents	$ 152,979,000	$ 139,618,000
Patient accounts receivable — less allowance for uncollectible accounts of $65,522,000 and $75,528,000 as of September 30, 2011 and 2010, respectively	58,247,000	58,049,000
Inventories — at lower of cost (first-in, first-out method) or market	11,584,000	9,672,000
Prepaid expenses and other assets	9,137,000	8,020,000
Total current assets	231,947,000	215,359,000
ASSETS WHOSE USE IS LIMITED — At fair value	135,854,000	133,196,000
PROPERTY AND EQUIPMENT — At cost	1,113,594,000	1,024,185,000
LESS ACCUMULATED DEPRECIATION AND AMORTIZATION	(636,037,000)	(567,790,000)
Net property and equipment	477,557,000	456,395,000
OTHER ASSETS:		
Goodwill	70,707,000	67,533,000
Other intangible assets	34,483,000	1,613,000
Other	22,357,000	20,499,000
Due from related parties	204,000	137,000
Total other assets	127,751,000	89,782,000
TOTAL	$ 973,109,000	$ 894,732,000

(Continued)

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2011 AND 2010

	2011	2010
LIABILITIES		
CURRENT LIABILITIES:		
Current portion of long-term debt and capital lease obligations	$ 7,901,000	$ 11,140,000
Accounts payable	60,267,000	67,673,000
Accrued liabilities:		
Salaries and employee benefits	69,243,000	57,045,000
Other	127,963,000	107,672,000
Current portion of accrual for general and professional malpractice claims	15,006,000	14,796,000
Total current liabilities	280,380,000	258,326,000
OTHER LONG-TERM OBLIGATIONS:		
Accrual for general and professional medical malpractice claims	104,801,000	103,685,000
Accrued pension costs	60,602,000	53,063,000
Other postretirement benefit plan obligations	1,603,000	45,746,000
Real estate financing obligation	13,169,000	12,974,000
Other long-term liabilities	4,823,000	4,198,000
Total other long-term obligations	184,998,000	219,666,000
LONG-TERM DEBT:		
Obligations under capital lease — net of current portion	30,129,000	36,520,000
Bank loans and other debt — net of current portion	45,093,000	46,603,000
Total long-term debt	75,222,000	83,123,000
Total liabilities	540,600,000	561,115,000
UNRESTRICTED NET ASSETS	432,509,000	333,617,000
TOTAL	$973,109,000	$894,732,000

See notes to consolidated financial statements. (Concluded)

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
REVENUES:		
Net patient service revenues	$1,063,186,000	$1,014,506,000
Other operating revenues	39,920,000	33,970,000
Total revenues	1,103,106,000	1,048,476,000
EXPENSES:		
Salaries and benefits	493,923,000	452,447,000
Supplies	213,451,000	199,963,000
Professional fees	55,888,000	36,548,000
Depreciation and amortization	77,159,000	79,814,000
Provision for bad debts	63,415,000	75,515,000
Interest	4,518,000	5,126,000
Other (Note 1)	152,770,000	152,234,000
Total expenses	1,061,124,000 F-6 F-3	01,647,000
OPERATING INCOME BEFORE OTHER ITEMS	41,982,000	46,829,000
CURTAILMENT AND SETTLEMENT OF OTHER POSTRETIREMENT BENEFIT OBLIGATIONS	31,111,000 F-6, F-3	-
OPERATING INCOME	73,093,000	46,829,000
INVESTMENT INCOME	3,046,000 F-6 F-3	0,796,000
REVENUES IN EXCESS OF EXPENSES	76,139,000 F-3	57,625,000
CHANGE IN UNRECOGNIZED PENSION AND OTHER POSTRETIREMENT BENEFIT COSTS	22,753,000	(14,034,000)
CHANGE IN UNRESTRICTED NET ASSETS	98,892,000	43,591,000
UNRESTRICTED NET ASSETS — Beginning of year	333,617,000	290,026,000
UNRESTRICTED NET ASSETS — End of year	$ 432,509,000	$ 333,617,000
Σ	1,137,263,000 F-6; F-3	

See notes to consolidated financial statements.

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in unrestricted net assets	$ 98,892,000	$ 43,591,000
Adjustments to reconcile changes in unrestricted net assets to net cash provided by operating activities		
Depreciation and amortization	77,159,000	79,814,000
Provision for bad debts	63,415,000	75,515,000
Net realized and unrealized losses (gains) on investments and other	637,000	(7,330,000)
Change in unrecognized pension and other postretirement benefit costs	(22,753,000)	14,034,000
Retirement plan funding less than current-year expense	6,739,000	2,945,000
Curtailment and settlement of other postretirement benefit obligations	(31,111,000)	-
Other noncash (gain) loss	(129,000)	360,000
Changes in assets and liabilities		
Patient accounts receivable	(63,613,000)	(74,797,000)
Inventories	(1,912,000)	(789,000)
Prepaid expenses and other assets	(4,243,000)	(4,453,000)
Trade accounts payable	(8,070,000)	6,313,000
Accrued liabilities	44,096,000	18,793,000
Accrual for general and professional medical malpractice claims	1,326,000	(131,000)
Total adjustments	61,541,000	110,274,000
Net cash provided by operating activities	160,433,000	153,865,000
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of assets whose use is limited	(130,237,000)	(225,961,000)
Proceeds from disposal of assets whose use is limited	127,018,000	204,381,000
Acquisitions (Note 2)	(45,887,000)	(8,500,000)
Proceeds from sale of property and equipment	304,000	40,000
Purchase of property and equipment	(87,130,000)	(79,453,000)
Other	-	3,414,000
Net cash used in investing activities	(135,932,000)	(106,079,000)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of capital lease obligations	(6,078,000)	(5,774,000)
Repayment of long-term debt	(5,062,000)	(6,047,000)
Net cash used in financing activities	(11,140,000)	(11,821,000)
NET INCREASE IN CASH AND CASH EQUIVALENTS	13,361,000	35,965,000
CASH AND CASH EQUIVALENTS — Beginning of year	139,618,000	103,653,000
CASH AND CASH EQUIVALENTS — End of year	$ 152,979,000	$ 139,618,000

See notes to consolidated financial statements

1. ORGANIZATION AND SIGNIFICANT ACCOUNTING AND REPORTING POLICIES

Organization — The accompanying consolidated financial statements include the accounts of Northside Hospital, Inc. ("Northside") and its subsidiaries. Northside is a not-for-profit entity operating a 537-bed licensed acute care facility located in Atlanta, Georgia; a 188-bed licensed acute care facility located in Cumming, Georgia ("Northside Hospital - Forsyth"); and an 84-bed licensed acute care facility located in Canton, Georgia ("Northside Hospital - Cherokee" or "NHC").

Northside, Northside Hospital - Forsyth, and Northside Hospital - Cherokee (collectively, the "Hospitals") are subsidiaries of Northside Health Services, Inc. ("NHS"), a not-for-profit organization.

Accounting and Reporting Policies — A summary of the significant accounting and reporting policies followed by the Hospitals in the preparation of the consolidated financial statements is presented below:

Cash and Cash Equivalents — The Hospitals consider all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents, excluding those amounts limited as to use by board, management, or donor designation.

Northside invests cash, which is not required for immediate operating needs, in major financial institutions in amounts that exceed Federal Depository Insurance Corporation limits. Management believes that the credit risk related to these deposits is minimal.

Marketable Securities and Assets Whose Use is Limited — The Hospitals comply with the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 325, *Investments-Debt & Equity Securities*. ASC 325 generally requires investments in marketable debt and equity securities to be recorded at fair market value. Generally, investment income or loss (including gains and losses on investments, interest, and dividends) is included in revenues in excess of expenses as investment income.

Assets whose use is limited consist of assets designated by Northside for future capital improvements over which Northside retains control (e.g., plant replacement and expansion). Assets designated for plant replacement and expansion may subsequently be used for other purposes.

Derivative Financial Instruments — Northside occasionally uses interest rate swaps, a type of derivative financial instrument, to manage exposure to interest rate risk. Interest rate swaps are contractual agreements between two parties for the exchange of interest payments on a notional principal amount at agreed-upon fixed or floating rates for defined periods. Northside does not enter into derivative financial instruments for trading purposes, and credit risk related to these derivative financial instruments is considered minimal. Any changes in fair value of these derivative instruments are included in revenues in excess of expenses in the consolidated statements of operations and changes in net assets.

Property and Equipment — It is the policy of the Hospitals to capitalize the cost of additions to property and equipment and to remove from the accounts items of property and equipment retired or sold.

Land, buildings, and fixed equipment, which are part of Northside's capital lease with the Hospital Authority of Fulton County (the "Authority", see Note 7) were recorded by Northside at the Authority's cost, net of any accumulated depreciation. Major moveable equipment, which was transferred directly to Northside, was also recorded at its cost, net of any accumulated depreciation.

Depreciation is provided using the straight-line method based on the estimated useful lives of building and service equipment (5–40 years), land improvements (10 years), leasehold improvements (life of the lease or useful life, whichever is shorter), and equipment (3–20 years). Property and equipment under capital lease are amortized over the term of the lease or useful life, whichever is shorter.

The details of property and equipment as of September 30, 2011 and 2010, are as follows:

	2011	2010
Land and buildings	$ 574,056,000	$ 517,794,000
Moveable and fixed equipment	395,156,000	370,228,000
Leasehold improvements	97,775,000	96,905,000
Construction in progress	46,607,000	39,258,000
Property and equipment — at cost	1,113,594,000	1,024,185,000
Less accumulated depreciation and amortization	(636,037,000)	(567,790,000)
Property and equipment — net	$ 477,557,000	$ 456,395,000

Depreciation expense totaled $74,383,000 and $72,905,000 during the years ended September 30, 2011 and 2010, respectively.

Assets held by Northside under its capital lease with the Authority had a gross book value of $96,968,000 and accumulated depreciation of $91,136,000 and $90,537,000 as of September 30, 2011 and 2010, respectively. Depreciation expense related to these assets totaled $599,000 and $722,000 during the years ended September 30, 2011 and 2010, respectively.

Goodwill — Effective October 1, 2010, Northside adopted the provisions of Accounting Standards Update ("ASU") No. 2010-07, *Not-for-Profit Entities (Topic 958) Mergers and Acquisitions*. Prior to the adoption of the ASU, goodwill was being amortized over a period ranging from five to twenty years using the straight-line method. With the adoption of the ASU, Northside ceased amortization of existing goodwill. The remaining unamortized balance is now subject to at least an annual assessment for impairment, or more frequently if events or circumstances indicate goodwill may be impaired, by comparing the fair value of each reporting unit to the carrying value to determine if there is an indication that a potential impairment may exist. If Northside determines that impairment may exist, the amount of the impairment loss is measured as the excess, if any, of the carrying amount of the goodwill over its implied fair value. There was no impairment of Northside's goodwill during the year ended September 30, 2011.

	2011	2010
Balance — beginning of year	$67,533,000	$67,847,000
Acquisitions	3,174,000	6,487,000
Amortization expense	-	(6,801,000)
Balance — end of year	$70,707,000	$67,533,000

Intangible Assets — Intangible assets consist of certain licensing agreements and noncompete agreements acquired in various acquisitions (see Note 2). Licensing agreements are amortized on a straight-line basis over their estimated useful life of 30 years, and noncompete agreements are amortized on a straight-line basis over the term of the underlying agreement. Northside reviews intangible assets for impairment whenever events or changes in circumstances indicate that the carrying amount of the intangible asset may not be recoverable. If such reviews indicate the intangible asset may not be recoverable, an impairment loss is recognized for the excess of the carrying amount over the fair value of the intangible asset. There was no impairment of Northside's intangible assets during the years ended September 30, 2011 and 2010.

The summary of the components of intangible assets as of September 30, 2011 and 2010, is as follows:

	2011	2010
Licensing agreements	$34,680,000	$ -
Less accumulated amortization	(869,000)	
	33,811,000	-
Non-compete agreements	1,613,000	1,613,000
Less accumulated amortization	(941,000)	-
	672,000	1,613,000
	$34,483,000	$1,613,000

Amortization expense related to intangible assets was approximately $1,880,000 and $0 for the years ended September 30, 2011 and 2010, respectively. Estimated annual aggregate amortization expense for each of the next five years is as follows:

Years Ending September 30	
2012	$1,828,000
2013	1,156,000
2014	1,156,000
2015	1,156,000
2016	1,156,000

Revenues in Excess of Expenses — The consolidated statements of operations and changes in net assets include revenues in excess of expenses. Additional changes in unrestricted net assets that are excluded from revenues in excess of expenses, consistent with industry practice, include gains (losses) on certain derivative instruments classified as cash flows hedges, changes in unrecognized pension and other postretirement benefit costs, permanent transfers of assets to and from affiliates other than for goods and services, and contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets).

Other Operating Expenses — Other operating expenses for the years ended September 30, 2011 and 2010, are as follows:

	2011	2010
Purchased services	$ 66,635,000	$ 63,321,000
Rent and leases	31,063,000	30,838,000
Utilities	15,540,000	13,630,000
Insurance	10,548,000	15,187,000
Repairs and maintenance	5,131,000	6,152,000
Travel and education	1,909,000	2,066,000
Printing and mailing	3,325,000	4,761,000
Community related	7,822,000	7,270,000
Other	10,797,000	9,009,000
	$ 152,770,000	$ 152,234,000

Income Taxes — The Hospitals qualify as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been recorded.

Statements of Cash Flows — Cash payments for interest totaled $2,590,000 and $3,002,000 for the years ended September 30, 2011 and 2010, respectively.

Savings Plan — Northside has a 403(b) plan which provides for voluntary contributions by employees. Northside employee contributions are not to exceed 75% of their gross salaries and wages or $16,500, plus any applicable Internal Revenue Service catch-up provisions, whichever is lower. Northside matches 25% of the first 4% of each employee's contribution. The expense incurred for Northside's matching contributions totaled $1,299,000 and $1,447,000 for the years ended September 30, 2011 and 2010, respectively.

Fair Values of Financial Instruments — The following methods and assumptions were used by Northside to estimate the fair value of each class of financial instrument, for which it is practicable to estimate that value. See Note 4 for additional fair value disclosures required under ASC 820, *Fair Value Measurements and Disclosures.*

Cash and Cash Equivalents, Patient Accounts Receivable, Accounts Payable, and Accrued Liabilities — The carrying amount approximates fair value because of the short-term nature of these instruments.

Assets Whose Use is Limited — The fair values for assets whose use is limited are based on quoted market prices for those or similar assets, where available. Where such prices are not available or the underlying market is not active, the fair values are based on a combination of valuation techniques using observable market inputs.

Long-Term Debt — The carrying value of long-term debt approximates fair value due to the existence of variable interest rates on all such instruments.

Obligations under Capital Lease — The fair market value of the obligation under capital lease, based on quoted market prices for the underlying debt, is $41,529,000 and $47,515,000 at September 30, 2011 and 2010, respectively.

Industry — The health care industry is subject to numerous laws and regulations of federal, state, and local governments, which are complex and subject to interpretation. Compliance with these laws and regulations, including those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation. Federal government activity has increased with respect to investigations and allegations concerning possible violations of laws and regulations by health care providers. Unfavorable outcomes related to these regulatory investigations could result in the imposition of significant monetary fines, and civil and criminal penalties, as well as significant repayments of previously billed and collected revenue from patient services, and exclusion from participation in the Medicare and Medicaid programs.

Addressing the affordability and availability of health insurance, including reducing the number of uninsured, is a major initiative of President Obama and the U.S. Congress. On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (the "Act"), a comprehensive health care reform bill. The Act includes measures that change the dynamics of the health care industry and the employer's role in the provision of benefits. Northside is continuously assessing the impact of the Act. However, numerous elements and outputs have not yet been clearly defined. As a result, Northside cannot be certain as to the ultimate impact these changes will have on its business. As definitions and clarifications are made available, Northside will respond accordingly.

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 statements. Estimates also affect the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

Consolidation — All intercompany amounts have been eliminated in the accompanying consolidated financial statements.

Recent Accounting Pronouncements — In August 2010, the FASB issued ASU No. 2010-24, *Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability. The guidance provided in the ASU is effective for fiscal years beginning after December 15, 2010. Northside is currently evaluating the impact to its consolidated financial statements for the adoption of this standard.

In August 2010, the FASB issued ASU No. 2010-23, *Health Care Entities (Topic 954) Measuring Charity for Disclosure*, which prescribes a specific measurement basis for charity care for disclosure. The guidance provided in this ASU is effective for fiscal years beginning after December 15, 2010. Northside is currently evaluating the impact to its consolidated financial statements from the adoption of this standard.

In July 2011, the FASB issued ASU No. 2011-07, *Health Care Entities (Topic 954) Presentation and Disclosure of Patient Services Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. ASU No. 2011-07 requires certain health care entities to change the presentation of their financial statements of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. ASU No. 2011-07 also requires disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the

allowance for doubtful accounts. ASU No. 2011-07 is effective for nonpublic entities for fiscal years ending after December 15, 2012, with early adoption permitted. Northside is currently evaluating the impact on its consolidated financial statements from the adoption of this standard.

2. ACQUISITIONS

Outpatient Cancer Centers — In December 2010, Northside acquired certain assets of two outpatient cancer centers for cash consideration of $42,127,000. The acquisition was accounted for using the purchase method of accounting. Accordingly, the purchase price was allocated to identifiable net assets acquired based on their estimated fair values as follows:

Moveable and fixed equipment	$ 6,784,000
Licensing agreements	32,300,000

The balance of the purchase price, $3,043,000, was recorded as excess cost over identifiable net assets acquired (goodwill). The impact of this acquisition is not material to Northside's consolidated financial position or results of operations.

Other Acquisitions — During 2011, Northside also acquired certain assets of other physician practices and surgery centers for cash consideration of $3,760,000. These acquisitions were accounted for using the purchase method of accounting. Accordingly, the purchase prices were allocated to identifiable net assets acquired based on their estimated fair values as follows:

Moveable and fixed equipment	$ 1,144,000
Other assets	105,000
Licensing agreements	2,380,000

The balance of the purchase prices, $131,000, was recorded as excess cost over identifiable net assets acquired (goodwill). The impact of these acquisitions is not material to Northside's consolidated financial position or results of operations.

Surgery Center — In August 2010, Northside acquired certain assets of an ambulatory surgery center for cash consideration of $8,425,000. The acquisition was accounted for using the purchase method of accounting. Accordingly, the purchase price was allocated to identifiable net assets acquired based on their estimated fair values as follows:

Moveable and fixed equipment	$ 325,000
Noncompete agreements	1,613,000

The balance of the purchase price, $6,487,000, was recorded as excess cost over identifiable net assets acquired (goodwill). The impact of this acquisition is not material to Northside's consolidated financial position or results of operations.

3. ASSETS WHOSE USE IS LIMITED

A summary of assets whose use is limited as of September 30, 2011 and 2010, stated at fair value, is as follows:

	2011	2010
Cash and cash equivalents	$ 6,755,000	$ 4,565,000
Corporate bonds and securities	24,443,000	20,325,000
Government bonds and securities	24,022,000	26,630,000
Corporate equity securities	80,634,000	80,151,000
Common collective trusts	-	1,525,000
	$ 135,854,000	$ 133,196,000

For the years ended September 30, 2011 and 2010, components of investment income are as follows:

	2011	2010
Investment income:		
Interest and dividends	$ 3,683,000	$ 3,466,000
Realized gains on sales of investments	3,686,000	1,216,000
Net change in unrealized (losses) gains in investments	(4,323,000)	6,114,000
	$ 3,046,000	$ 10,796,000

4. FAIR VALUE MEASUREMENTS

Under ASC 820, fair value is defined as 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 determining fair value, the Hospitals use various valuation approaches. The hierarchy of those valuation approaches is broken down into three levels based on the reliability of inputs as follows:

Level 1 — Inputs are quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis. The valuation under this approach does not entail a significant degree of judgment. The types of investments which would generally be included in Level 1 include equity securities, mutual funds, money market funds, and certain corporate and government bonds and securities.

Level 2 — Inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets or liabilities in active markets, inputs other than quoted prices that are observable for the asset or liability (e.g., interest rates, yield curves observable at commonly quoted intervals or current market, maturities, and credit risk), and contractual prices for the underlying financial instrument as well as other relevant economic measures. The types of investments which would generally be included in Level 2 include certain corporate bonds and securities, pooled separate accounts, interest rate swaps, and common collective trusts.

Level 3 — Inputs are unobservable inputs for the asset or liability. Unobservable inputs shall be used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date.

The information about the Hospitals' assets and liabilities measured at fair value on a recurring basis as of September 30, 2011 and 2010, is as follows:

2011	Level 1	Level 2	Level 3	Total
Cash and cash equivalents*	$ 90,991,000	$ 392,000	$ -	$ 91,383,000
Corporate bonds and securities				
Domestic bonds	-	14,828,000	-	14,828,000
Collateralized mortgage obligations	-	6,642,000	-	6,642,000
Foreign bonds	2,973,000	-	-	2,973,000
Total corporate bonds and securities	2,973,000	21,470,000	-	24,443,000
Government bonds and securities				
U S Treasury securities	9,519,000	-	-	9,519,000
Federal national mortgage securities	-	14,503,000	-	14,503,000
Total government bonds and securities	9,519,000	14,503,000	-	24,022,000
Common stocks				
Domestic securities	51,717,000	-	-	51,717,000
Index fund securities	25,920,000	-	-	25,920,000
Foreign securities	2,997,000	-	-	2,997,000
Total common stocks	80,634,000	-	-	80,634,000
Total	$ 184,117,000	$ 36,365,000	$ -	$ 220,482,000
Fair value of interest rate swap	$ -	$ (1,810,000)	$ -	$ (1,810,000)
Total liabilities	$ -	$ (1,810,000)	$ -	$ (1,810,000)

* Includes $84,628,000 of money market securities that are classified by Northside as a component of cash and cash equivalents within the consolidated balance sheets The remainder represents money market securities and accrued income reported within assets whose use is limited within the consolidated balance sheets

As of September 30, 2011, approximately $22,782,000 in assets classified as Level 2 were classified as Level 1 as of September 30, 2010. These assets were reclassified primarily as a result of significant observable inputs in addition to quoted market prices being used to value the related bonds and securities as of September 30, 2011.

2010	Level 1	Level 2	Level 3	Total
Cash and cash equivalents*	$ 64,117,000	$ -	$ -	$ 64,117,000
Corporate bonds and securities				
Domestic bonds	14,563,000	-	-	14,563,000
Collateralized mortgage obligations	4,344,000	1,418,000	-	5,762,000
Total corporate bonds and securities	18,907,000	1,418,000	-	20,325,000
Government bonds and securities				
U S Treasury securities	11,791,000	-	-	11,791,000
Government agency securities	4,097,000	-	-	4,097,000
Federal national mortgage securities	5,058,000	5,684,000	-	10,742,000
Total government bonds and securities	20,946,000	5,684,000	-	26,630,000
Common stocks				
Domestic securities	54,459,000	-	-	54,459,000
Index fund securities	25,643,000	-	-	25,643,000
Foreign securities	49,000	-	-	49,000
Total common stocks	80,151,000	-	-	80,151,000
Common collective trusts				
U S government securities	-	506,000	-	506,000
Corporate bonds and debentures	-	279,000	-	279,000
Collateralized mortgage obligations	-	713,000	-	713,000
Asset-backed security	-	2,000	-	2,000
Short-term investment	-	25,000	-	25,000
Total common collective trusts	-	1,525,000	-	1,525,000
Total	$ 184,121,000	$ 8,627,000	$ -	$ 192,748,000
Fair value of interest rate swap	$ -	$ (2,076,000)	$ -	$ (2,076,000)
Total liabilities	$ -	$ (2,076,000)	$ -	$ (2,076,000)

* Includes $59,552,000 of money market securities that are classified by Northside as a component of cash and cash equivalents within the consolidated balance sheets The remainder represents money market securities and accrued income reported within assets whose use is limited within the consolidated balance sheets

5. NET PATIENT SERVICE REVENUES AND ACCOUNTS RECEIVABLE

The Hospitals grant credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors as of September 30, 2011 and 2010, is as follows:

	2011	2010
Managed care	56 %	57 %
Self-pay	5	6
Commercial	13	14
Medicaid	8	6
Medicare	18	17
	100 %	100 %

The provision for bad debts that relates to patient service revenues is based on an evaluation of potentially uncollectible accounts. The allowance for uncollectible accounts represents the estimate of the uncollectible portion of accounts receivable.

The Hospitals have agreements with third-party payors that provide for payments to the Hospitals at amounts different from their established rates. Net patient service revenues represent regular hospital charges, net of allowances made to adjust these charges to estimated reimbursement. A summary of the payment arrangements with major third-party payors is as follows:

Managed Care and Commercial Programs — The Hospitals have entered into payment agreements with certain commercial insurance carriers and managed care providers. The basis for payment to the Hospitals under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

A substantial portion of the net patient service revenues of the Hospitals is from a limited number of managed care providers. Managed care payors accounted for 72% and 70% of net patient service revenues during the years ended September 30, 2011 and 2010, respectively, with one individual provider accounting for 9% and 8%, of the net patient service revenues during 2011 and 2010, respectively.

Medicare and Medicaid Programs — The Hospitals render care to patients covered by the Medicare and Medicaid programs. Payments for inpatient services under the Medicare program are based on a blended base rate per eligible patient, subject to varying weights according to the diagnosis. Payments for inpatient services under the Medicaid program are based on a hybrid diagnosis-related group system, where the fixed rate is common among all providers and, after adjustment for the diagnosis, a hospital-specified add-on is given per admission. Payment for outpatient services under the Medicare program is based on the use of ambulatory patient classification codes, a prospective payment system.

Final settlements have been reached on Northside's Atlanta, Georgia, hospital Medicare and Medicaid cost reports through September 30, 2006. Final settlements have been reached on Medicare and Medicaid cost reports through September 30, 2008 and 2007, respectively, for Northside Hospital - Forsyth. Final settlements have been reached on NHC's Medicare and Medicaid cost reports through September 30, 2006 and 2007, respectively. Regulations provide that cost reports may be reopened by the intermediary within three years of the notice of an intermediary decision of the determination of final settlement. In the opinion of management, adequate allowances for open cost reports have been provided

as of September 30, 2011 and 2010. During the years ended September 30, 2011 and 2010, Medicare and Medicaid reimbursement accounted for 21% of net patient service revenues. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue decreased approximately $126,000 and increased approximately $1,304,000 during 2011 and 2010, respectively, due to the adjustment of allowances as a result of final settlements and years that are no longer subject to reviews, audits, and investigations. The Hospitals recognize that revenues and receivables from government agencies are significant to their operations, but the Hospitals do not believe that there are any significant credit risks associated with these government agencies.

6. CHARITY CARE

The Hospitals provide care without charge or at amounts less than their established rates to patients who meet certain criteria under their charity care policies. Because the Hospitals do not pursue collection of amounts determined to qualify as charity care, they are not reported as revenues or accounts receivable.

The Hospitals maintain records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The amount of charity care provided based on foregone charges was approximately $137,903,000 and $119,602,000 in fiscal years 2011 and 2010, respectively.

7. REORGANIZATION

The Authority owns and, prior to November 1, 1991, operated an acute care hospital known as Northside Hospital, two doctors' office buildings, and other real property (collectively, the "Medical Center").

On November 1, 1991, the Authority and Northside entered into a lease and transfer agreement (the "Lease"), pursuant to which the Authority leased the Medical Center to Northside, beginning November 1, 1991, for a period of 40 years, automatically renewing each year. Further, as part of the Lease, the Authority transferred to Northside all tangible and intangible personal property and other assets of the Authority used in connection with the operation of the Medical Center. Northside has agreed to assume all obligations and liabilities of the Authority as of November 1, 1991. Northside has also agreed to provide certain levels of uncompensated care and to pay annual rent to fund medical education or other public health services. Under the terms of the Lease, Northside is obligated to operate the Medical Center and related facilities on a not-for-profit basis and to operate Northside as a general acute care hospital for the benefit of the general public.

The Authority has agreed in the Lease that it shall not sell or lease all or any portion of the property subject to the Lease or other property of the Authority without first giving Northside the option to purchase or lease such property under the same terms and conditions and for the same price as shall be offered to the Authority by any other bona fide prospective purchaser or lessee.

The Lease provides that it may be terminated by the mutual consent of the Authority and Northside, by reason of certain defaults, as defined in the Lease, or on the expiration of the Lease term. Events of default under the Lease include, but are not limited to, (a) the failure of Northside or the Authority to fulfill their respective obligations under the Lease and the continuation of such failure for 90 days after notice, unless such failure could not have been cured within such period despite reasonable efforts of Northside or the Authority, as applicable to do so; (b) certain events of bankruptcy or insolvency; or (c) the entering of a nonappealable judgment against Northside or the Authority successfully challenging the validity or enforceability of the Lease. Upon any termination of the Lease, Northside is obligated to

reconvey, retransfer, and reassign to the Authority the leased property and assets used in the operation of the Medical Center as then existing, subject to such debt or other liabilities as may be applicable thereto. In the event that the Lease is terminated, the Authority has agreed to assume, pay, and discharge the obligations of Northside, including any Certificates of the Authority, and will pledge to the payment of the Certificates its revenues derived from the Medical Center.

On June 21, 2000, the Authority and Northside entered into an amendment to the Lease, whereby the Authority agreed to lease additional property to Northside and Northside agreed to assume all obligations and liabilities of the Authority in association with the Authority's purchase of this property. All other terms and provisions of the Lease between the Authority and Northside remain unchanged. See Note 8 for a description of the debt incurred by the Authority for the purchase of this property.

8. LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

Obligations Under Capital Lease — In February 1992 and as currently amended, Northside entered into a master trust indenture between U.S. Bank (the "Trustee") and Northside, NHS, and Northside Ventures, Inc. ("NVI") (collectively, the "Northside Hospital System"). The master trust indenture provided for the issuance of $100 million of the Certificates secured by revenues of the Northside Hospital System. The Certificates are recorded on the Authority's financial statements. The Lease was assigned to the Trustee as security for the Certificates. Under the terms of the agreements governing the Certificates, the Northside Hospital System is subject to certain covenants, including limitations on the incurrence of additional indebtedness, maintenance of certain amounts of insurance, limitations on mergers and transfers of assets, and various other financial covenants and tests. The Northside Hospital System was in compliance with all financial covenants as of September 30, 2011 and 2010.

The Lease has been capitalized using an interest rate of 5.2% for the original issuance of $100 million. The aggregate obligations, less interest, have been reflected as liabilities in the accompanying consolidated balance sheets. Northside had interest expense of $2,233,000 and $2,536,000 during the years ended September 30, 2011 and 2010, respectively, relating to the Lease with the Authority.

Bank Loans and Other Debt — In December 2003, the Authority issued $50 million in tax-exempt adjustable mode Certificates, consisting of $30 million of tax-exempt Series 2003A and $20 million of tax-exempt Series 2003B adjustable mode Certificates (the "Series 2003 Certificates") pursuant to a trust indenture for each of the respective series between the Authority and the Trustee. The proceeds of the Series 2003 Certificates were loaned to Northside pursuant to a loan agreement for each of the respective series between the Authority and Northside.

Concurrent with the issuance of the Series 2003A adjustable mode Certificates, Northside entered into an interest rate swap agreement with a bank effectively converting Northside's interest rate exposure on this debt from a variable to a fixed rate of 3.69%. The interest rate swap had an initial aggregate notional amount of $30,000,000. The change in fair value of the interest rate swap is included in revenue in excess of expenses as a component of investment income in the accompanying consolidated statements of operations and changes in net assets, and was approximately $266,000 for the year ended September 30, 2011 and $(328,000) for the year ended September 30, 2010.

The Hospitals had the following outstanding debt as of September 30, 2011 and 2010, other than the Lease:

	2011	2010
$40 million term loan, interest at monthly LIBOR, plus 1.75% (1.98% as of September 30, 2011), payable in quarterly installments through March 2012, secured by net patient service revenue	$ 12,333,000	$ 15,000,000
Series 2003A note payable, interest at the weekly Bond Market Association rate (0.2% as of September 30, 2011), plus 1%–2%, payable in biannual installments through October 2018, secured by net patient service revenue	17,280,000	19,200,000
Series 2003B note payable, interest at the daily Wachovia rate (0.2% as of September 30, 2011), payable in annual installments through 2033, secured by net patient service revenue	16,990,000	17,465,000
	$ 46,603,000	$ 51,665,000

The Hospitals also had a line of credit of $60 million available at an interest rate of LIBOR plus 0.825%. The line of credit was secured by net patient service revenue. Interest was payable monthly, and matures on February 28, 2012. There were no amounts outstanding under the line of credit as of September 30, 2011 or 2010.

The carrying value of the Hospitals' bank loans and other debt approximates fair value as of September 30, 2011.

Subsequent to September 30, 2011, the Authority and Northside refinanced the Series 2003 certificates, the existing term loan, and the line of credit (see Note 16). The aggregate principal maturities of the Lease and the refinanced Series 2003 certificates, the existing term loan, and the line of credit as of September 30, 2011, are as follows:

Years Ending September 30	
2012	$ 1,634,000
2013	12,786,000
2014	15,096,000
2015	15,501,000
2016	15,921,000
Thereafter	18,899,000
	$ 79,837,000

9. SALE OF MEDICAL OFFICE BUILDING

In 2008, Northside sold a medical office building to a third party, subject to the terms of a long-term ground lease, for $12,500,000. A member of Northside's board of directors is an equity owner in the entity that purchased this building. Under the terms of those agreements, Northside has certain obligations and repurchase rights, including an automatic right to repurchase at the future fair market value on the tenth anniversary of this transaction. In addition, Northside has agreed to a ground lease over a 60-year term. Rental payments under the terms of the ground lease are approximately $110,000 per year during the initial five-year term of the ground lease with annual escalations thereafter. As such, in accordance with ASC 970, *Real Estate*, the financing method of accounting has been applied. No profit was recognized on the transaction, and proceeds from the sale are included as a long-term obligation in the consolidated balance sheets. The property remains on Northside's consolidated balance sheets and continues to be depreciated. The results of the operation of the building have been included in the consolidated statements of operations and changes in net assets.

	2011	2010
Property subject to financing — net	$ 10,942,000	$ 11,699,000
Liabilities relating to properties subject to the financing method	14,011,000	13,692,000
Depreciation expense	760,000	733,000
Interest expense	1,309,000	1,441,000

10. OPERATING LEASES

Northside also entered into a leasing arrangement with NVI, whereby NVI leases space from an unrelated third party and incurs rental expense. Northside uses this space and pays rent to NVI. The accompanying consolidated financial statements include $2,263,000 and $2,301,000 of rental expense related to these transactions for the years ended September 30, 2011 and 2010, respectively. Future minimum rental payments required under noncancelable leases that have remaining lease terms in excess of one year as of September 30, 2011, are as follows:

Years Ending September 30	Nonrelated Party	Related Party
2012	$ 14,800,000	$ 3,576,000
2013	12,040,000	3,140,000
2014	10,231,000	1,430,000
2015	9,344,000	1,149,000
2016	8,546,000	1,009,000
Thereafter	20,352,000	32,441,000
	$ 75,313,000	$ 42,745,000

11. INSURANCE

Northside is self-insured for a substantial portion of its general and professional medical malpractice risks. Northside maintains coverage in excess of its self-insurance plan limits (currently $65 million per occurrence and annual aggregate). Such coverage is limited to claims made for professional medical malpractice only, rather than claims incurred during its term.

The accrual for self-insured general and professional medical malpractice losses, including loss adjustment expenses, is based on undiscounted actuarial estimates. The actual claim settlements and expenses may differ from amounts provided, but in the opinion of management, an adequate accrual has been made for such claims at September 30, 2011 and 2010.

NHC maintains general and professional medical malpractice coverage. The liability coverage provides a limit of liability of $10 million per claim or occurrence, subject to a $250,000 per claim deductible. NHC also maintains excess coverage, which provides up to $65 million total loss per claim or occurrence limit. Such coverage is limited to claims made for professional medical malpractice only rather than claims incurred during its term. The accrual for self-insured general and professional medical malpractice losses, including loss adjustment expenses, is based on undiscounted actuarial estimates using NHC's historical claims experience adjusted for current industry trends. The actual claim settlements and expenses may differ from amounts provided, but in the opinion of management, an adequate accrual has been made for such claims at September 30, 2011 and 2010.

Additionally, the Hospitals are self-insured for group health insurance for hospital employees and their covered dependents. Losses are accrued in accordance with Northside's estimates of the aggregate liability for claims incurred based on actual experience. Medical costs in excess of $300,000 ($175,000 for NHC) per participant are covered through a private insurance carrier up to a maximum lifetime limit of $1 million. Northside incurred $40,673,000 and $35,305,000 in health insurance expenses during the years ended September 30, 2011 and 2010, respectively. The recorded liabilities were approximately $17,068,000 and $10,884,000 at September 30, 2011 and 2010, respectively, and are based on the Hospitals' estimate of unpaid and incurred but not reported claims and are included in other current liabilities in the accompanying consolidated balance sheets. The actual claim settlements and expenses may differ from amounts provided, but in the opinion of management, an adequate accrual has been made for such claims at September 30, 2011 and 2010.

12. RETIREMENT AND POSTRETIREMENT BENEFIT PLANS

Northside has a trusteed noncontributory defined benefit pension plan in which substantially all regular employees are eligible to participate. Benefits are based on the employees' years of service and compensation. Northside's funding policy is to contribute amounts based on periodic actuarial valuations and recommendations, but never less than the minimum required contribution. Northside uses a September 30 measurement date for its pension plan.

Northside had a postretirement health and welfare benefit plan in which substantially all retired employees were eligible to participate. Postretirement benefits represented a continuation of benefits available to active employees. Northside uses a September 30 measurement date for its postretirement health and welfare benefit plan. During the year ended September 30, 2011, Northside amended its postretirement health and welfare benefit plan to eliminate benefits for substantially all participants. The plan change resulted in a curtailment and settlement gain of approximately $31,111,000 for the year ended September 30, 2011.

ASC 715, Compensation — Retirement Benefits, requires Northside to recognize the unfunded status of its pension and other postretirement benefit plans, measured as the difference between the projected benefit obligations and plan assets at fair value, in its consolidated balance sheets.

Net Periodic Benefit Cost — Information about the net periodic benefit cost and other changes in unrecognized pension and other postretirement benefit costs for Northside's pension and other postretirement benefit plans as of September 30, 2011 and 2010, is as follows:

	Pension Plan		Other Postretirement Benefit Plan	
	2011	2010	2011	2010
Net periodic benefit cost				
Service cost	$ 19,586,000	$ 14,918,000	$ 5,179,000	$ 2,908,000
Interest cost	17,558,000	15,619,000	2,377,000	2,012,000
Expected return on plan assets	(16,812,000)	(14,563,000)	-	-
Amortization of actuarial loss	5,334,000	4,692,000	1,553,000	1,213,000
Amortization of prior service cost	1,073,000	1,079,000	572,000	572,000
Amortization of transition obligation	-	-	8,000	8,000
Other	-	1,200,000	-	400,000
Net periodic benefit cost before curtailments/settlements	26,739,000	22,945,000	9,689,000	7,113,000
Curtailment/settlement gain	-	-	(31,111,000)	-
Total net periodic benefit cost (income)	26,739,000	22,945,000	(21,422,000)	7,113,000
Other changes in unrecognized pension and other postretirement benefit costs				
Current-year actuarial loss	7,173,000	15,905,000	3,107,000	5,693,000
Amortization of actuarial loss	(5,334,000)	(4,692,000)	(23,320,000)	(1,213,000)
Amortization of prior service cost	(1,073,000)	(1,079,000)	(3,283,000)	(572,000)
Amortization of transition obligation	-	-	(23,000)	(8,000)
Total other changes	766,000	10,134,000	(23,519,000)	3,900,000
Total recognized in consolidated statements of operations and changes in net assets	$ 27,505,000	$ 33,079,000	$(44,941,000)	$ 11,013,000

Actuarial Assumptions — The weighted-average actuarial assumptions used to determine the net periodic benefit cost of Northside's pension and other postretirement benefit plans as of September 30, 2011 and 2010, are as follows:

	Pension Plan		Other Postretirement Benefit Plan	
	2011	2010	2011	2010
Discount rate	5.30 %	5.60 %	4.60 %	5.20 %
Expected return on plan assets	6.50	6.50	N/A	N/A
Rate of compensation increase	4.50	4.50	N/A	N/A

The weighted-average actuarial assumptions used to determine the benefit obligations of Northside's pension and other postretirement benefit plans as of September 30, 2011 and 2010, are as follows:

	Pension Plan		Other Postretirement Benefit Plan	
	2011	2010	2011	2010
Discount rate	5.05 %	5.30 %	3.79 %	4.60 %
Expected return on plan assets	6.50	6.50	N/A	N/A
Rate of compensation increase	4.00	4.50	N/A	N/A

Northside's pension and other postretirement benefit costs are calculated using various actuarial assumptions and methodologies as prescribed by ASC 715. These assumptions include discount rates, expected return on plan assets, health care cost trend rates, inflation, rate of compensation increases, mortality rates, and other factors and are reviewed on an annual basis.

A discount rate is used to determine the present value of Northside's future pension and other postretirement benefit obligations. The discount rate is determined by matching the expected cash flows to a yield curve based on long-term high-quality fixed-income debt instruments available as of the measurement date and is updated on an annual basis.

An assumption for return on plan assets is used to determine the expected return on asset component of net periodic benefit cost for Northside's pension plan. The expected long-term target rate of return on plan assets is based upon Northside's projected investment mix of plan assets, the assumption that future returns will be close to the historical long-term rate of return experienced for equity and fixed-income securities, actuarial surveys performed in association with Northside's investment policies, and a 10- to 15-year investment horizon, so that fluctuations in the interim should be viewed with appropriate perspective. This assumption is consistent with the assumption used for funding purposes and Northside's target asset allocations.

Health care cost trends are used to project future postretirement benefits payable from Northside's other postretirement benefit plan. For the year ended September 30, 2011, obligation, future postretirement medical benefit costs were forecasted assuming an initial annual increase of 8%, decreasing to 5.5% by the year 2016, and with consistent annual increases at those ultimate levels thereafter. Assumed health care cost trends have a significant effect on the amounts reported for the other postretirement benefit plan. A 1% change in assumed health care cost trend rates would have the following effects:

	1% Increase	1% Decrease
Effect on total of service and interest costs	$ 1,112,000	$ (933,000)
Effect on postretirement benefit obligation	12,000	(12,000)

Benefit Obligations and Fair Value of Plan Assets — As of September 30, 2011 and 2010, the following table provides a reconciliation of the changes in the plans' benefit obligations and fair value of plan assets for Northside's pension and other postretirement benefit plans:

	Pension Plan		Other Postretirement Benefit Plan	
	2011	2010	2011	2010
Change in benefit obligation				
Benefit obligation — beginning of year	$314,110,000	$265,986,000	$ 46,817,000	$35,989,000
Service cost	19,586,000	14,918,000	5,179,000	2,908,000
Interest cost	17,558,000	15,619,000	2,377,000	2,012,000
Actuarial (gain) loss	(4,346,000)	20,834,000	3,107,000	5,693,000
Plan participants' contributions	-	-	479,000	305,000
Gross benefits paid	(5,126,000)	(4,447,000)	(751,000)	(489,000)
Curtailments/settlements	-	-	(55,605,000)	-
Other	51,000	1,200,000	-	400,000
Benefit obligation — end of year	$341,833,000	$314,110,000	$ 1,603,000	$46,818,000
Change in fair value of plan assets				
Fair value of plan assets — beginning of year	$261,047,000	$226,023,000	$ -	$ -
Actual return on plan assets	5,310,000	19,471,000	-	-
Employer contributions	20,000,000	20,000,000	272,000	184,000
Plan participants' contributions	-	-	479,000	305,000
Gross benefits paid	(5,126,000)	(4,447,000)	(751,000)	(489,000)
Fair value of plan assets — end of year	$281,231,000	$261,047,000	$ -	$ -

Funded Status — As of September 30, 2011 and 2010, the following table discloses the funded status of Northside's pension plan and other postretirement benefit plans and the amounts recognized in the consolidated balance sheets:

	Pension Plan		Other Postretirement Benefit Plan	
	2011	2010	2011	2010
Funded status				
Fair value of plan assets	$ 281,231,000	$ 261,047,000	$ -	$ -
Benefit obligation	(341,833,000)	(314,110,000)	(1,603,000)	(46,818,000)
Total funded status	$ (60,602,000)	$ (53,063,000)	$(1,603,000)	$(46,818,000)
Amounts not yet recognized in net periodic cost				
Unrecognized net actuarial loss	$ 86,571,000	$ 84,750,000	$ -	$ 20,213,000
Unrecognized prior service cost	5,412,000	6,485,000	-	3,283,000
Total unrecognized costs	$ 91,983,000	$ 91,235,000	$ -	$ 23,496,000
Amounts recognized in the consolidated balance sheets				
Current liability — salaries and employee benefits	$ -	$ -	$ -	$ (1,071,000)
Accrued pension costs	(60,602,000)	(53,063,000)	-	-
Other postretirement benefit plan obligations	-	-	(1,603,000)	(45,746,000)
Unrestricted net assets	91,983,000	91,234,000	-	23,519,000
Net asset (liabilities)	$ 31,381,000	$ 38,171,000	$(1,603,000)	$(23,298,000)

The accumulated benefit obligation for Northside's pension plan as of September 30, 2011 and 2010, was $288,797,000 and $253,972,000, respectively.

Unrestricted Net Assets — The amounts in unrestricted net assets expected to be amortized and recognized as a component of net periodic benefit cost in fiscal year 2012 are as follows:

	Pension Plan
Actuarial loss	$5,239,000
Prior service cost	1,073,000
	$6,312,000

Plan Asset Investment Policy — Northside's pension plan committee establishes investment policies and strategies that support the objectives of the plan. The primary objective of the plan is to emphasize long-term growth of principal while avoiding excessive risk. Short-term volatility is tolerated as much as it is consistent with the volatility of a comparable market index. The secondary objective is to achieve returns in excess of the rate of inflation over the investment horizon in order to preserve purchasing power of plan assets. Over the investment horizon, defined as 20 years, it is the goal of the aggregate plan assets to exceed the return of the Barclays Capital US Government/Corporate Bond Index by 3%. Allowable assets include (a) cash equivalents defined as Treasury bills, money market funds, short-term investment funds, commercial paper, banker's acceptances, repurchase agreements, and certificates of deposit; (b) fixed-income securities defined as U.S. government and agency securities; (c) equity securities defined as common stock, convertible notes and bonds, convertible preferred stock, American depository receipts of non-U.S. companies, and stocks of non-U.S. companies; (d) mutual funds; and (e) government investment contracts. The investment policy prohibits derivative investments in the portfolio, unless permission was sought from Northside's pension plan committee. Other prohibited investments include commodities and futures contracts, private placements, options, limited partnership, real estate properties, and venture capital investments. The target assets allocations are as follows:

Asset Category	Minimum	Maximum	Preferred
Equity securities	45 %	80 %	70 %
Fixed-income securities	20	55	30
Cash and cash equivalents		5	

Northside's pension plan weighted-average asset allocations as of September 30, 2011 and 2010, are as follows:

Asset Category	2011	2010
Equity securities	61 %	66 %
Fixed-income securities	33	32
Cash and cash equivalents	6	2
	100 %	100 %

The fair values of Northside's pension plan assets by assets category as of September 30, 2011 and 2010, are presented below (see Note 4 for further discussion regarding the fair value hierarchy and corresponding valuation techniques):

2011	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 16 669 000	$ 1 053 000	$ -	$ 17 722 000
Pooled separate account — bond and mortgage fund	-	1 513 000	-	1 513 000
Total pooled separate account	-	1 513 000	-	1 513 000
Corporate bonds and securities				
Domestic bonds	-	43 006 000	-	43 006 000
Collateralized mortgage obligations	-	3 080 000	-	3 080 000
Foreign bonds	846 000	-	-	846 000
Total corporate bonds and securities	846 000	46 086 000	-	46 932 000
Government bonds and securities				
U S Treasury securities	38 573 000	-	-	38 573 000
Federal national mortgage securities	-	5 531 000	-	5 531 000
Total government bonds and securities	38 573 000	5 531 000	-	44 104 000
Common stocks				
Domestic securities	163 416 000	-	-	163 416 000
Foreign securities	7 544 000	-	-	7 544 000
Total common stocks	170 960 000	-	-	170 960 000
Total	$ 227 048 000	$54 183 000	$ -	$ 281 231 000

As of September 30, 2011, approximately $46,344,000 in pension plan assets classified as Level 2 were classified as Level 1 as of September 30, 2010. These pension plan assets were reclassified primarily as a result of significant observable inputs in addition to quoted market prices being used to value the related bonds and securities as of September 30, 2011.

2010	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 6,277,000	$ -	$ -	$ 6,277,000
Pooled separate account — bond and mortgage fund	-	1,329,000	-	1,329,000
Total pooled separate account	-	1,329,000	-	1,329,000
Corporate bonds and securities				
Domestic bonds	36,475,000	-	-	36,475,000
Collateralized mortgage obligations	-	155,000	-	155,000
Total corporate bonds and securities	36,475,000	155,000	-	36,630,000
Government bonds and securities				
U S Treasury securities	16,379,000	-	-	16,379,000
Governmental agency securities	3,590,000	-	-	3,590,000
Federal national mortgage securities	-	455,000	-	455,000
Total government bonds and securities	19,969,000	455,000	-	20,424,000
Common stocks				
Domestic securities	167,283,000	-	-	167,283,000
Foreign securities	3,455,000	-	-	3,455,000
Total common stocks	170,738,000	-	-	170,738,000
Common collective trusts				
U S government securities	-	11,754,000	-	11,754,000
Corporate bonds and debentures	-	5,999,000	-	5,999,000
Collateralized mortgage obligations	-	7,452,000	-	7,452,000
Other	-	444,000	-	444,000
Total common collective trusts	-	25,649,000	-	25,649,000
Total	$ 233,459,000	$ 27,588,000	$ -	$ 261,047,000

Expected Cash Flows — Northside expects to voluntarily contribute approximately $20,000,000 to its pension plan during fiscal year 2012. Northside does not expect to be required to make any contributions to its other postretirement benefit plan during fiscal year 2012, except for current claims. The benefit payments, which reflect expected future service as appropriate, are expected to be paid as follows:

Fiscal Years Ending	Pension Plan	Other Postretirement Benefit Plan
2012	$ 6,766,000	$ 302,000
2013	7,829,000	250,000
2014	9,000,000	171,000
2015	10,402,000	143,000
2016	12,007,000	116,000
2017–2021	86,059,000	423,000
	$ 132,063,000	$ 1,405,000

13. COMMITMENTS AND CONTINGENCIES

The Hospitals operate in a highly regulated and litigious industry. As a result, various lawsuits, claims, and legal and regulatory proceedings have been and can be expected to be instituted or asserted against Northside. While the outcome of these lawsuits is not presently determinable, it is the opinion of management that the ultimate resolution of these claims will not have a material adverse effect on the consolidated financial position of the Hospitals or the results of their operations or their cash flows.

The Hospitals are engaged in continuous construction projects, the costs of which are currently estimated to total $19,158,000 in the fiscal year ended September 30, 2012. The construction projects are subject to periodic review and revision, and actual construction costs may vary from the above estimates because of numerous factors. These factors include changes in business conditions; changes in environmental regulations; increasing costs of labor, equipment, and materials; and cost of capital.

14. RELATED PARTIES

Northside provides certain management and administrative services to NVI. Charges for such services amounted to $98,000 and $83,000 or the years ended September 30, 2011 and 2010, respectively.

Northside also entered into a leasing arrangement with NVI, whereby NVI leases space from an unrelated third party and incurs rental expense. Northside uses this space and pays rent to NVI. The accompanying consolidated financial statements include $2,263,000 and $2,301,000 of rental expense related to these transactions for the years ended September 30, 2011 and 2010, respectively.

See Note 7 for a description of the Lease between the Authority and Northside and Note 9 for a description of the sale of a medical office building.

15. FUNCTIONAL EXPENSES

The Hospitals provide general health care services to residents within their geographic locations. Expenses related to providing these services for the years ended September 30, 2011 and 2010, are as follows:

	2011	2010
Health care services	$ 756,663,000	$ 600,988,000
General and administrative	304,461,000	400,659,000
	$1,061,124,000	$1,001,647,000

16. SUBSEQUENT EVENTS

Northside evaluated events and transactions for potential recognition or disclosure through January 13, 2012, the date the consolidated financial statements were issued, and noted no significant events or transactions requiring recognition or disclosure except for those disclosed below.

Sale of Real Estate Assets — In November 2011, Northside entered into an agreement to sell certain real estate assets located in Alpharetta, Georgia to an unrelated party for cash proceeds of $40,787,000.

Acquisitions — During November 2011, Northside acquired certain assets, stock, and membership interests of a physician practice and a related medical billing company for cash consideration of $39,811,000.

Debt Refinancing — In December 2011, the Authority refinanced the Series 2003 Certificates and certain other revenue anticipation certificates by issuing approximately $68,200,000 of tax-exempt revenue anticipation certificates, consisting of $51,900,000 of tax-exempt Series 2011A and $16,300,000 of tax-exempt Series 2011B revenue anticipation certificates (the "Series 2011 Certificates"), pursuant to an amended master trust indenture with the Trustee. The proceeds of the Series 2011 Certificates were loaned to Northside pursuant to a loan agreement between the Authority and Northside. The Series 2011 Certificates contain interest rates ranging from 1.06% to 2.27% with annual and quarterly principal and interest payments due through October 2018.

In December 2011, Northside also refinanced approximately $11,700,000 of its existing term loan. The new term loan requires semiannual principal payments through October 2016. Interest is due quarterly and is based on LIBOR, plus 0.87%.

Finally, Northside amended its line of credit (see Note 8) to extend the maturity date to December 2014. Interest is due monthly and is based on LIBOR, plus 0.87%.

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