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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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 $ 1,410,018,035

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 2011 (Part V, line 2a)	**5**	8,842
6	Total number of volunteers (estimate if necessary)	**6**	908
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,093,454
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,591,896	3,803,395
	9 Program service revenue (Part VIII, line 2g)	1,092,378,014	1,278,574,311
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,940,006	5,525,170
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,773,635	6,165,837
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,110,683,551	1,294,068,713
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,443,482	1,657,373
	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)	494,630,078	537,443,835
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶362,989		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	565,175,306	692,035,497
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,061,248,866	1,231,136,705
	19 Revenue less expenses Subtract line 18 from line 12	49,434,685	62,932,008

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	973,107,585	1,124,548,491
	21 Total liabilities (Part X, line 26)	540,598,773	631,489,065
	22 Net assets or fund balances Subtract line 21 from line 20	432,508,812	493,059,426

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

****** | 2013-08-14
Signature of officer | Date

DEBORAH S MITCHAM CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
DEBORAH O ERNSBERGER		☐	P00364912

Firm's name (or yours if self-employed), address, and ZIP + 4
PERSHING YOAKLEY & ASSOCIATES P C
ONE CHEROKEE MILLS 2220 SUTHERLAND
KNOXVILLE, TN 379192363

EIN ▶ 62-1517792

Phone no ▶ (865) 673-0844

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 920,535,158 including grants of $ 2,019,323) (Revenue $ 1,284,534,008)

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 80 OUTPATIENT SERVICE LOCATIONS WITH MORE THAN 900,000 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 U S (OVER 17,000 DELIVERIES SYSTEM WIDE IN FISCAL YEAR 2012)-DIAGNOSES AND TREATS MORE CASES OF BREAST AND GYNECOLOGIC CANCER THAN ANY OTHER HOSPITAL IN THE SOUTHEAST-TREATS MORE PROSTATE CANCER CASES THAN ANY OTHER HOSPITAL IN THE U S -PERFORMS MORE SURGERY THAN AT ANY OTHER GEORGIA HOSPITAL-NORTHSIDE'S BONE MARROW TRANSPLANT PROGRAM CURRENTLY ACHIEVES THE NATION'S BEST POST-TRANSPLANT SURVIVAL RATESTHE PROGRAM SERVICE REVENUES AND EXPENSES CONSIST OF ALL INPATIENT AND OUTPATIENT SERVICE LINES FOR THE YEAR ENDING SEPTEMBER 30, 2012 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** ▶ $ 920,535,158

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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**		No
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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**	770		
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**	8,842			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

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

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC	40 00	X		X				5,387,279	0	6,571
(2) ROBERT E WHITLEY BOARD MEMBER	1 00	X						0	0	0
(3) J BANCROFT LESESNE MD BOARD MEMBER	1 00	X						0	0	0
(4) DALE M BEARMAN MD BOARD MEMBER	1 00	X						0	0	0
(5) THOMAS W GABLE MD BOARD MEMBER	1 00	X						0	0	0
(6) ANTHONY J SALVATORE CHAIRMAN & TREASURER	1 00	X						0	0	0
(7) K DOUGLAS SMITH MD VICE-CHAIRMAN	1 00	X						0	0	0
(8) LAWRENCE B STONE MD BOARD MEMBER	1 00	X						0	0	0
(9) MARK J SWEENEY SECRETARY	1 00	X						0	0	0
(10) WILLIAM HASTY JR BOARD MEMBER	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				478,071	0	11,398
(13) JORGE J HERNANDEZ VICE PRESIDENT/ASST SECRE	40 00			X				352,678	0	1,140
(14) TINA WAKIM VICE PRESIDENT	40 00				X			572,762	0	1,220
(15) ROBERT PUTNAM VICE PRESIDENT	40 00				X			512,946	0	5,310
(16) GUILHERME CANTUARIA MD GYNECOLOGIC ONCOLOGIST	40 00					X		723,936	0	6,319
(17) AASHISH DESAI MD CARDIOLOGIST	40 00					X		643,221	0	1,079

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMOL BAPAT MD CARDIOLOGIST	40 00					X		640,337	0	5,660
(19) GORDON AZAR MD CARDIOLOGIST	40 00					X		639,293	0	6,755
(20) THOMAS JORDAN MD CARDIOLOGIST	40 00					X		621,005	0	5,813
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								10,571,528	0	51,265

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 416

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MCKENNA LONG & ALDRIDGE LLP PO BOX 116573 ATLANTA, GA 30368	LEGAL SERVICES	7,727,855
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICES	5,502,493
PERSHING YOAKLEY AND ASSOCIATES PO BOX 404708 ATLANTA, GA 30384	ACCT/ CONSULTING SRVCS	3,313,687
ANGELICA TEXTILE SERVICES INC PO BOX 535122 ATLANTA, GA 30353	LINEN SERVICES	3,295,132
PIEDMONT GRAPHICS PO BOX 6907 MARIETTA, GA 30065	PRINTING SERVICES	3,082,910

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 145

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	125,000			
	e	Government grants (contributions)	1e	2,895,279			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	783,116			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,803,395			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621990	1,244,959,217	1,244,959,217		
	b	RENTAL INCOME	531120	12,091,419	12,091,419		
	c	PHARMACY REVENUE	446110	10,761,330		4,321,688	6,439,642
	d	BILLING REVENUE	561439	4,273,344		468,662	3,804,682
	e	PARKING REVENUE	812930	1,886,121			1,886,121
	f	All other program service revenue		4,602,880	1,926,213	96,964	2,579,703
	g	**Total.** Add lines 2a–2f		1,278,574,311			
	3	Investment income (including dividends, interest and other similar amounts)		4,534,591			4,534,591
	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	115,791,909	1,147,992			
	b	Less cost or other basis and sales expenses	113,735,393	2,213,929			
	c	Gain or (loss)	2,056,516	-1,065,937			
	d	Net gain or (loss)		990,579			990,579
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	5,959,697	5,959,697		
	b	INCOME FR ENDOSCOPY CT	621300	206,140		206,140	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		6,165,837			
	12	**Total revenue.** See Instructions		1,294,068,713	1,264,936,546	5,093,454	20,235,318

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,559,576	1,559,576		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	97,797	97,797		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,196,398	4,839,956	1,356,442	
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	433,015,156	338,224,603	94,790,553	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,389,278	19,831,358	5,557,920	
9	Other employee benefits	43,058,566	33,632,694	9,425,872	
10	Payroll taxes	29,784,437	23,264,381	6,520,056	
11	Fees for services (non-employees)				
a	Management				
b	Legal	16,955,261	1,932	16,953,329	
c	Accounting	965,403		965,403	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	1,383,972		1,383,972	
g	Other	143,311,370	84,760,520	58,550,850	
12	Advertising and promotion	7,269,134	100,221	7,168,913	
13	Office expenses	22,030,562	14,098,993	7,931,569	
14	Information technology	5,885,439	794,394	5,091,045	
15	Royalties . .				
16	Occupancy	38,858,404	16,321,545	22,536,859	
17	Travel	539,314	217,796	321,518	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	444,144	282,564	161,580	
20	Interest	5,251,003	278,537	4,972,466	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85,287,467	61,656,051	23,631,416	
23	Insurance	10,368,070	1,404,494	8,963,576	
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	232,283,055	231,334,538	948,517	
b	BAD DEBT EXPENSE	84,361,739	84,361,739		
c	COLLECTION FEES	14,053,908	740,512	13,313,396	
d	MINOR EQUIPMENT PURCHAS	7,019,797	1,089,530	5,930,267	
e					
f	All other expenses	15,767,455	1,641,427	13,763,039	362,989
25	**Total functional expenses.** Add lines 1 through 24f	1,231,136,705	920,535,158	310,238,558	362,989
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		22,834	1	25,984
	2	Savings and temporary cash investments		195,770,678	2	194,147,088
	3	Pledges and grants receivable, net		977,638	3	665,752
	4	Accounts receivable, net		58,246,804	4	66,753,343
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,018,483	7	2,734,810
	8	Inventories for sale or use		11,583,791	8	14,132,345
	9	Prepaid expenses and deferred charges		6,990,882	9	9,968,711
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,221,100,642			
	b	Less accumulated depreciation	10b 705,074,462	477,556,306	10c	516,026,180
	11	Investments—publicly traded securities		93,039,420	11	124,068,021
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		105,502,227	14	157,288,665
	15	Other assets See Part IV, line 11		21,398,522	15	38,737,592
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		973,107,585	16	1,124,548,491
Liabilities	17	Accounts payable and accrued expenses		257,359,001	17	258,889,334
	18	Grants payable			18	
	19	Deferred revenue		112,698	19	8,154
	20	Tax-exempt bond liabilities		34,270,000	20	66,928,931
	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		12,333,333	23	32,268,402
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		236,523,741	25	273,394,244
	26	**Total liabilities.** Add lines 17 through 25		540,598,773	26	631,489,065
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		432,508,812	27	493,059,426
	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		432,508,812	33	493,059,426
	34	Total liabilities and net assets/fund balances		973,107,585	34	1,124,548,491

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	1,294,068,713
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,231,136,705
3	Revenue less expenses Subtract line 2 from line 1	3	62,932,008
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	432,508,812
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,381,394
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	493,059,426

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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	5,850,449	5,806,929	5,483,812	5,767,630	
b	Contributions	1,117,389	1,170,547	888,554	888,552	
c	Investment earnings or losses	112,483	112,618	107,765	115,515	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	887,952	1,339,645	673,202	1,287,885	
f	Administrative expenses					
g	End of year balance	6,192,369	5,750,449	5,806,929	5,483,812	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 46 850 %
- c Term endowment ▶ 53 150 %

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)		No
(ii) related organizations	3a(ii)		No
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,858,265		114,858,265
b Buildings		648,251,666	366,824,067	281,427,599
c Leasehold improvements				
d Equipment		407,118,658	338,250,395	68,868,263
e Other		50,872,053		50,872,053
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				516,026,180

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	55,723,026
RENT OBLIGATION	2,778,491
RESERVE FOR MALPRACTICE	121,187,000
RETIREMENT PLAN OBLIGATION	89,875,934
OBLIGATION UNDER CAPITAL LEASE	276,008
FMV OF SWAP AGREEMENT	1,567,589
OTHER LIABILITY	74,000
POST RETIREMENT OBLIGATION	1,912,196
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	273,394,244

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	NORTHSIDE QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED

Additional Data

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	55,723,026
RENT OBLIGATION	2,778,491
RESERVE FOR MALPRACTICE	121,187,000
RETIREMENT PLAN OBLIGATION	89,875,934
OBLIGATION UNDER CAPITAL LEASE	276,008
FMV OF SWAP AGREEMENT	1,567,589
OTHER LIABILITY	74,000
POST RETIREMENT OBLIGATION	1,912,196

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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

2011

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **125.000000000000 %**	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did 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 policy provide 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 charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheet 1)			45,177,516		45,177,516	3 940 %
b Medicaid (from Worksheet 3, column a)			107,742,147	59,635,419	48,106,728	4 190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			152,919,663	59,635,419	93,284,244	8 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			6,254,946	420,421	5,834,525	0 510 %
f Health professions education (from Worksheet 5)			861,383	974,442	-113,059	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			992,185	570,472	421,713	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,406,111		4,406,111	0 380 %
j **Total** Other Benefits			12,514,625	1,965,335	10,549,290	0 930 %
k **Total.** Add lines 7d and 7j			165,434,288	61,600,754	103,833,534	9 060 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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			759,204		759,204	0 070 %
9 Other						
10 **Total**			759,204		759,204	0 070 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	16,156,223		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
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	133,337,262
6	Enter Medicare allowable costs of care relating to payments on line 5	6	155,366,449
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-22,029,187
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
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 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		
3	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)

NORTHSIDE HOSPITAL

Name of Hospital Facility:

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 2011)			
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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
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	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 125 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
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**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
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 (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
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)

NORTHSIDE HOSPITAL - FORSYTH

Name of Hospital Facility:

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 2011)			
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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
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	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 125 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
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**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
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 (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
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)

NORTHSIDE HOSPITAL - CHEROKEE

Name of Hospital Facility:

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 2011)			
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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
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	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 125 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
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**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
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 (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
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 from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **20**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
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 descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 $84,361,739 HAS BEEN REMOVED FROM TOTAL EXPENSE

Identifier	ReturnReference	Explanation
		PART II PERIODICALLY NORTHSIDE COMPLETES COMMUNITY NEEDS ASSESSMENTS, WHICH IDENTIFIES THE NEED FOR ADDITIONAL PHYSICIANS IN THESE UNDERSERVED COMMUNITIES TO FOLLOW UP ON THESE COMMUNITY NEEDS ASSESSMENTS, THE HOSPITAL ALSO ENGAGES IN RECRUITMENT EFFORTS DESIGNED TO ENSURE THAT SUFFICIENT QUALIFIED HEALTH PROFESSIONALS ARE AVAILABLE TO MEET THE IDENTIFIED COMMUNITY NEEDS THESE ASSESSMENTS ARE BASED ON POPULATION GROWTH, COMMUNITY NEED FOR SERVICES, PENDING RETIREMENT OF EXISTING PHYSICIANS THE NEED FOR FULL-TIME EMPLOYEES IN SERVICE LINES SUCH AS PRIMARY CARE, GENERAL SURGERY, OBSTETRICAL SERVICES, NEUROLOGY, AND OTHERS HAS INCREASED APPROXIMATELY 80% OVER THE PAST 4 YEARS THE HOSPITAL IS CONCENTRATING RECRUITMENT EFFORTS ON THESE NEEDED SPECIALTIES AND HAVE FACILITATED THE RECRUITMENT OF SPECIALTY PHYSICIANS INTO FORSYTH, DAWSON, PICKENS AND CHEROKEE COUNTIES TO SERVICE THESE IDENTIFIED COMMUNITY NEEDS SEE PART VI, LINE 2, FOR FURTHER INFORMATION ON COMMUNITY NEEDS ASSESSMENTS

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 2012 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
NORTHSIDE HOSPITAL		PART V, SECTION B, LINE 11H NUMBER OF MEMBERS IN HOUSEHOLD, MONTHLY EXPENSES

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL - FORSYTH		PART V, SECTION B, LINE 11H NUMBER OF MEMBERS IN HOUSEHOLD, MONTHLY EXPENSES

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL - CHEROKEE		PART V, SECTION B, LINE 11H NUMBER OF MEMBERS IN HOUSEHOLD, MONTHLY EXPENSES

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL		PART V, SECTION B, LINE 13G A NOTICE ON BILLING INVOICES DIRECTS PATIENTS TO THE NORTHSIDE HOSPITAL WEBSITE TO DOWNLOAD THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM POLICY AND APPLICATION, PATIENTS PARTICIPATE IN A FINANCIAL DISCUSSION REGARDING OUT-OF-POCKET PAYMENT LIABILITY EITHER PRIOR TO SERVICES RENDERED OR AT THE POINT OF SERVICE RENDERED, AND IF THE PATIENT INDICATES A POSSIBLE NEED FOR FINANCIAL ASSISTANCE, THE FINANCIAL ASSISTANCE APPLICATION IS PROVIDED, INFORMATION ON HOW TO OBTAIN A COPY OF THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM POLICY AND APPLICATION IS EXPLAINED IN THE ABOUT YOUR BILLING BROCHURE WHICH EACH PATIENT RECEIVES UPON ADMISSION

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL - FORSYTH		PART V, SECTION B, LINE 13G A NOTICE ON BILLING INVOICES DIRECTS PATIENTS TO THE NORTHSIDE HOSPITAL WEBSITE TO DOWNLOAD THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM POLICY AND APPLICATION, PATIENTS PARTICIPATE IN A FINANCIAL DISCUSSION REGARDING OUT-OF-POCKET PAYMENT LIABILITY EITHER PRIOR TO SERVICES RENDERED OR AT THE POINT OF SERVICE RENDERED, AND IF THE PATIENT INDICATES A POSSIBLE NEED FOR FINANCIAL ASSISTANCE, THE FINANCIAL ASSISTANCE APPLICATION IS PROVIDED, INFORMATION ON HOW TO OBTAIN A COPY OF THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM POLICY AND APPLICATION IS EXPLAINED IN THE ABOUT YOUR BILLING BROCHURE WHICH EACH PATIENT RECEIVES UPON ADMISSION

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL - CHEROKEE		PART V, SECTION B, LINE 13G A NOTICE ON BILLING INVOICES DIRECTS PATIENTS TO THE NORTHSIDE HOSPITAL WEBSITE TO DOWNLOAD THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM POLICY AND APPLICATION, PATIENTS PARTICIPATE IN A FINANCIAL DISCUSSION REGARDING OUT-OF-POCKET PAYMENT LIABILITY EITHER PRIOR TO SERVICES RENDERED OR AT THE POINT OF SERVICE RENDERED, AND IF THE PATIENT INDICATES A POSSIBLE NEED FOR FINANCIAL ASSISTANCE, THE FINANCIAL ASSISTANCE APPLICATION IS PROVIDED, INFORMATION ON HOW TO OBTAIN A COPY OF THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM POLICY AND APPLICATION IS EXPLAINED IN THE ABOUT YOUR BILLING BROCHURE WHICH EACH PATIENT RECEIVES UPON ADMISSION

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL		PART V, SECTION B, LINE 19D THE AMOUNT CHARGED TO FAP-ELIGIBLE INDIVIDUALS WAS DETERMINED BASED ON THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM SLIDING FEE SCALE, WHICH ADJUSTED THE AMOUNT CHARGED TO A FAP-ELIGIBLE INDIVIDUAL BASED ON THE ASSET AND EXPENSE INFORMATION PROVIDED IN THE FAP-ELIGIBLE INDIVIDUAL'S FINANCIAL ASSISTANCE PROGRAM APPLICATION

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL - FORSYTH		PART V, SECTION B, LINE 19D THE AMOUNT CHARGED TO FAP-ELIGIBLE INDIVIDUALS WAS DETERMINED BASED ON THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM SLIDING FEE SCALE, WHICH ADJUSTED THE AMOUNT CHARGED TO A FAP-ELIGIBLE INDIVIDUAL BASED ON THE ASSET AND EXPENSE INFORMATION PROVIDED IN THE FAP-ELIGIBLE INDIVIDUAL'S FINANCIAL ASSISTANCE PROGRAM APPLICATION

Identifier	ReturnReference	Explanation
NORTHSIDE HOSPITAL - CHEROKEE		PART V, SECTION B, LINE 19D THE AMOUNT CHARGED TO FAP-ELIGIBLE INDIVIDUALS WAS DETERMINED BASED ON THE NORTHSIDE HOSPITAL FINANCIAL ASSISTANCE PROGRAM SLIDING FEE SCALE, WHICH ADJUSTED THE AMOUNT CHARGED TO A FAP-ELIGIBLE INDIVIDUAL BASED ON THE ASSET AND EXPENSE INFORMATION PROVIDED IN THE FAP-ELIGIBLE INDIVIDUAL'S FINANCIAL ASSISTANCE PROGRAM APPLICATION

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 2013 NEARLY 3 MILLION PEOPLE RESIDED IN NORTHSIDE HOSPITAL-ATLANTA'S PREDEFINED SERVICE AREA FEMALES OF CHILDBEARING AGE REPRESENTED AN ESTIMATED 21% OF THE 2013 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 (58%), FOLLOWED BY AFRICAN AMERICAN (25%) AND ASIAN (8%) IN 2013, AN ESTIMATED FIFTEEN PERCENT OF THE HOSPITAL'S SERVICE AREA POPULATION WAS HISPANIC OR LATINO ALSO IN 2013, TWENTY-ONE PERCENT OF THE HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA HAD A HOUSEHOLD INCOME OF LESS THAN $25,000 LOOKING TO THE FUTURE, BY 2018 NORTHSIDE HOSPITAL-ATLANTA'S PREDEFINED SERVICE AREA POPULATION IS PROJECTED TO INCREASE TEN PERCENT, REACHING NEARLY 3 2 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 12% OF THE SERVICE AREA'S TOTAL POPULATION THE 65+ POPULATION IS PROJECTED TO INCREASE 29% BETWEEN 2013 AND 2018 WHICH FAR EXCEEDS THE GROWTH RATE OF FEMALES 15-44 (-0 3%) AND THE TOTAL POPULATION (7%) THE RACIAL COMPOSITION OF NORTHSIDE HOSPITAL-ATLANTA'S 2018 SERVICE AREA POPULATION IS PROJECTED TO SHIFT SLIGHTLY WITH CAUCASIANS COMPRISING 54% OF THE SERVICE AREA POPULATION FOLLOWED BY AFRICAN AMERICANS (26%) AND ASIANS (9%) A SLIGHT INCREASE IN THE HISPANIC OR LATINO POPULATION AS A PERCENT OF THE TOTAL SERVICE AREA POPULATION ALSO IS PROJECTED (15% TO 16%) WHILE THE PERCENTAGE OF HOUSEHOLDS WITH INCOMES LESS THAN $25,000 IS PROJECTED TO INCREASE TO 22% 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 2013 AND 2018 EXAMPLES OF INPATIENT SERVICES WITH THE LARGEST PROJECTED DEMAND INCLUDE BUT ARE NOT LIMITED TO GENERAL MEDICINE, OBSTETRICS AND NEONATOLOGY, CARDIAC SERVICES, GENERAL SURGERY AND ORTHOPEDICS ALTERNATIVELY, THE TOP FIVE FASTEST GROWING INPATIENT SERVICES, IN TERMS OF PERCENT GROWTH, INCLUDE ONCOLOGY/HEMATOLOGY, REHABILITATION, NEUROSURGERY, UROLOGY AND OBSTETRICS IN KEEPING WITH THE BROADER INDUSTRY TREND OF THE CONTINUED MIGRATION OF HEALTH CARE DELIVERY TO AN OUTPATIENT SETTING, DEMAND FOR HOSPITAL-BASED OUTPATIENT SERVICES IN NORTHSIDE HOSPITAL-ATLANTA'S SERVICE IS PROJECTED TO INCREASE 18% OVER THE SAME TIME PERIOD EXAMPLES OF OUTPATIENT SERVICES WITH THE LARGEST PROJECTED DEMAND INCLUDE BUT ARE NOT LIMITED TO RADIOLOGY, EMERGENCY SERVICES, CARDIOLOGY, PHYSICAL THERAPY/REHABILITATION AND GASTROENTEROLOGY ALTERNATIVELY, THE TOP FIVE FASTEST GROWING OUTPATIENT SERVICES, IN TERMS OF PERCENT GROWTH, INCLUDE THORACIC SURGERY, ONCOLOGY, PULMONOLOGY, VASCULAR, AND SPINE SERVICES THIS DESCRIPTION IS CONTINUED LATER IN SCHEDULE H

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 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 2012, NORTHSIDE ACQUIRED VARIOUS PHYSICIAN PRACTICES AND OUTPATIENT SURGERY CENTERS TO CONCENTRATE PHYSICIAN FOCUS ON PATIENT NEEDS AND TO PROVIDE GREATER ACCESS TO SURGICAL CARE 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 2012 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 2012, NORTHSIDE HOSPITAL-ATLANTA, FORSYTH AND CHEROKEE INVESTED MORE THAN $5 8 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 ADDITIONALLY, THE FIRST SINGLE INCISION ROBOTIC SURGERY IN GEORGIA WAS PERFORMED AT NORTHSIDE HOSPITAL-ATLANTA DURING FISCAL YEAR 2012, WHICH IS A FURTHER TESTAMENT TO NORTHSIDE'S COMMITMENT TO PROVIDING QUALITY CARE UTILIZING CUTTING EDGE TECHNOLOGY IN FISCAL YEAR 2012, NORTHSIDE HOSPITAL-CHEROKEE HAS BROKEN GROUND ON ITS REPLACEMENT HOSPITAL, THE CONSTRUCTION OF WHICH WAS APPROVED BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH THIS RELOCATED HOSPITAL WILL OFFER THE SAME HIGH QUALITY HEALTHCARE SERVICES IN A NEW, MODERN AND MORE ACCESSIBLE HEALTH CARE FACILITY THE COMMUNITY SUPPORT FOR THIS PROJECT HAS BEEN OVERWHELMING, OVER 2,000 OFFICIALS, BUSINESS LEADERS, PHYSICIANS, HEALTH CARE PERSONNEL AND CITIZENS VOICED THEIR SUPPORT FOR THE PROJECT THROUGH LETTERS, EMAILS AND PHONE CALLS ALSO DURING FISCAL YEAR 2011, NORTHSIDE RECEIVED REGULATORY APPROVAL TO INVEST $51 MILLION TO EXPAND INPATIENT BED CAPACITY AT NORTHSIDE HOSPITAL-FORSYTH, WHICH BROUGHT TOTAL BEDS FROM 155 TO 201 BY THE END OF FISCAL YEAR 2012 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 6 NORTHSIDE HOSPITAL, INC INCLUDES THREE HOSPITALS - NORTHSIDE HOSPITAL - ATLANTA IN SANDY SPRINGS, NORTHSIDE HOSPITAL - CHEROKEE IN CANTON AND NORTHSIDE HOSPITAL - FORSYTH IN CUMMING THESE HOSPITALS AND OVER 80 OUTPATIENT SERVICE 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 4 (CONTINUED)	NORTHSIDE HOSPITAL-FORSYTHNORTHSIDE HOSPITAL-FORSYTH IS A 201-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 , IN 2013, AN ESTIMATED 770,000 PEOPLE RESIDE IN NORTHSIDE HOSPITAL-FORSYTH'S PREDEFINED SERVICE ARE A FEMALES OF CHILDBEARING AGE REPRESENT AN ESTIMATED 20% OF THE 2013 SERVICE AREA POPULAT ION WHILE THE 65+ AGE COHORT REPRESENTS AN ESTIMATED 10% THE RACIAL COMPOSITION OF THE HO SPITAL'S SERVICE AREA IS ESTIMATED TO BE PREDOMINATELY CAUCASIAN (74%) FOLLOWED BY AFRICAN AMERICAN (8%) AND ASIAN (10%) IN 2013, AN ESTIMATED THIRTEEN PERCENT OF THE HOSPITAL'S S ERVICE AREA POPULATION IS HISPANIC OR LATINO, AND SEVENTEEN PERCENT OF HOUSEHOLDS IN THE H OSPITAL'S SERVICE AREA HAVE A HOUSEHOLD INCOME OF LESS THAN $25,000 LOOKING TO THE FUTURE, BY 2018 NORTHSIDE HOSPITAL-FORSYTH'S PREDEFINED SERVICE AREA POPULATION IS PROJECTED TO I NCREASE NINE PERCENT, TO MORE THAN 838,000 PEOPLE THE HOSPITAL'S SERVICE AREA IS PROJECTE D 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+ AGE COHORT IS PROJECTED TO INCREASE TO 12% OF THE SERVICE AREAS TOTAL POPULATION THE 65+ POPULATION IS PROJECTED TO INCREASE 30% BETWEEN 2013 AND 2018 WHICH FAR EXCEEDS THE GROWTH RATE OF FEMALES 15-44 (3%) AND THE TOTAL POPULATION (9%) THE RACIAL COMPOSITION OF NORTHSIDE HOSPITAL-FORSYTH'S 2018 SERVICE AREA POPULATION IS P ROJECTED TO SHIFT SLIGHTLY WITH CAUCASIANS COMPRISING 69% OF THE SERVICE AREA POPULATION, FOLLOWED BY AFRICAN AMERICANS (9%) AND ASIANS (13%) A SLIGHT INCREASE IN THE HISPANIC OR LATINO POPULATION ALSO IS PROJECTED (13% TO 14%) WHILE THE PERCENTAGE OF HOUSEHOLDS WITH I NCOMES LESS THAN $25,000 IS PROJECTED TO INCREASE SLIGHTLY TO EIGHTEEN PERCENT GIVEN THE R APID POPULATION GROWTH PROJECTED FOR NORTHSIDE HOSPITAL-FORSYTH'S PRIMARY SERVICE AREA, PA RTICULARLY IN THE 65+ AGE COHORT, COUPLED WITH THE FACT THAT NORTHSIDE HOSPITAL-FORSYTH IS THE SOLE-COUNTY PROVIDER, NORTHSIDE HOSPITAL-FORSYTH ANTICIPATES CONTINUED STRONG DEMAND FOR HIGH-QUALITY HEALTHCARE SERVICES DEMAND FOR INPATIENT SERVICES IN THE HOSPITAL'S PRED EFINED SERVICE AREA IS PROJECTED TO INCREASE 16% BETWEEN 2013 AND 2018 EXAMPLES OF INPATI ENT SERVICES WITH THE LARGEST PROJECTED DEMAND INCLUDE BUT ARE NOT LIMITED TO GENERAL MED ICINE, OBSTETRICAL AND NEONATOLOGY, CARDIAC SERVICES, GENERAL SURGERY AND ORTHOPEDICS ALT ERNATIVELY, THE TOP FIVE FASTEST GROWING INPATIENT SERVICES, IN TERMS OF PERCENT GROWTH, I NCLUDE REHABILITATION, NEUROSURGERY, THORACIC SURGERY, ORTHOPEDICS AND GENERAL MEDICINE IN KEEPING WITH THE BROADER INDUSTRY TREND OF THE CONTINUED MIGRATION OF HEALTH CARE DELIV ERY TO AN OUTPATIENT SETTING, DEMAND FOR HOSPITAL-BASED OUTPATIENT SERVICES IN NORTHSIDE H OSPITAL-FORSYTH'S SERVICE IS PROJECTED TO INCREASE 23% OVER THE SAME TIME PERIOD EXAMPLES OF OUTPATIENT SERVICES WITH THE LARGEST PROJECTED DEMAND INCLUDE BUT ARE NOT LIMITED TO RADIOLOGY, EMERGENCY SERVICES, CARDIOLOGY, PHYSICAL THERAPY/REHABILITATION, AND GASTROENTE ROLOGY ALTERNATIVELY, THE TOP FIVE FASTEST GROWING OUTPATIENT SERVICES, IN TERMS OF PERCE NT CHANGE, INCLUDE THORACIC SURGERY, ONCOLOGY, PULMONOLOGY, VASCULAR, AND SPINE SERVICES NORTHSIDE HOSPITAL-CHEROKEENORTHSIDE HOSPITAL-CHEROKEE IS AN 84-BED ACUTE CARE COMMUNITY H OSPITAL CENTRALLY LOCATED IN CANTON, CHEROKEE COUNTY NORTHSIDE HOSPITAL-CHEROKEE'S PREDEF INED PRIMARY AND SECONDARY SERVICE AREA PRIMARILY ENCOMPASS CHEROKEE AND PICKENS COUNTIES, AS WELL AS PORTIONS OF THE SURROUNDING COUNTIES OF BARTOW, COBB, DAWSON, FORSYTH, FULTON, GILMER, LUMPKIN AND PAULDING NORTHSIDE HOSPITAL-CHEROKEE'S PREDEFINED SERVICE AREA REPRE SENTS NEARLY 93% OF THE HOSPITAL'S TOTAL INPATIENTS, OUTPATIENTS, AND EMERGENCY DEPARTMENT PATIENTS ACCORDING TO CLARITAS, INC , IN 2013 AN ESTIMATED 720,000 PEOPLE RESIDE IN NORTH SIDE HOSPITAL-CHEROKEE'S PREDEFINED SERVICE AREA FEMALES OF CHILDBEARING AGE REPRESENT AN ESTIMATED 20% OF THE 2011 SERVICE AREA POPULATION WHILE THE 65+ AGE COHORT REPRESENTS AN ESTIMATED 11% THE RACIAL COMPOSITION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED TO BE PR EDOMINATELY CAUCASIAN (81%) FOLLOWED BY AFRICAN AMERICAN (9%) AND ASIAN (4%) AN ESTIMATED TEN PERCENT OF THE HOSPITAL'S SERVICE AREA POPULATION IS HISPANIC OR LATINO AND SEVENTEEN PERCENT OF HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA HAVE A HOUSEHOLD INCOME OF LESS THAN $25,000 LOOKING TO THE FUTURE, BY 2018 NORTHSIDE HOSPITAL-CHEROKEE'S PREDEFINED SERVICE A REA POPULATION IS PROJECTED TO INCREASE THIRTEEN P

Identifier	ReturnReference	Explanation
	PART VI, LINE 4 (CONTINUED)	ERCENT TO MORE THAN 775,000 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 13% OF THE SERVICE AREA'S TOTAL POPULATION THE 65+ POPULATION IS PROJECTED TO INCREASE 28% BETWEEN 2013 AND 2018 WHICH FAR EXCEEDS THE GROWTH RATE OF FEMALES 15-44 (1%) AND THE TOTAL POPULATION (6%) T HE RACIAL COMPOSITION OF NORTHSIDE HOSPITAL-CHEROKEE'S 2018 SERVICE AREA POPULATION IS PROJECTED TO SHIFT SLIGHTLY WITH CAUCASIANS COMPRISING 83% OF THE SERVICE AREA POPULATION, FOLLOWED BY AFRICAN AMERICANS (11%) AND ASIANS (5%) A SLIGHT INCREASE IN THE HISPANIC OR LATINO POPULATION ALSO IS PROJECTED (10% TO 11%) WHILE THE PERCENTAGE OF HOUSEHOLDS WITH INCOMES LESS THAN $25,000 IS PROJECTED TO SLIGHTLY INCREASE TO EIGHTEEN PERCENT GIVEN THE STRONG POPULATION GROWTH PROJECTED FOR NORTHSIDE HOSPITAL-CHEROKEE'S PREDEFINED SERVICE 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 STRONG DEMAND FOR HIGH-QUALITY HEALTHCARE SERVICES DEMAND FOR INPATIENT SERVICES IN THE HOSPITAL'S PREDEFINED SERVICE AREA IS PROJECTED TO INCREASE 14% BETWEEN 2013 AND 2018 EXAMPLES OF THE LARGEST PROJECTED DEMAND FOR INPATIENT SERVICES INCLUDE BUT ARE NOT LIMITED TO GENERAL MEDICINE, OBSTETRICS AND NEONATOLOGY, CARDIAC SERVICES, GENERAL SURGERY AND ORTHOPEDICS ALTERNATIVELY, THE TOP FIVE FASTEST GROWING INPATIENT SERVICES, IN TERMS OF PERCENT GROWTH , INCLUDE REHABILITATION, NEUROSURGERY, THORACIC SURGERY, ORTHOPEDICS AND GENERAL MEDICINE IN KEEPING WITH THE BROADER INDUSTRY TREND OF THE CONTINUED MIGRATION OF HEALTH CARE DELIVERY TO AN OUTPATIENT SETTING, DEMAND FOR HOSPITAL-BASED OUTPATIENT SERVICES IN NORTHSIDE HOSPITAL-CHEROKEE'S SERVICE AREA IS PROJECTED TO INCREASE 21% OVER THE SAME TIME PERIOD EXAMPLES OF OUTPATIENT SERVICES WITH THE LARGEST PROJECTED DEMAND INCLUDE BUT ARE NOT LIMITED TO RADIOLOGY, EMERGENCY SERVICES, CARDIOLOGY, PHYSICAL THERAPY/REHABILITATION, AND GASTROENTEROLOGY ALTERNATIVELY, THE TOP FIVE FASTEST GROWING OUTPATIENT SERVICES, IN TERMS OF PERCENT CHANGE, INCLUDE THORACIC SURGERY, ONCOLOGY, PULMONOLOGY, VASCULAR AND SPINE 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 FY 2012 MORE THAN 41,000 PEOPLE WERE REACHED THROUGH THE OUTREACH ACTIVITIES OF THE NORTHSIDE CANCER INSTITUTE, WHICH IS A 106% INCREASE OVER PRIOR YEAR THESE ACTIVITIES INCLUDED FREE PROSTATE AND SKIN CANCER SCREENINGS, NUMEROUS EDUCATIONAL SEMINARS AND SUPPORT GROUP ACTIVITIES NORTHSIDE IS ALSO A RECOGNIZED LEADER IN COMMUNITY OUTREACH EFFORTS WITHIN THE AREAS IT SERVES IN FY 2012, NORTHSIDE SPONSORED THE MARCH OF DIMES MARCH FOR BABIES EVENT AND HAD A TEAM OF 326 WALKERS NORTHSIDE RAISED MORE THAN $368,000 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 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 EMPLOYS 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

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

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 from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **20** Name and address	Type of Facility (Describe)
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY RD STE 150 240 ATLANTA,GA 30342	AMBULATORY SURGERY

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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

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	17	97,797			

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

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CANCER SUPPORT COMMUNITY-ATLANTA INC5775 PEACHTREE DUNWOODY ROAD ATLANTA,GA 30342	58-2142151	501(C)(3)	533,796				GENERAL SUPPORT
MARCH OF DIMES FOUNDATION1275 MAMORONECK AVENUE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	302,116				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN HEART ASSOCIATION1101 NORTHCHASE PKWY SUITE 1 MARIETTA,GA 30067	13-5613797	501(C)(3)	105,000				GENERAL SUPPORT
SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS12100 SUNSET HILLS ROAD SUITE 130 RESTON,VA 20190	58-1431500	501(C)(6)	80,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CUMMING-FORSYTH COUNTY CHAMBER OF COMMERCE212 KELLY MILL ROAD CUMMING,GA 30040	58-1048245	501(C)(6)	118,000				GENERAL SUPPORT
OVARIAN CANCER INSTITUTE960 JOHNSON FERRY ROAD SUITE 130 ATLANTA,GA 30342	58-2445245	501(C)(3)	75,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
PARTNERSHIP AGAINST DOMESTIC VIOLENCEPO BOX 170225 ATLANTA,GA 30317	58-1314556	501(C)(3)	70,000				GENERAL SUPPORT
GREATER NORTH FULTON CHAMBER OF COMMERCE 11605 HAYNES BRIDGE ROAD ALPHARETTA,GA 30004	58-1157316	501(C)(6)	67,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CUMMING FAIRGROUNDS235 CASTLEBERRY ROAD CUMMING,GA 30040	58-8000553		50,000				GENERAL SUPPORT
VISITING NURSE HEALTH SYSTEM INC5775 GLENRIDGE DRIVE NE ATLANTA,GA 30328	58-0566250	501(C)(3)	40,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN CANCER SOCIETY INCPO BOX 56566 ATLANTA,GA 30343	13-1788491	501(C)(3)	35,700				GENERAL SUPPORT
COBB COUNTY CHAMBER OF COMMERCEPO BOX 671868 MARIETTA,GA 30006	58-0198114	501(C)(6)	32,964				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GEORGIA CENTER OF ONCOLOGY RESEARCH AND EDUCATION50 HURT PLAZA ATLANTA,GA 30303	57-1159979	501(C)(3)	25,000				GENERAL SUPPORT
MUST MINISTRIES 1407 COBB PARKWAY NORTH MARIETTA,GA 30061	58-2034725	501(C)(3)	25,000				GENERAL SUPPORT

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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

2011

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?	**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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	1,319,726	1,200,000	2,867,553	0	6,571	5,393,850	0
	(ii)	0	0	0	0	0	0	0
(2) DEBORAH S MITCHAM	(i)	393,088	78,983	6,000	0	11,398	489,469	0
	(ii)	0	0	0	0	0	0	0
(3) JORGE J HERNANDEZ	(i)	271,769	76,611	4,298	0	1,140	353,818	0
	(ii)	0	0	0	0	0	0	0
(4) TINA WAKIM	(i)	436,856	123,858	12,048	0	1,220	573,982	0
	(ii)	0	0	0	0	0	0	0
(5) ROBERT PUTNAM	(i)	404,471	93,035	15,440	0	5,310	518,256	0
	(ii)	0	0	0	0	0	0	0
(6) GUILHERME CANTUARIA MD	(i)	606,708	116,667	561	0	6,319	730,255	0
	(ii)	0	0	0	0	0	0	0
(7) AASHISH DESAI MD	(i)	531,637	111,154	430	0	1,079	644,300	0
	(ii)	0	0	0	0	0	0	0
(8) AMOL BAPAT MD	(i)	528,705	111,154	478	0	5,660	645,997	0
	(ii)	0	0	0	0	0	0	0
(9) GORDON AZAR MD	(i)	526,944	111,154	1,195	0	6,755	646,048	0
	(ii)	0	0	0	0	0	0	0
(10) THOMAS JORDAN MD	(i)	508,752	111,154	1,099	0	5,813	626,818	0
	(ii)	0	0	0	0	0	0	0

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	MR QUATTROCCHI HAS LED THE ORGANIZATION FOR MORE THAN NINE YEARS AS CEO AND FOR FOURTEEN YEARS AS A SENIOR EXECUTIVE PRIOR TO BECOMING CEO AS A RESULT OF HIS LEADERSHIP AND LONGEVITY, AND TO ASSIST IN HIS RETENTION, NORTHSIDE'S BOARD OF DIRECTORS HAS PROVIDED THE CEO A SERP AGREEMENT ("SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN") WHICH IS DESIGNED TO PROVIDE HIM RETIREMENT INCOME OVER HIS LIFE IN RETIREMENT THE SERP PAYMENTS ARE BASED ON A MATHEMATICAL FORMULA, PURSUANT TO A SIGNED CONTRACT, AND ARE REVIEWED AND ASSESSED FOR REASONABLENESS BY AN OUTSIDE CONSULTANT AND THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND ULTIMATELY BY THE FULL BOARD BEFORE ANY PAYMENT IS MADE THE SERP VESTS AND DISBURSES INCREMENTAL FUNDING PAYOUTS EACH TWO OR THREE YEARS 2011 WAS SUCH A YEAR NORTHSIDE DOES NOT CONSIDER THE SERP PAYMENT TO BE DEFERRED COMPENSATION FOR TAX REPORTING PURPOSES 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 PAYMENT 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

2011

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	360053GW6	12-12-2011	51,910,000	PROVIDE FUNDS TO REFUND A PRIOR ISSUE - 2/16/2003, 2/2/1994		X		X		X
B	HOSPITAL AUTHORITY OF FULTON COUNTY	58-1033907	360053GX4	12-12-2011	16,260,000	PROVIDE FUNDS TO REFUND A PRIOR ISSUE - 2/16/2003		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	51,910,000	16,260,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	51,584,678	16,158,098		
7	Issuance costs from proceeds	325,322	101,902		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011	2011		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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			WELLS FARGO BANK					
c	Term of hedge			4 750000000000					
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI 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

2011

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

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 & ATLANTA PERINATAL CONS PARTNER	1,911,228	LAWRENCE STONE, M D , MEMBER OF THE NORTHSIDE HOSPITAL, INC BOARD OF DIRECTORS, IS A PARTNER IN ATLANTA PERINATAL CONSULTANTS, WHICH PROVIDES MEDICAL SERVICES TO NORTHSIDE HOSPITAL, INC TRANSACTIONS ARE CONDUCTED AT ARMS-LENGTH		No
(2) NORTHSIDE ANESTHESIOLOGY CONSULTANTS LLC	DOUGLAS SMITH, M D , NSH BOARD MEMBER & NS ANESTHESIOLOGY CONS OFF /OWNER	3,104,283	DOUGLAS SMITH, M D , MEMBER OF THE NORTHSIDE HOSPITAL, INC BOARD OF DIRECTORS, IS AN OFFICER/OWNER OF NORTHSIDE ANESTHESIOLOGY CONSULTANTS, LLC, WHICH PROVIDES MEDICAL SERVICES TO NORTHSIDE HOSPITAL, INC TRANSACTIONS WITH THIS ENTITY ARE CONDUCTED AT ARMS-LENGTH AND ARE REPRESENTATIVE OF PAYMENTS FOR PROVISION OF ON-CALL PHYSICIAN SERVICES TO THE COMMUNITY WHICH NSH SERVES		No
(3) J BRYAN WHITLEY	ROBERT E WHITLEY, NSH BOARD MEMBER & J BRYAN WHITLEY FAMILY	68,701	ROBERT E WHITLEY, MEMBER OF THE NORTHSIDE HOSPITAL, INC BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH J BRYAN WHITLEY, AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC		No
(4) MEDLOCK MEDICAL LLC	DALE M BEARMAN, M D , NSH BOARD MEMBER & MEDLOCK MEDICAL, LLC OWNER	405,847	DALE M BEARMAN, M D , MEMBER OF THE NORTHSIDE HOSPITAL, INC BOARD OF DIRECTORS, HAS A GREATER THAN 5% OWNERSHIP INTEREST IN MEDLOCK MEDICAL, LLC, WHICH PROVIDES RENTAL SPACE TO NORTHSIDE HOSPITAL, INC TRANSACTIONS WITH THIS ENTITY ARE CONDUCTED AT ARMS-LENGTH		No
(5) RACHEL BEARMAN	DALE BEARMAN, NSH BOARD MEMBER & RACHEL BEARMAN FAMILY	11,008	DALE BEARMAN, MEMBER OF THE NORTHSIDE HOSPITAL, INC BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH RACHEL BEARMAN, AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC		No
(6) JENNIFER WHITLEY	ROBERT E WHITLEY, NSH BOARD MEMBER & JENNIFER WHITLEY FAMILY	34,001	ROBERT E WHITLEY, MEMBER OF THE NORTHSIDE HOSPITAL, INC BOARD OF DIRECTORS, HAS A FAMILY RELATIONSHIP WITH JENNIFER WHITLEY, AN EMPLOYEE OF NORTHSIDE HOSPITAL, INC		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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226017273

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

2011

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 BYLAW 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 SECTIONS AT NORTHSIDE'S REQUEST

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
	FORM 990, PART VI, LINE 16B	IN LIEU OF ADOPTING A WRITTEN POLICY CONCERNING JOINT VENTURE ARRANGEMENTS, THE ORGANIZATION REQUIRES AND UNDERTAKES A RIGOROUS CASE-BY-CASE EVALUATION OF ITS PARTICIPATION IN ANY PROPOSED JOINT VENTURE ARRANGEMENT UNDER APPLICABLE TAX AND OTHER LAWS AND REGULATIONS EACH PROPOSED JOINT VENTURE WITH A TAXABLE ENTITY IS REVIEWED UNDER APPLICABLE TAX LAWS, REGULATIONS, AND GUIDELINES BY OUTSIDE LEGAL COUNSEL AND ORGANIZATION PERSONNEL TO CONFIRM THAT THE JOINT VENTURE WOULD BE FORMED, OPERATED AND MANAGED IN A MANNER THAT FURTHERS THE COMMUNITY BENEFIT AND CHARITABLE PURPOSES OF THE ORGANIZATION JOINT VENTURES WITH TAXABLE ENTITIES ARE REQUIRED TO BE STRUCTURED, INCLUDING THROUGH FINANCIAL AND GOVERNANCE PROVISIONS AND RESERVED POWERS, IN A MANNER TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS AND ENSURE THAT THE ORGANIZATION CONTROLS ALL ASPECTS OF THE JOINT VENTURE RELATED TO ITS EXEMPT PURPOSE.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 23,675,219 CHANGE IN PENSION -27,301,761 ENT REVENUE/ EXPENSES NOT INCLUDED ON BOOKS 147,364 INCOME FROM INVESTMENTS 1,384,349 NSH AND NSF RENTAL -117,617 INCOME ASSOCIATED WITH NONCONTROLLING INTEREST -44,209 OTHER CHANGES IN NET ASSETS -475 DEFERRED GRANT REVENUE 81,876 INCOME FROM JOINT VENTURE -206,140 TOTAL TO FORM 990, PART XI, LINE 5 -2,381,394

Identifier	Return Reference	Explanation
	COMMUNITY BENEFITS REPORT - FISCAL YEAR 2012	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 REVENUES, IN EXCESS OF EXPENSES, TO ENHANCE THE SYSTEM'S CAPACITY TO DELIVER HIG H-QUALITY HEALTH CARE TO THE COMMUNITIES WE SERVE THESE RESOURCES PROVIDE FOR A LONG-TERM FOCUS ON THE RECRUITMENT AND RETENTION OF OUTSTANDING MEDICAL PROFESSIONALS, ENHANCED RES EARCH AND TECHNOLOGIES, AND NEW FACILITIES AND SERVICES IN ADDITION, SUCH RESOURCES ENABL E US TO PROVIDE NUMEROUS OTHER SERVICES THAT BENEFIT THE COMMUNITY THE INFORMATION PRESEN TED IN THIS REPORT DEMONSTRATES THE LEVEL OF COMMUNITY SERVICE AND BENEFITS THAT WE HAVE P ROVIDED TO THE COMMUNITIES WE SERVE DURING FISCAL YEAR 2012 - OCTOBER 1, 2011 THROUGH SEPT EMBER 30, 2012 TO BENEFIT OUR COMMUNITIES NORTHSIDE HOSPITAL DEFINES COMMUNITY BENEFIT A S SERVICES AND ACTIVITIES THAT ADDRESS COMMUNITY HEALTH NEEDS PRIMARILY THROUGH DISEASE PR EVENTION, HEALTH PROMOTION AND EDUCATION, IMPROVING ACCESS TO SERVICES AND WORKING WITH OT HERS TO IMPROVE INDIVIDUAL AND COMMUNITY HEALTH STATUS COMMUNITY BENEFIT ACTIVITIES HIGHL IGHTED IN THIS REPORT INCLUDE - CHARITY CARE - SERVICES AND MEDICAL SPECIALTIES - EDUCATI ON FOR COMMUNITY HEALTH - BROAD-BASED COMMUNITY OUTREACH/SPECIAL EVENTS - CONTINUING MEDIC AL EDUCATION - COMMUNITY SERVICE ACTIVITIES CHARITY CARE NORTHSIDE HOSPITAL TREATS ALL PAT IENTS, REGARDLESS OF AGE, SEX, CREED, RACE, NATIONAL ORIGIN OR SOURCE OF PAY MENT ALL PATI ENTS ARE TREATED EQUALLY WITH REGARD TO CHARGES, BED ASSIGNMENTS AND MEDICAL CARE, REGARDL ESS OF ABILITY TO PAY NORTHSIDE HOSPITAL PROVIDES CARE WITHOUT CHARGE, OR AT DISCOUNTED R ATES, TO PATIENTS WHO MEET CERTAIN CRITERIA SUCH CASES ARE NOT REPORTED AS REVENUE OR LIS TED AS ACCOUNTS RECEIVABLE WE MAINTAIN RECORDS TO IDENTIFY AND MONITOR THE INDIGENT AND C HARITY CARE WE PROVIDE THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES A ND SUPPLIES PROVIDED UNDER THE CHARITY CARE POLICY DURING FISCAL YEAR 2012, NORTHSIDE HOS PITAL PROVIDED APPROXIMATELY $45 2 MILLION IN INDIGENT AND CHARITY CARE UNCOMPENSATED CAR E INCLUDING INDIGENT AND CHARITY CARE AND UNCOLLECTED ACCOUNTS REPRESENTED APPROXIMATELY $ 129 5 MILLION SERVICES AND MEDICAL SPECIALTIES WOMEN'S SERVICES AND MATERNITY EDUCATION THE LIFETIME MAGAZINE IS A 16-PAGE HEALTH PUBLICATION FOR WOMEN AGES 30-65 THE FREE PUBLI CATION FOCUSES ON FAMILY HEALTH AND IS PUBLISHED THREE TIMES A YEAR EACH ISSUE IS MAILED TO APPROXIMATELY 382,000 HOUSEHOLDS WITH AN ADDITIONAL 23,000 WIDELY DISTRIBUTED AT THE HO SPITAL, PHYSICIAN OFFICES AND THROUGHOUT THE COMMUNITY IT ALSO IS AVAILABLE VIA THE HOSPI TAL'S WEBSITE, WWW NORTHSIDE COM THE NORTHSIDE HOSPITAL MOTHERSFIRST PROGRAM IS A VALUABL E RESOURCE TO WOMEN, WHO ARE ALREADY PREGNANT OR CONSIDERING BECOMING PREGNANT MOTHERSFIR ST OFFERS PERTINENT EDUCATION, CLASSES, SUPPORT GROUPS, HOSPITAL TOURS AND OTHER SERVICES FOR WOMEN THROUGHOUT THE MANY STAGES OF THEIR CHILDBEARING YEARS, FROM EARLY PREGNANCY THR OUGH THE EARLY CHILDHOOD OF THEIR BABY IN FISCAL YEAR 2012, MOTHERSFIRST REACHED 25,925 P EOPLE, THROUGH 1,378 CLASSES AND 1,201 HOSPITAL TOURS THAT THE GROUP OFFERED THROUGHOUT TH E YEAR SUPPORT GROUPS OFFER PATIENTS AND THE COMMUNITY A WAY TO COPE WITH THE ISSUES THEY FACE WITH THE COMFORT OF KNOWING THAT THERE ARE OTHERS THERE TO HELP NORTHSIDE OFFERS VA RIOUS SUPPORT GROUPS FOR WOMEN, CONDUCTED AT THE HOSPITALS AND SUPPORTED BY VARIOUS STAFF MEMBERS WHO ORGANIZE, LECTURE AND FACILITATE - MOM-ME CONNECTION OFFERS BREASTFEEDING SUP PORT FOR NEW MOMS TWO GROUPS MEET EACH WEEK AT NORTHSIDE'S CAMPUSES IN SANDY SPRINGS AND ALPHARETTA, EACH FACILITATED BY ONE STAFF MEMBER, WITH APPROXIMATELY 52 MOMS IN ATTENDANCE - THE SPECIAL CARE NURSERY (SCN) SUPPORT GROUP IS GROUP FOR PARENTS WHO HAVE BABIES CURR ENTLY IN THE SCN APPROXIMATELY 4-6 FAMILIES ATTENDED THE GROUP EACH WEEK IN 2012 - CARIN G AND COPING IS A SUPPORT GROUP FOR PARENTS AND GR

Identifier	Return Reference	Explanation
	COMMUNITY BENEFITS REPORT - FISCAL YEAR 2012	ANDPARENTS WHO HAVE LOST A BABY DUE TO MISCARRIAGE, ECTOPIC PREGNANCY, STILLBIRTH OR NEWBO RN DEATH MEETINGS ARE HELD ONCE A MONTH AND ARE FACILITATED BY TWO STAFF MEMBERS APPROXI MATELY 20-30 PEOPLE ATTENDED EACH MEETING IN 2012 - PREGNANCY AFTER LOSS IS A GROUP FOR T HOSE WHO ARE EXPERIENCING A SUBSEQUENT PREGNANCY FOLLOWING THE LOSS OF A BABY MEETINGS AR E HELD ONCE A MONTH AND HAVE ONE FACILITATOR APPROXIMATELY 4-6 PEOPLE ATTENDED EACH MEETI NG IN 2012 - LOSS IN MULTIPLE BIRTH GROUP IS A GROUP FOR THOSE WHO HAVE LOST ONE OR MORE MULTIPLES MEETINGS ARE HELD ONCE A MONTH AND HAVE ONE FACILITATOR APPROXIMATELY 3-5 PEOP LE ATTENDED EACH MEETING IN 2012 CANCER INSTITUTE IN 2012, THE CANCER INSTITUTE AT NORTH SIDE HOSPITAL CONTINUED ITS COMMITMENT TO THE COMMUNITY THROUGH NUMEROUS OUTREACH ACTIVITI ES AND PARTNERSHIPS, REACHING 41,770 PEOPLE, A 106 PERCENT INCREASE OVER FISCAL YEAR 2011 NORTHSIDE PROVIDED SKIN, PROSTATE, COLON AND BREAST CANCER SCREENINGS TO 1,309 PEOPLE DUR ING FISCAL YEAR 2012 - FOUR FREE PROSTATE CANCER SCREENINGS TOOK PLACE, REACHING 234 PART ICIPANTS THIRTY MEN WERE RECOMMENDED FOR MEDICAL FOLLOW UP AS A RESULT OF SUSPICIOUS FIND INGS - THREE FREE SKIN CANCER SCREENINGS WERE HELD IN MAY, RESULTING IN 295 PARTICIPANTS NINETY PEOPLE WERE RECOMMENDED FOR FOLLOW-UP TREATMENT BECAUSE OF ABNORMAL FINDINGS CHEC K IT OUT! IS A COLLABORATIVE EFFORT WITH THE GREATER ATLANTA HADASSAH, WHICH PROVIDES BREA ST HEALTH EDUCATION TO HIGH SCHOOL JUNIOR AND SENIOR GIRLS, TEACHING THEM PROPER BREAST SE LF-EXAM TECHNIQUE, THE IMPORTANCE OF EARLY DETECTION AND ABOUT RISK FACTORS SCHOOLS IN CO BB, FULTON, GWINNETT AND DEKALB COUNTIES HAVE ACCEPTED THE PROGRAM AS PART OF THEIR HEALTH CURRICULUM IN 2012, THE PROGRAM WAS PRESENTED TO MORE THAN 700 WOMEN COLORECTAL CANCER EDUCATION WAS PROVIDED ON ALL THREE NORTHSIDE CAMPUSES DURING COLON CANCER AWARENESS MONTH (MARCH) NEARLY 500 PEOPLE BENEFITED FROM ONE-ON-ONE EDUCATION ABOUT THE IMPORTANCE OF CO LORECTAL SCREENING AND SYMPTOMS OF THE DISEASE NORTHSIDE ALSO COLLABORATED WITH OTHER COM MUNITY AGENCIES AND PROVIDED EDUCATION AT THE SUPER COLON EVENT IN CENTENNIAL OLYMPIC PARK ANOTHER 13,901 PEOPLE RECEIVED CANCER EDUCATION, ACROSS ALL SPECIALTIES, THROUGH A VARIE TY OF OTHER COMMUNITY EDUCATION AND OUTREACH PROGRAMS THROUGHOUT THE YEAR

Identifier	Return Reference	Explanation
		NORTHSIDE HOSPITAL PARTNERS WITH THE CANCER SUPPORT COMMUNITY - ATLANTA (CSC ATLANTA) TO P ROVIDE PSY CHOSOCIAL AND EDUCATIONAL SUPPORT TO CANCER PATIENTS, SURVIVORS AND THEIR FAMILI ES AND FRIENDS THE ORGANIZATION PROVIDES SUPPORT GROUPS FACILITATED BY LICENSED PSY CHOTHE 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 2012, THE ORGANIZATION SAW 7,579 PATIEN TS, 5,397 OR 71 PERCENT OF WHO WERE NORTHSIDE HOSPITAL PATIENTS APPROXIMATELY 159 NORTHSI DE PATIENTS WERE NEW TO CSC ATLANTA WITH TWO GRANTS AWARDED TO THE HOSPITAL, NORTHSIDE WA S ABLE TO BETTER ASSIST UNINSURED WOMEN WITH SCREENING MAMMOGRAPHY AND DIAGNOSTIC SERVICES ONE GRANT FROM SUSAN G KOMEN FOR THE CURE HELPED 722 WOMEN, WHO LIVE WITHIN 10 METRO AT LANTA COUNTIES FIVE BREAST CANCERS WERE DETECTED ANOTHER GRANT FROM IT'S THE JOURNEY SER VED 78 WOMEN, WHO LIVE OUTSIDE OF METRO ATLANTA ONE BREAST CANCER WAS DETECTED IN ADDITI ON TO SCREENING MAMMOGRAPHY AND DIAGNOSTIC SERVICES, IT'S THE JOURNEY ALSO PROVIDED GRANT MONEY FOR NORTHSIDE'S HEREDITARY CANCER PROGRAM SIXTEEN PATIENTS WERE SERVED THE NETWORK OF HOPE IS A NETWORK OF CANCER SURVIVORS, WHO VOLUNTEER TO SUPPORT NEWLY DIAGNOSED PATIEN TS THROUGH SHARING, STRENGTH AND SUPPORT THEY ALSO ASSIST WITH COMMUNITY EDUCATION WITH 34 VOLUNTEERS IN 2012, NETWORK OF HOPE VOLUNTEERS CONTRIBUTED APPROXIMATELY 2,927 HOURS OF THEIR TIME AND ASSISTED WITH 1,135 PATIENT ENCOUNTERS HEART HEALTH IN MAY, NORTHSIDE HOS PITAL HOSTED THREE FREE COMMUNITY STROKE SCREENINGS IN ATLANTA, CHEROKEE AND FORSYTH APPR OXIMATELY 260 PEOPLE WERE SCREENED FOR STROKE RISK FACTORS TWO STROKE SUPPORT GROUPS FOR STROKE SURVIVORS AND THEIR FAMILIES MEET MONTHLY AT NORTHSIDE'S ALPHARETTA CAMPUS THE GRO UPS HOST SPEAKERS AND PROVIDE NETWORKING AND SOCIAL SUPPORT FOR STROKE SURVIVORS AND THEIR FAMILIES APPROXIMATELY 17 PEOPLE ATTENDED THE GROUPS EACH MONTH IN 2012 IN FEBRUARY, NO RTHSIDE HOSPITAL-FORSYTH HOSTED A FREE COMMUNITY HEART HEALTH SCREENING STAFF SCREENED 86 PEOPLE FOR CARDIAC RISK FACTORS AND PROVIDED 62 ECHOCARDIOGRAMS DURING THE THREE-HOUR EVE NT NORTHSIDE HOSPITAL-CHEROKEE OFFERS A FREE DIABETES SUPPORT GROUP FOR ANY ONE CURRENTLY AFFECTED BY DIABETES THOSE NEEDING MORAL SUPPORT, CLINICAL INFORMATION, GUIDANCE OR ADVIC E ABOUT LIVING WITH DIABETES ARE ENCOURAGED TO ATTEND THE GROUP MEETS MONTHLY IN 2012, T HERE WERE 12 ACTIVE MEMBERS REHABILITATION SERVICES NURSES AND PHY SICAL THERAPISTS OFFER FREE PRE-OPERATIVE CLASSES TO ANY ONE CONSIDERING OR PLANNING TOTAL HIP AND KNEE REPLACEME NTS OR BACK AND NECK SURGERY PATIENTS AND THEIR FAMILIES LEARN WHAT TO EXPECT DURING THEI R HOSPITALIZATION AND THROUGHOUT RECOVERY IN 2012, APPROXIMATELY 450 PEOPLE PARTICIPATED IN THESE CLASSES IN ATLANTA AND FORSYTH IN RECOGNITION OF BETTER HEARING AND SPEECH MONTH IN MAY, THE AUDIOLOGY DEPARTMENT OFFERED FREE HEARING SCREENINGS TO THE COMMUNITY SEVENT Y-TWO PEOPLE PARTICIPATED, WITH 35 PEOPLE BEING REFERRED FOR FURTHER EVALUATION TWELVE PE OPLE RETURNED FOR FOLLOW-UP BARIATRIC SURGERY NORTHSIDE HOSTS MONTHLY WEIGHT LOSS INFORM ATIONAL SEMINARS FOR THE COMMUNITY TO DISCUSS THE TY PES OF SURGERY AVAILABLE, THE PROS AND CONS OF SURGERY, THE SCREENING PROCESS, PRE AND POST-OPERATIVE REQUIREMENTS AND WHAT TO E XPECT AT THE HOSPITAL IN 2012, 158 PEOPLE ATTENDED 30 SEMINARS SUPPORT GROUPS ALSO ARE H ELD EACH MONTH FOR PATIENTS WHO HAVE UNDERGONE (OR ARE CONSIDERING) BARIATRIC 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 SURGERY IN ALL, 676 PEOPLE ATTENDED BARIATRIC SUPPORT GROUPS IN 2012 SUPPORT SERVICES THE NORTHSIDE HOSPITA L AUXILIARIES ADD A SPECIAL CARING TOUCH AS THEY INTERACT WITH PATIENTS AND FAMILIES THROU GHOUT NORTHSIDE'S THREE HOSPITALS APPROXIMATELY 680 VOLUNTEERS, RANGING IN AGE FROM 18 TO 99, ANNUALLY GIVE MORE THAN 126,235 HOURS OF SERVICE IN 2012, THE AUXILIARIES RAISED MOR E THAN $362,308 FOR HOSPITAL AND COMMUNITY PROJECTS IN ADDITION TO THE ADULT VOLUNTEERS, TEENAGERS (AGES 14-18), FROM ALL OF THE SURROUNDING COUNTIES AND SCHOOL SY STEMS, VOLUNTEER ED THEIR TIME DURING THE SUMMER TO HELP OUT PATIENTS AND STAFF, GAINING INVALUABLE EXPERIE NCE IN THE PROCESS IN 2012, THERE WERE 228 TEENS, WORKING THROUGHOUT THE ATLANTA AND FORS YTH CAMPUSES, GIVING 9,060 HOURS TWO LUNCH 'N LEARNS AND ONE VOLUNTEEN CONFERENCE ALSO WE RE HELD AT THE ATLANTA CAMPUS, WHICH WERE ATTENDED BY 28 TEENS NORTHSIDE HOSPITAL OPERATE S A CALL CENTER TO TAKE PHONE REGISTRATIONS FOR CLASSES AND FOR FREE PHY SICIAN REFERRAL I N 2012, THE CALL CENTER'S FOUR EMPLOY EES TOOK 10,107 CALLS FOR CLASS REGISTRATION AND 9,45 8 CALLS FOR PHY SICIAN REFERRAL THEY ALSO MADE 24,182 QUALITY ASSESSMENT CALLS TO FORMER P ATIENTS NORTHSIDE'S HEALTH RESOURCE CENTER, OR TH

Identifier	Return Reference	Explanation
		E MEDICAL LIBRARY, IS OPEN TO THE COMMUNITY AND HOME TO A VAST COLLECTION OF HIGH-QUALITY MEDICAL INFORMATION AND RESOURCES INCLUDING BOOKS, JOURNALS AND VIDEOTAPES AVAILABLE FOR C HECKOUT INTERNET ACCESS AND CONSUMER HEALTH INFORMATION DATABASES ALSO ARE AVAILABLE. THE LAUGHING LIBRARY CONSISTS OF A VARIETY OF VIDEOTAPES (DRAMA, HUMOR, EDUCATIONAL AND SUSPE NSE) AND VCRS THAT CAN BE CHECKED OUT OVERNIGHT TO PATIENTS AND THEIR FAMILIES SPECIAL AU DIOCASSETTES FEATURING RELAXATION TECHNIQUES AND PORTABLE CASSETTE PLAYERS ALSO ARE AVAILA BLE FOR PATIENTS AND FAMILY MEMBERS IN 2012, THE CENTER FACILITATED 3,990 REQUESTS FROM P ATIENTS FOR SEARCHES/INFORMATION REQUESTS, INTERNET USAGE AND CHECK-OUTS THE PATIENT RELA TIONS (CUSTOMER SERVICE) DEPARTMENT ASSISTED APPROXIMATELY 22,181 PATIENTS IN 2012 IN ADD ITION TO NORMAL DUTIES, THE DEPARTMENT PROVIDES RESOURCES TO PATIENTS AND THEIR FAMILIES I NCLUDING - COORDINATING "HAPPY TAILS" PET VISITATION TO HIGH RISK PERINATAL (HRP) PATIENT S - COORDINATING CHIP (COMPASSIONATE HELP ISSUE PREVENTION) VOLUNTEERS TO VISIT PATIENTS O N THEIR FIRST DAY OF STAY AND LONG TERM PATIENTS - COORDINATING INFORMATION DESK VOLUNTEER S WHO SERVE AS WELCOMING TEAM TO HOSPITAL GUESTS - CONDUCTING PATIENT INTERVIEWS AND PROAC TIVELY VISITING PATIENTS ON THEIR SECOND DAY OF STAY - DOCUMENTING AND TRACKING PATIENT CO NCERNS AND COMMUNICATE TRENDS TO MANAGEMENT - ASSISTING WITH FINDING TRANSPORTATION TO HOM E OR OTHER DESTINATIONS VIA TAXI, GAS CARDS AND MARTA BREEZE CARDS - ASSISTING WITH HOTEL ACCOMMODATIONS WITH REDUCED RATES FOR OUT OF TOWN FAMILIES - WORKING CLOSELY WITH THE CHAP LAINCY DEPARTMENT TO PROVIDE ASSISTANCE WITH AIRPORT MORTUARY SERVICES - ASSISTING WITH TH E VARIOUS EMBASSIES AND CONSULATES TO ASSIST PATIENTS IN BRINGING THEIR FAMILIES TO THE UN ITED STATES IN THE CASES OF EMERGENCIES - PROVIDING MEAL VOUCHERS TO THE HOSPITAL CAFETERI A TO PATIENTS, FAMILY MEMBERS AND VISITORS WHO EXPERIENCE LONG WAIT TIMES OR HAVE BEEN INC ONVENIENCED - PROVIDING CLOTHING FOR PATIENTS, WHOSE CLOTHING HAS BEEN SOILED OR DAMAGED, SO THAT THEY HAVE CLOTHES TO WEAR UPON DISCHARGE - MAINTAINING CLOTHING CLOSET FOR INDIGEN T PATIENTS - ASSISTING WITH SPANISH-SPEAKING PERINATAL LOSS SERVICES - ACTING AS AN ADVOCA TE WITH ELECTRIC, GAS AND PHONE COMPANY CONCERNING BILLING ISSUES WHILE HOSPITALIZED - ASS ISTING WITH BABY SHOWERS FOR EXPECTANT MOTHERS ON HRP - CELEBRATING PATIENT BIRTHDAYS, ANN IVERSARIES AND OTHER SPECIAL OCCASIONS WHILE BEING HOSPITALIZED - ASSISTING FAMILY MEMBERS AND PATIENTS WITH COMMUNICATION BETWEEN DOCTORS, NURSES, AND CONSULTING DOCTORS - ROUNDIN G IN THE EMERGENCY DEPARTMENT AND ASSISTING PATIENTS AND FAMILY MEMBERS WAITING TO BE SEEN - ASSISTING PATIENTS AND FAMILY MEMBERS WITH CHANGING PLANE FLIGHTS WHEN NEEDED - PROVIDI NG BOOKS, MAGAZINES, CROSS WORD PUZZLES TO PATIENTS WHEN REQUESTED

Identifier	Return Reference	Explanation
		EDUCATION FOR COMMUNITY HEALTH SPEAKERS' BUREAU THE SPEAKERS' BUREAU PROVIDES A SIGNIFICA NT AMOUNT OF EDUCATIONAL PROGRAMS AND MATERIALS TO ORGANIZATIONS AND INDIVIDUALS EACH YEAR THE PROGRAM OFFERS FREE COMMUNITY LECTURES ON A REGULAR BASIS, PROVIDING USEFUL INFORMAT ION ABOUT A VARIETY OF HEALTH-RELATED TOPICS INCLUDING EXERCISE, NUTRITION AND WEIGHT CONT ROL, WOMEN AND HEART DISEASE, BREAST HEALTH, SLEEP DISORDERS, AND MORE IN 2012, NORTHSIDE PROVIDED SPEAKERS TO 58 GROUPS, REACHING MORE THAN 2,200 PEOPLE AN ADDITIONAL 23 REQUEST S FOR SPEAKERS WERE RECEIVED, BUT CANCELLED BY EITHER THE ORGANIZATION OR NORTHSIDE BECAUS E A SPEAKER COULD NOT BE FOUND CORPORATE & COMMUNITY HEALTH SOLUTIONS NORTHSIDE HOSPITAL PROVIDES ON-SITE HEALTH SCREENINGS AT LARGE COMPANIES, TO DETECT EARLY RISK FACTORS OF DI SEASE BY OFFERING THE BROADEST, MOST COMPREHENSIVE ARRAY OF CLINICAL SCREENING SERVICES AN D HEALTHY LIFESTYLE EDUCATION TO THE PEOPLE OF NORTH ATLANTA HEALTH SCREENINGS ARE CONDUC TED THROUGHOUT THE YEAR AND INCLUDE CHOLESTEROL/GLUCOSE TESTING, CORONARY RISK PROFILE, OS TEOPOROSIS SCREENING, PULMONARY FUNCTION TESTING, BODY COMPOSITION ANALYSIS, SLEEP QUALITY SCREENING, BLOOD PRESSURE SCREENING AND CANCER RISK ASSESSMENT IN 2012, NORTHSIDE OFFERE D HEALTH SCREENINGS TO 45 GROUPS, REACHING 4,279 PEOPLE WEBSITE NORTHSIDE HOSPITAL'S OFF ICIAL WEBSITE, WWW NORTHSIDE COM, HAS BEEN RANKED #1 BY ATLANTA CONSUMERS EVERY YEAR SINCE 2005 IN THE NATIONAL RESEARCH CORPORATION'S ANNUAL HEALTHCARE MARKET GUIDE THE SITE FEAT URES INFORMATION ABOUT HOSPITAL PROGRAMS AND SERVICES, A CLINICAL TRIAL DATABASE, HEALTH E NCYCLOPEDIA AND VIDEO LIBRARY OF GENERAL HEALTH CONTENT ABOUT SURGERIES AND PROCEDURES, PH YSICIAN DIRECTORY, PREGNANCY CENTER AND A COMPREHENSIVE EMPLOY MENT SECTION THERE WERE 40, 936 VISITS (36,136 UNIQUE VISITORS) TO THE SITE, OF WHICH APPROXIMATELY 87 PERCENT WERE NE W VISITORS NORTHSIDE HOSPITAL-ATLANTA AUXILIARY PUPPET PROGRAM THIS PROGRAM TRAVELS TO S CHOOLS IN DEKALB, COBB AND NORTH FULTON COUNTIES, EDUCATING CHILDREN IN GRADES PRE K-4 ABO UT MEDICAL CHECK-UPS, PEER PRESSURE AND DRUG AND ALCOHOL ABUSE THE PROGRAM HAS RECEIVED N UMEROUS AWARDS SINCE ITS BEGINNING IN 1977, INCLUDING THE GEORGIA HOSPITAL ASSOCIATION'S C OUNCIL ON AUXILIARIES/VOLUNTEERS COMMUNITY OUTREACH AWARD AND THE GEORGIA SOCIETY OF DIREC TORS OF VOLUNTEER SERVICES EXCELLENCE IN UTILIZATION OF VOLUNTEERS AWARD IN 2012, THE PRO GRAM PERFORMED 38 PUPPET SHOWS (152 HOURS), REACHING NEARLY 5,195 METRO ATLANTA STUDENTS PARTNERS IN EDUCATION NORTHSIDE HOSPITAL'S PARTNERS IN EDUCATION PROGRAM SPONSORS MORE TH AN 100 SCHOOLS IN SEVEN NORTH METRO ATLANTA COUNTIES CHEROKEE, COBB, DAWSON, DEKALB, FORS YTH, FULTON AND GWINNETT OUR COMMITMENT TO OUR PARTNERS IN EDUCATION SCHOOLS REPRESENTS T HE HOSPITAL'S MISSION AND VALUES AND ITS CONTINUED EFFORTS TO SUPPORT WOMEN, FAMILIES, EDU CATION AND HEALTH AND SAFETY THROUGH THESE PARTNERSHIPS, WE FULFILL CLINIC SUPPLIES, PART ICIPATE IN FUNDRAISERS, SUPPORT CAREER DAYS AND OTHER STUDENT PROGRAMS THAT PROMOTE HEALTH AND WELLNESS, SCIENCE, SAFETY AND ANTI-BULLYING, SPONSOR TEACHER APPRECIATION/ RECOGNITIO N EVENTS, AND MUCH MORE OUR PARTNER SCHOOLS SUPPORT NORTHSIDE WITH ART PROJECTS FOR PATIE NTS, PARTICIPATING IN OUR FUNDRAISING WALKS FOR HEALTH CARE CAUSES, PERFORMING AT HOSPITAL EVENTS AND VOLUNTEERING WITH OUR COMMUNITY CONNECTION VOLUNTEER PROGRAM THE NORTHSIDE HO SPITAL-FORSYTH LABORATORY PARTICIPATES IN LAMBERT HIGH SCHOOL'S HEALTH SCIENCES PROGRAM TO HELP PREPARE STUDENTS FOR ADVANCED HEALTHCARE EDUCATION AND INDUSTRY PLACEMENT THE HIGH SCHOOL PROVIDES THE CONTENT, SKILLS AND SAFETY PROCEDURES AS IT RELATES TO CLINICAL LABORA TORY AND HEALTHCARE DIAGNOSTICS STUDENTS JOB SHADOW AT NORTHSIDE FOR A TOTAL OF 30 WEEKS, ROTATING THROUGH SIX DEPARTMENTS WITHIN THE LAB, INCLUDING CHEMISTRY, HEMATOLOGY, BLOOD A ND TISSUE BANK, PHLEBOTOMY, MICROBIOLOGY AND HISTOLOGY/PATHOLOGY STUDENTS GET HANDS-ON EX PERIENCE, REVIEWING AND ANALYZING DATA AND WORKING WITH REAL EQUIPMENT IN 2012, 59 STUDEN TS PARTICIPATED, AND THE PROGRAM WAS FACILITATED BY TEN NORTHSIDE STAFF LAMBERT HEALTH SC IENCES STUDENTS ALSO GIVE BACK TO NORTHSIDE BY VOLUNTEERING FOR HOSPITAL EVENTS, FUNDRAISI NG FOR THE FOUNDATION AND ORGANIZING RED CROSS BLOOD DRIVES, WHERE ALL UNITS COLLECTED GO TOWARD NORTHSIDE CREDIT IN 2012, STUDENTS VOLUNTEERED MORE THAN 412 HOURS TO NORTHSIDE EV ENTS AND CAUSES FOR OUTSTANDING HIGH SCHOOL STUDENTS INTERESTED IN EXPLORING HEALTH CARE CAREERS, NORTHSIDE HOSPITAL-CHEROKEE AGAIN PARTICIPATED IN THE CHEROKEE COUNTY SCHOOLS' WO RK BASED LEARNING PROGRAM - YOUTH APPRENTICESHIP THE PAID INTERNSHIP OFFERS AN OBSERVATIO N-ONLY EXPERIENCE FOR STUDENTS WISHING TO PURSUE HEALTH CARE CAREERS STUDENTS ROTATE THRO UGH VARIOUS DEPARTMENTS OF THE HOSPITAL INCLUDING SURGERY, RADIOLOGY AND THE EMERGENCY DEP ARTMENT FOR AN HOUR EACH WEEKDAY DURING THE SCHOOL YEAR STUDENTS ALSO RECEIVE CPR/AED TRA INING IN 2012, 16 STUDENTS PARTICIPATED IN THE PR

Identifier	Return Reference	Explanation
		OGRAM AT THE HOSPITAL TWO EMPLOYEES MANAGED THE PROGRAM, IN ADDITION TO THE TIME INDIVIDU AL DEPARTMENTS DEDICATED TO THEIR RESPECTIVE STUDENTS HEALTHCARE EXPLORING NORTHSIDE HOS PITAL PARTNERS WITH THE LEARNING FOR LIFE HEALTHCARE EXPLORING PROGRAM TO OFFER LOCAL HIGH SCHOOL STUDENTS (GRADES 9-12), WHO ARE CONSIDERING A CAREER IN HEALTHCARE, A UNIQUE, INSI DER'S VIEW OF THE HOSPITAL AND ITS MANY CAREERS THROUGHOUT THE SEVEN-MONTH PROGRAM, WHICH IS AFFILIATED WITH THE BOY SCOUTS OF AMERICA, THE STUDENTS VISIT MANY AREAS OF THE HOSPIT AL, PERFORMING EXERCISES AND PARTICIPATING DURING LECTURES BY HEALTHCARE PROFESSIONALS EA CH CLASS FOCUSES ON A DIFFERENT AREA OF HEALTH CARE - CARDIOLOGY, ROBOTIC SURGERY, RADIOLO GY, PHARMACY, WOMENS SERVICES AND OTHER SPECIALTIES DURING THE 2011-2012 SESSION, 24 STUD ENTS ATTENDED 7 CLASSES (3 HOURS EACH), WHICH WERE FACILITATED BY APPROXIMATELY 30 NORTHSI DE EMPLOYEES AND PHYSICIANS BROAD-BASED COMMUNITY OUTREACH/SPECIAL EVENTS TENNIS AGAINST BREAST CANCER IN OCTOBER 2011, NORTHSIDE HOSPITAL ORGANIZED THE 9TH ANNUAL "TENNIS AGAINS T BREAST CANCER" EVENT, LUNCHEON AND FASHION SHOW AT MULTIPLE LOCATIONS IN NORTH FULTON AN D FORSYTH TO RAISE COMMUNITY AWARENESS OF BREAST CANCER PREVENTION AND EDUCATION MORE THA N 700 WOMEN PARTICIPATED IN TENNIS FUNDAMENTAL DRILLS AND ENJOYED LUNCH AND A TENNIS FASHI ON SHOW PHYSICIANS AT EACH LUNCHEON GAVE PRESENTATIONS ON NEW STATE-OF-THE-ART DIGITAL BR EAST CANCER DIAGNOSTIC TOOLS AVAILABLE MORE THAN $125,000 WAS RAISED FOR THE NORTHSIDE HO SPITAL BREAST CARE PROGRAM FOR THE EDUCATIONAL AND EMOTIONAL SUPPORT OF BREAST CARE PATIEN TS CELEBRATION OF LIGHTS THE 23RD ANNUAL CELEBRATION OF LIGHTS CHRISTMAS TREE LIGHTING A ND FESTIVAL IN DECEMBER 2011 WAS A SPECIAL CELEBRATION FOR NORTHSIDE HOSPITAL'S CANCER PAT IENTS, THEIR FAMILIES AND THE COMMUNITIES WE SERVE. TREES WERE LIT ATOP THE 980 DOCTORS' C ENTRE IN SANDY SPRINGS, THE NORTHSIDE/ALPHARETTA MEDICAL CAMPUS AND NORTHSIDE HOSPITAL-FOR SYTH IN CUMMING MORE THAN 2,500 NORTHSIDE HOSPITAL EMPLOYEES, PHYSICIANS, CANCER SURVIVOR S, FAMILIES AND COMMUNITY MEMBERS ATTENDED THE EVENT AT NORTHSIDE HOSPITAL-FORSYTH GUESTS ENJOYED FACE PAINTERS, CLOWNS AND PERFORMANCES BY LOCAL SCHOOL GROUPS LIGHTS ON THE TREE S COULD BE PURCHASED IN HONOR OR MEMORY OF A LOVED ONE, AND MORE THAN $40,000 WAS RAISED F OR THE NORTHSIDE HOSPITAL CANCER INSTITUTE EGGSTRAVAGANZA IN APRIL 2012, NORTHSIDE HOSPI TAL-CHEROKEE HOSTED ITS ANNUAL EASTER EGGSTRAVAGANZA CHILDREN AND THEIR PARENTS ENJOYED A N EASTER EGG HUNT, CARNIVAL GAMES, PHOTOS WITH THE EASTER BUNNY, A PETTING ZOO AND MUCH MO RE MORE THAN 2,000 PEOPLE PARTICIPATED IN THE EVENT, WHICH RAISED NEARLY $1,500 FOR THE H OSPITAL'S SPECIAL CARE NURSERY STROKE 5K IN RECOGNITION OF NATIONAL STROKE AWARENESS MON TH IN MAY, NORTHSIDE HOSTED ITS 3RD ANNUAL STROKE AWARENESS 5K RUN/WALK APPROXIMATELY 125 PEOPLE PARTICIPATED IN THE EVENT, WHICH RAISED MORE THAN $3,200 FOR THE STROKE SUPPORT GR OUPS AT NORTHSIDE CHARITY GOLF CLASSIC THE 2012 NORTHSIDE HOSPITAL CHARITY GOLF CLASSIC WAS A CORPORATE FUNDRAISER FOR THE NORTHSIDE HOSPITAL BLOOD & MARROW TRANSPLANT PROGRAM (B MT) AND GENERAL RESEARCH PROGRAM HELD AT THE ATLANTA ATHLETIC CLUB IN JOHNS CREEK, 256 GO LFERS PLAYED 18 HOLES, RAISING NEARLY $200,000 BABY ALUMNI BIRTHDAY PARTY THE 2012 NORTH SIDE HOSPITAL BABY ALUMNI BIRTHDAY PARTY AT ZOO ATLANTA WAS ATLANTA'S LARGEST BIRTHDAY PAR TY MORE THAN 5,000 CHILDREN AND THEIR FAMILIES CELEBRATED AND ENJOYED FACE PAINTERS, CRAF TS, BIRTHDAY COOKIES AS WELL AS AN EVENING VISIT OF THE ANIMAL EXHIBITS MANY ATTENDEES BR OUGHT NON-PERISHABLE FOODS TO DONATE TO THE ATLANTA COMMUNITY FOOD BANK APPROXIMATELY 1,5 50 POUNDS OF FOOD, OR 1,291 MEALS, WERE COLLECTED

Identifier	Return Reference	Explanation
		CANCER SURVIVORS' EVENT NORTHSIDE'S ANNUAL CANCER SURVIVORS' EVENT CELEBRATES OUR PATIENT S' LIVES THROUGH LAUGHTER AND SONG THE MORE THAN 350 GUESTS WHO ATTENDED OUR 2012 EVENT C AME AWAY TOUCHED WITH THE KNOWLEDGE THAT EVEN THOUGH CANCER IS A DREADFUL DISEASE, THERE I S ALWAYS HOPE AND THAT LIFE IS WORTH LIVING AND CELEBRATING CAMP HOPE IN APRIL 2012, THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY HOSTED ITS SEVENTH ANNUAL CAMP HOPE, A THREE-DAY WEE KEND RETREAT THAT PROVIDES HELPFUL RELAXATION ACTIVITIES AND TECHNIQUES, AS WELL AS ENTERT AINMENT AND FUN, FOR THE NORTHSIDE HOSPITAL CANCER PATIENTS TRANSPORTATION TO AND FROM TH E CAMP WAS PROVIDED AND THE ENTIRE WEEKEND WAS FREE OF CHARGE, THANKS TO THE GENEROSITY OF THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY IN 2012, 26 PATIENTS ATTENDED BLOOD DRIVES NO RTHSIDE HOSPITAL IS A PARTNER WITH THE METRO ATLANTA RED CROSS TO OFFER BLOOD DRIVES FOR H OSPITAL STAFF AND THE COMMUNITY IN 2012, 22 BLOOD DRIVES WERE HELD IN ATLANTA, FORSYTH, C HEROKEE AND ALPHARETTA, COLLECTING 1,016 PINTS OF BLOOD IN ADDITION, NORTHSIDE ALSO PARTI CIPATED IN THE AMERICAN RED CROSS / ATLANTA BRAVES ALL-AMERICAN BLOOD DRIVE, THE LARGEST B LOOD DRIVE IN METRO ATLANTA, IN JULY AT TURNER FIELD A TOTAL OF 425 UNITS OF BLOOD WAS CO LLECTED AT THIS EVENT OTHER COMMUNITY-SPONSORED EVENTS IN 2012, MANY GRATEFUL PATIENTS A ND THEIR FAMILIES AND FRIENDS DONATED FUNDS TO HELP OUR BLOOD AND MARROW TRANSPLANT (BMT) PROGRAM, CANCER INSTITUTE, BREAST CARE PROGRAM, HIGH RISK PERINATAL, SPECIAL CARE NURSERY, PERINATAL LOSS FAMILY SUPPORT PROGRAM AND PARENTS PARTNERED FOR PREEMIES FUNDS HELPED FA MILIES WITH MEDICAL CARE, MEDICINE, TRANSPORTATION, LODGING, PEER SUPPORT GROUPS, PATIENT EDUCATION MATERIALS, RESEARCH AND STATE-OF-THE-ART TECHNOLOGY UPGRADES IN 2012, OUR BREAS T CARE PROGRAM, HEREDITARY CANCER PROGRAM AND SCREENATLANTA MOBILE MAMMOGRAPHY UNIT RECEIV ED GENEROUS DONATIONS FROM THE SPORT OF GIVING, IT'S THE JOURNEY, SUSAN G KOMEN FOR THE C URE AND THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY THE SPECIAL CARE NURSERY RECEIVED A GENE ROUS DONATION FOR PATIENT AND STAFF EDUCATION IN ADDITION, SEVERAL LOCAL SCHOOL SPORTS PR OGRAMS, RESTAURANTS AND OTHER LOCAL BUSINESSES RAISED FUNDS THROUGH BREAST CANCER AWARENES S EVENTS FOR OUR BREAST CARE PROGRAM THESE GENEROUS GRANTS SUPPORT PATIENT EDUCATION, TRE ATMENT, RESEARCH AND SCREENING CONTINUING MEDICAL EDUCATION PHYSICIANS NORTHSIDE HOSPITA L IS ACCREDITED BY THE MEDICAL ASSOCIATION OF GEORGIA TO SPONSOR CONTINUING MEDICAL EDUCAT ION (CME) ACTIVITIES, WHICH AWARD AMA PRA CATEGORY 1 CREDIT TM TO PHYSICIANS FOR PARTICIPA TION IN CME ACTIVITIES TWO THOUSAND TWELVE REFLECTS YEAR TWO OF OUR FOUR YEAR REACCREDITA TION PERIOD, AS A CME PROVIDER WITH RENEWAL IN AUGUST 2015 IN FISCAL YEAR 2012, 258 LIVE CME ACTIVITIES WERE OFFERED TO 3,338 PHYSICIAN ATTENDEES AND 3,743 NON-PHYSICIAN ATTENDEES ACTIVITIES OFFERED REGULARLY SCHEDULED SERIES IN FISCAL YEAR 2012, THIRTEEN REGULARLY- SCHEDULED SERIES WERE CONDUCTED AT NORTHSIDE HOSPITAL-ATLANTA, NORTHSIDE HOSPITAL-FORSYTH AND NORTHSIDE HOSPITAL-CHEROKEE MULTIDISCIPLINARY GROUPS OF HEALTHCARE PROVIDERS MEET ON A WEEKLY, BIWEEKLY, MONTHLY OR QUARTERLY BASIS TO ADDRESS APPROPRIATE CLINICAL ISSUES THRO UGH A CASE REVIEW FORMAT IN ETHICS, OB-GYN, ONCOLOGY RADIATION ONCOLOGY, AND CARDIOLOGY V ARIOUS TUMOR CONFERENCES PROVIDE FREQUENT OPPORTUNITIES FOR BOTH MEDICAL AND SURGICAL SUBS PECIALISTS TO DISCUSS COMPLEX CASES FOUR NEW REGULARLY SCHEDULED SERIES WERE ADDED DURING THIS PERIOD TRI-CAMPUS CARDIOLOGY CASE CONFERENCE, CATH LAB MORBIDITY AND MORTALITY CASE CONFERENCE, ABDOMINAL/LIVER TUMOR CASE CONFERENCE AND COLORECTAL TUMOR BOARD CONFERENCE. GRAND 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 SERVE TO BENEFIT PRIMARY CARE PHYSICIANS AND SPECIALISTS IN ACCORDANCE WITH THE ACCME CRIT ERIA THIS YEAR NORTHSIDE HOSPITAL HOSTED 7 GUEST SPEAKERS AND 35 ON-STAFF PHYSICIANS AND/ OR HEALTHCARE PROFESSIONALS NORTHSIDE ADDITIONALLY HOSTS THE QUARTERLY MULTIDISCIPLINARY GRAND ROUNDS LECTURE FOR A TARGET AUDIENCE OF SURGEONS AND ANESTHESIOLOGISTS, OB/GYNS AND A VARIETY OF HEALTHCARE PROFESSIONALS IN 2012, FOUR MULTIDISCIPLINARY GRAND ROUNDS WERE O FFERED WITH THREE GUEST SPEAKERS AS FACULTY AND ONE ON-STAFF PHYSICIAN AS FACULTY MEDICAL EDUCATION CONTINUES TO SPONSOR CME PRESENTATIONS AT EACH OF THE NORTHSIDE OB/GYN SECTION MEETINGS THAT ARE RELEVANT TO THE SPECIALTY AND ARE HELD ON A QUARTERLY BASIS THROUGHOUT T HE YEAR THE ANESTHESIA CONFERENCE CONTINUES TO PRESENT DIDACTIC LECTURES ON A MONTHLY BAS IS FOR MEMBERS OF THE DEPARTMENT RELATIVE TO THEIR CLINICAL PRACTICE. IN FISCAL YEAR 2012, NORTHSIDE HOSPITAL'S JOINT SPONSORSHIP EDUCATIONAL VENTURES INCLUDED FIVE COURSES IN ADVA NCED CARDIAC LIFE SUPPORT FOR NORTHSIDE PHYSICIANS THAT PERFORM CONSCIOUS SEDATION AS PART OF THEIR PRACTICE OF MEDICINE. MEDICAL EDUCATION

Identifier	Return Reference	Explanation
		DEPARTMENT STAFFING THE MEDICAL EDUCATION DEPARTMENT EMPLOYS TWO FULL-TIME EMPLOYEES AND ONE PART-TIME EMPLOYEE, AND WORKS WITH VARIOUS HOSPITAL REPRESENTATIVES TO IDENTIFY EDUCAT IONAL NEEDS AND IMPLEMENT PLANNING FOR CME ACTIVITIES AN ESTIMATED 5500 HOURS WERE DEDICA TED TO THE EDUCATIONAL SERVICES OFFERED IN FISCAL YEAR 2012 BY THE MEDICAL EDUCATION DEPAR TMENT 310 HOURS OF INSTRUCTION WERE OFFERED THROUGH THE REGULARLY SCHEDULED SERIES AND LI VE ACTIVITIES MEDICAL EDUCATION COMMITTEE THE ACCREDITED PROGRAM OF CONTINUING MEDICAL E DUCATION IS COORDINATED BY THE DEPARTMENT OF MEDICAL EDUCATION IN CONJUNCTION WITH THE CME COMMITTEE THE PRIMARY ROLE OF THE CME COMMITTEE IS TO PROVIDE ADVICE AND GUIDANCE TO THE DEPARTMENT OF MEDICAL EDUCATION (1) TO ENSURE THE DEVELOPMENT OF CME ACTIVITIES WHICH ADD RESS THE EDUCATIONAL NEEDS OF THE MEDICAL STAFF, AND (2) TO ESTABLISH POLICIES AND PROCEDU RES FOR THE DEVELOPMENT AND IMPLEMENTATION OF CME ACTIVITIES OF HIGH EDUCATIONAL QUALITY T HAT COMPLY WITH THE ACCME ESSENTIALS AND STANDARDS THE MEDICAL EDUCATION COMMITTEE MEETS QUARTERLY THROUGHOUT THE YEAR AND HAS A MEMBERSHIP OF 15 PHYSICIANS IN ADDITION TO REPRESE NTATIVES FROM MEDICAL EDUCATION, THE MEDICAL STAFF OFFICE, PHARMACY, THE HEALTH RESOURCE C ENTER AND QUALITY IMPROVEMENT FOR THE FISCAL YEAR 2012 CME ACTIVITY FACULTY THE DEPARTME NT OF MEDICAL EDUCATION HAS HOSTED 65 PHYSICIANS, AND 15 HEALTHCARE PROFESSIONALS WHO HAVE SERVED AS FACULTY FOR LIVE CME ACTIVITIES THROUGHOUT THE FISCAL YEAR 2012 IN ADDITION, T WELVE PHYSICIANS SERVE AS ACTIVITY DIRECTORS FOR THE REGULARLY SCHEDULED SERIES FEATURING APPROXIMATELY 190 MEETINGS NURSES/NURSING STUDENTS AND OTHER HEALTH PROFESSIONAL EDUCATIO N (CAREER PLACEMENT) NORTHSIDE HOSPITAL PARTICIPATES IN EXTENSIVE CLINICAL AND INTERNSHIP AFFILIATIONS WITH SEVERAL COLLEGES AND UNIVERSITIES SOME OF THESE INCLUDE CLAYTON STATE UNIVERSITY, EMORY UNIVERSITY, GEORGIA PERIMETER COLLEGE, GEORGIA STATE UNIVERSITY, GWINNET T TECHNICAL COLLEGE, KENNESAW STATE UNIVERSITY, LANIER TECHNICAL COLLEGE, CHATTAHOOCHEE TE CHNICAL COLLEGE, MEDICAL COLLEGE OF GEORGIA AND MERCER UNIVERSITY BY PROVIDING EDUCATIONA L OPPORTUNITIES FOR COLLEGE STUDENTS FROM THE METRO ATLANTA AREA AND BEYOND, WE ASSIST STU DENTS IN IDENTIFYING HEALTH CARE EMPLOYMENT OPTIONS, SELECTING CAREER PATHS AND CHOOSING A N EFFECTIVE AND EFFICIENT EDUCATIONAL ROUTE THIS WORKING RELATIONSHIP HELPS TO LOWER EDUC ATIONAL COSTS, REDUCE HOSPITAL RECRUITMENT COSTS AND SIGNIFICANTLY ENHANCE THE RELATIONSHI P BETWEEN THE HOSPITAL AND THE COMMUNITY IN 2012, APPROXIMATELY SIX STAFF MEMBERS EACH PA RTICIPATED 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 C AREERS AND OPPORTUNITY TO COME AND SHADOW A HEALTHCARE PROFESSIONAL APPROXIMATELY 300 IND IVIDUALS PARTICIPATED IN THE SHADOW PROGRAM IN 2012 IN MAY, NORTHSIDE'S CANCER INSTITUTE HOSTED ITS 5TH ANNUAL ONCOLOGY NURSING SYMPOSIUM, "FOUNDATIONS FOR ADVANCING NURSING PRACT ICE" MORE THAN 113 NURSES FROM GEORGIA AND THE SOUTHEAST ATTENDED THIS EDUCATIONAL EVENT, WITH TOPICS INCLUDING MULTIPLE MYELOMA, NURSE NAVIGATION, PALLIATIVE CARE, HEREDITARY BRE AST CANCER AND MORE IN JULY, THE HOSPITAL'S STROKE CENTER HOSTED ITS 5TH ANNUAL STROKE SY MPOSIUM APPROXIMATELY 115 NURSES FROM NORTHSIDE ATTENDED THE EVENT THE HOSPITAL ALSO PLA YED HOST TO THE AMERICAN ASSOCIATION OF NEUROSCIENCE NURSES PEACHTREE CHAPTER'S CNRN REVIE W IN NEUROSCIENCE CARE IN SEPTEMBER APPROXIMATELY 65 PARTICIPANTS FROM GEORGIA, FLORIDA, MISSISSIPPI AND TENNESSEE WERE IN ATTENDANCE

Identifier	Return Reference	Explanation
		SCHOLARSHIPS THE NORTHSIDE HOSPITAL AUXILIARY SCHOLARSHIP IS AN ANNUAL SCHOLARSHIP AWARDE D TO ASSIST RECIPIENTS PURSUING A HEALTH-RELATED EDUCATIONAL PROGRAM AS A STUDENT IN AN AC CREDITED COLLEGE, UNIVERSITY OR HEALTH-RELATED TECHNICAL SCHOOL THE SCHOLARSHIP IS AWARDE D BASED ON DOCUMENTED NEED AND THE NUMBER OF APPLICANTS CURRENT AUXILIANS, NORTHSIDE EMPL OYEES AND THEIR IMMEDIATE FAMILY ARE ELIGIBLE IN 2012, MORE THAN $65,000 WAS AWARDED IN S CHOLARSHIPS BY THE ATLANTA AND FORSYTH AUXILIARIES THE FORSYTH AUXILIARY AWARDED $19,000 IN SCHOLARSHIPS THE ATLANTA AUXILIARY AWARDED $40,000 IN SCHOLARSHIPS, THE GROUP ALSO GAV E $6,200 IN VOLUNTEEN GRANTS THE NORTHSIDE HOSPITAL-CHEROKEE AUXILIARY SCHOLARSHIP IS AN ANNUAL SCHOLARSHIP AWARDED TO ASSIST RECIPIENTS PURSUING A HEALTH-RELATED EDUCATIONAL PROG RAM AS A STUDENT IN AN ACCREDITED COLLEGE, UNIVERSITY OR HEALTH-RELATED TECHNICAL SCHOOL THE SCHOLARSHIP IS AWARDED BASED ON DOCUMENTED NEED AND THE NUMBER OF APPLICANTS CURRENT AUXILIANS, NORTHSIDE EMPLOYEES AND THEIR IMMEDIATE FAMILY ARE ELIGIBLE IN 2012, THREE $1, 000 SCHOLARSHIPS WERE AWARDED NORTHSIDE HOSPITAL'S NORTHSIDE SCHOLARS PROGRAM IS AN EXCIT ING SCHOLARSHIP OPPORTUNITY FOR HIGH-PERFORMING NURSING STUDENTS ENTERING THEIR JUNIOR OR SENIOR YEARS THE RECEIPT OF THE SCHOLARSHIP INVOLVES INTERNSHIP ROTATION, PERSONALIZED ME NTORING, AND A MINIMUM OF TWO YEARS EMPLOYMENT COMMITMENT TO NORTHSIDE HOSPITAL FOLLOWING SUCCESSFUL COMPLETION OF PROGRAM AND GRADUATION FROM A SCHOOL OF NURSING IN 2012, $58,533 WAS AWARDED IN SCHOLARSHIPS COMMUNITY SERVICE ACTIVITIES EMPLOYEE VOLUNTEERISM (THE COMM UNITY CONNECTION) NORTHSIDE HOSPITAL PROMOTES AND ENCOURAGES COMMUNITY VOLUNTEERISM AMONG ITS PHYSICIANS, EMPLOYEES, AUXILIANS AND THEIR FAMILIES AND FRIENDS EACH YEAR, OUR STAFF AND PHYSICIANS VOLUNTEER THEIR TIME, TALENTS AND RESOURCES TO MAKE A POSITIVE IMPACT AND BUILD STRONG AND HEALTHY COMMUNITIES IN 2012, MORE THAN 1,750 EMPLOYEES DONATED MORE THAN 17,500 HOURS OF THEIR TIME TO MORE THAN 100 COMMUNITY SERVICE PROJECTS IN THE HOSPITAL'S SERVICE AREAS - THE CELL PHONE DRIVE FOR THE LOCAL PARTNERSHIP AGAINST DOMESTIC VIOLENCE CHAPTER IS NOW AN ONGOING EFFORT THROUGHOUT THE YEAR, AND IT PROVIDES CELL PHONES THAT, IN TURN, ARE REPROGRAMMED FOR 911 EMERGENCY ACCESS AND ARE GIVEN TO THEIR CONSTITUENTS - IN CELEBRATION OF THE 13TH ANNUAL ABSOLUTELY INCREDIBLE KID DAY WHICH IS ON MARCH 15, NORTHS IDE PARTNERED WITH UNITED WAY OF METROPOLITAN ATLANTA TO PROVIDE HAND-WRITTEN LETTERS OF E NCOURAGEMENT TO STUDENTS IN TITLE I SCHOOLS THE PROGRAM CONNECTS VOLUNTEERS WITH ELEMENTA RY SCHOOL STUDENTS TO LET THEM KNOW THAT OUR COMMUNITY SUPPORTS THEIR DREAMS AND GOALS FOR SUCCESS OUR GOAL WAS 500 LETTERS TO 500 STUDENTS WE SURPASSED OUR GOAL BY WRITING 700 LE TTERS TO 700 STUDENTS! ONE OF THE SIX COMMUNITY GOALS FOR UNITED WAY IS YOUNG PEOPLE AVOID ING RISKY BEHAVIORS ENCOURAGING OUR STUDENTS TO DO WELL IN SCHOOL IS AN IMPORTANT AND EAS Y WAY FOR US TO WORK TOWARD THAT GOAL - WE PARTNERED WITH CHAMBLEE MIDDLE SCHOOL AND PEAR LE VISION - PERIMETER AND THE NORTHSIDE STAFF DONATED MORE THAN 400 EYEGLASSES TO BENEFIT THE ONESIGHT FOUNDATION - SUMMER AND FALL LIVE UNITED FOOD DRIVES HELPED RESTOCK LOCAL FO OD PANTRIES - ALPHARETTA SURGERY CENTER STAFF MEMBERS HAVE ADOPTED NO ONE ALONE (NOA) AND THEY PITCHED IN AND PURCHASED A RED WAGON AND FILLED IT WITH SNACK PACKS AND DONATED IT T O NOA THEY ALSO STARTED A CAMPUS-WIDE COLLECTION OF SNACK PACK AND BASIC NEEDS DONATIONS IN ADDITION, SEVERAL ALPHARETTA SURGERY CENTER STAFF MEMBERS VOLUNTEERED AND/OR PARTICIPA TED IN THE OCTOBER 6TH 5K/DUATHLON AT LAKE ZWERNER PROCEEDS BENEFITTED NOA - STAFF SUPPO RTED CHILDREN THROUGH THE 18TH ANNUAL CHILDREN'S RESTORATION "12 DAYS OF CARING" PROJECT, ADOPTING APPROXIMATELY 800 HOMELESS CHILDREN AND PROVIDING TOYS AND FULFILLED THEIR WISH L ISTS, THEREBY HELPING CHILDREN'S RESTORATION NETWORK TO ENSURE THAT OVER 3,000 HOMELESS CH ILDREN IN METRO ATLANTA HAD A MEMORABLE AND MEANINGFUL CHRISTMAS - DEPARTMENTS, INDIVIDUA LS AND THEIR FAMILIES FULFILLED THE WISH LISTS FOR SEVEN NORTHSIDE HOSPITAL FAMILIES (24 C HILDREN) WHO WERE IN NEED THROUGH THE NORTHSIDE UNITED WAY SHARES HELP PROGRAM - NORTHSID E HOSPITAL-CHEROKEE'S HOLIDAY TOY DRIVE PROVIDED TOYS TO THE BOYS & GIRLS CLUB OF CHEROKEE COUNTY - THE STAFF AT THE NORTHSIDE / ATLANTA / ALPHARETTA / CHEROKEE LOCATIONS PARTICIP ATED IN THE SECOND WIND DREAMS PROJECT TO PROVIDE GIFTS FOR SENIORS AT NURSING HOMES, AND STAFF MEMBERS HAD THE OPPORTUNITY TO SHOP FOR THE SENIORS, AND SOME INCLUDED FAMILY AND FR IENDS TO DELIVER GIFTS TO SENIORS ON CHRISTMAS EVE OR CHRISTMAS DAY - STAFF AT NORTHSIDE HOSPITAL-FORSYTH PARTICIPATED IN THE TOYS FOR TOTS DRIVE, PROVIDING TOYS TO OVER 100 CHILD REN - THE JULY BACK-TO-SCHOOL DRIVE BENEFITTED CHILDREN'S RESTORATION NETWORK'S ANNUAL BA CK 2 SCHOOL PROGRAM FOR HOMELESS CHILDREN IN PROVIDING CHILDREN IN SHELTERS AND GROUP HOME S WITH OVER 4,000 NEW BOOK BAGS FILLED WITH ALL OF

Identifier	Return Reference	Explanation
		THE NECESSARY SCHOOL SUPPLIES - THERE WERE STAFF PARTICIPANTS FROM ATLANTA, CHEROKEE, FOR SYTH, LAUREATE AND GALEN ADVISORS - THE LEADERSHIP COUNCIL PARTNERED WITH PARTNERSHIP AGA INST DOMESTIC VIOLENCE TO FORM AN ONGOING BASIC NEEDS DRIVE AN OPPORTUNITY FOR STAFF TO DO NATE BASIC NEEDS ITEMS FROM A WISH LIST THAT WILL BENEFIT VICTIMS OF DOMESTIC VIOLENCE WHO RESIDE IN SAFE HOUSES AND THEIR SUPPORTIVE HOUSING PROGRAMS - THE ATLANTA UNION MISSION' S MEN'S UNDERWEAR DRIVE WAS A HUGE SUCCESS AND PROVIDED UNDERWEAR TO THE MEN IN THE SHELTE R - BUSINESS OFFICE STAFF CONTINUED THEIR PARTNERSHIP WITH A UNI-HEALTH POST-ACUTE CARE, WHICH IS A LOCAL SENIOR RETIREMENT CENTER ONE SATURDAY A MONTH, 15-20 EMPLOYEES PLAY BING O WITH PRIZES, CELEBRATE BIRTHDAYS AND VISIT WITH THE SENIORS THE BOND BETWEEN OUR VOLUNT EERS AND THE SENIORS HAS STEADILY GROWN THE SENIORS LOVE CHILDREN, SO SEVERAL EMPLOYEES B RING 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 DUR ING THE CHRISTMAS SEASON - DURING THE HOLIDAY SEASON FOOD SERVICES DONATED THE FOOD, AND A GROUP FROM THE NURSING PRACTICE COUNCIL VOLUNTEERED AND PROVIDED A MEAL AND SERVED IT TO A GROUP OF 160 WOMEN AND CHILDREN AT THE ATLANTA DAY SHELTER FOR WOMEN AND CHILDREN - TH ROUGH OPEN HAND, STAFF MEMBERS PACK MEALS FOR DELIVERY TO PERSONS WITH HIV/AIDS, THE SICK AND SHUT-INS AND THE ELDERLY OPEN HAND PREPARES AND DELIVERS TWO FRESHLY COOKED MEALS, EV ERY DAY, SEVEN DAYS A WEEK, TO PEOPLE WITH AIDS OR HIV-RELATED ILLNESSES WHO NEED THEM TH IS PROJECT DEPENDS ON THE PARTICIPATION OF MORE THAN 100 VOLUNTEERS EACH DAY TO COOK, PACK AND DELIVER THE MEALS - OTHER FORSYTH PROJECTS INCLUDE HANDS ON FORSYTH, TASTE OF FORSYT H, THE CUMMING COUNTRY FAIR AND FESTIVAL, UNITED WAY OF FORSYTH, THE PLACE AND THE DRAKE H OUSE - NORTHSIDE HOSPITAL-CHEROKEE STAFF PARTICIPATED IN VARIOUS COMMUNITY PROJECTS TO HE LP THE TASTE OF CANTON, CHEROKEE FAMILY VIOLENCE CENTER, MUST MINISTRIES AND A WINTER COAT DRIVE FOR CANTON ELEMENTARY SCHOOL EMPLOYEE PLEDGE DRIVE EACH YEAR, STAFF AND PHYSICIAN S CONTRIBUTE MONEY THROUGH PAYROLL DEDUCTIONS, CHECKS AND CASH TO THE NORTHSIDE HOSPITAL E MPLOYEE GIVING 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 2012, MORE THAN $627,000 WAS RAISED AND 42 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 2012 SPONSORSHIPS INCLUDE - NORTHSIDE HOSPITAL'S MARCH OF DIMES MARCH FOR BABIES CAMPAIGN WAS BIG SUCCESS, WITH 326 REGISTERED WALKERS AND 61 FAMILY TEAMS ACROSS FOUR EVENTS NORTHSIDE MATCHED ALL FUNDS RAISED THROUGH THE HOSPITAL (FROM EMPLOYEE FUNDRAISING AND TEAMS) FOR A TOTAL OF MORE THAN $368,000 NORTHSIDE WAS THE #2 CORPORATE TEAM IN GEORGIA - NORTHSIDE WAS ONCE AGAIN THE PRESENTING SPONSOR OF THE AMERICAN CANCER SOCIETY'S 2012 RELAY FOR LIFE ATLANTA EVENT, HELD AT HAMMOND PARK APPROXIMATELY 40 TEAM MEMBERS FROM NORTHSIDE RAISED MONEY AND PARTICIPATED IN THE WALK - NEARLY 200 NORTHSIDE EMPLOYEES PARTICIPATED IN THIS YEAR'S KOMEN RACE FOR THE CURE IN MAY THE NORTHSIDE TEAM RAISED $8,720 FOR KOMEN AN ADDITIONAL $1,108 WAS RAISED VIA T-SHIRT SALES, WHICH WENT DIRECTLY TO THE NORTHSIDE'S BREAST CARE PROGRAM AT THE EVENT, NORTHSIDE DISTRIBUTED REUSABLE GROCERY TOTE BAGS AS WELL AS BREAST CARE PROGRAM INFORMATION - NORTHSIDE HOSPITAL ATTENDED BOTH THE NORTH METRO (CUMMING) AND DOWNTOWN ATLANTA LIGHT THE NIGHT FUNDRAISING WALKS, AS A PARTICIPANT AND SPONSOR CORPORATE SPONSORSHIPS ACCOUNTED FOR $20,000, WITH APPROXIMATELY $9,000 IN EMPLOYEE TEAM CONTRIBUTIONS - IN NOVEMBER 2011, NORTHSIDE PARTICIPATED IN AND SPONSORED THE UNDY 5000, PRESENTED BY THE COLON CANCER ALLIANCE, A FUN RUN TO BRING AWARENESS TO COLON CANCER AND TO RAISE FUNDS FOR DIAGNOSIS AND TREATMENT NORTHSIDE WAS A MEDICAL CIRCLE SPONSOR AND DISTRIBUTED LITERATURE AND REUSABLE GROCERY BAGS SEVERAL HOSPITAL EMPLOYEES ALSO PARTICIPATED IN THE RUN, WEARING NORTHSIDE T-SHIRTS SUPPORTING THE EVENT, AND NORTHSIDE FOSTERED THE DONATION OF ON-SITE AMBULANCE SERVICE FROM RURAL METRO AMBULANCE AT NO COST TO THE CCA - THE GEORGIA OVARIAN CANCER ALLIANCE WALK WAS HELD IN SEPTEMBER IN ROSWELL APPROXIMATELY 40 NORTHSIDE HOSPITAL AND AFFILIATED PHYSICIAN PRACTICE EMPLOYEES PARTICIPATED IN THE WALK - THE 2012 YOUNG SURVIVORS COALITION TOUR DE PINK WAS HELD SEPTEMBER AT VERIZON WIRELESS AMPHITHEATER, A BIKE RIDE/FUN RUN IN SUPPORT OF YOUNG WOMEN WITH BREAST CANCER NORTHSIDE WAS THE MEDICAL CIRCLE SPONSOR AND ALSO PROVIDED MEDICAL PERSONNEL FOR THE FIRST AID TENT AND COURSE STOPS AND THE DONATED THE MEDICAL SUPPLIES NEEDED TO STOCK THE FIRST AID SITES - NORTHSIDE EMPLOYEES AND NETWORK OF HOPE VOLUNTEERS PARTICIPATED IN THE 2ND ANNUAL LOCOMOTION 3-DAY BREAST CANCER WALK IN HILTON HEAD, SOUTH CAROLINA IN SEPTEMBER NORTHSIDE HAD 15 PARTICIPANTS NORTHSIDE RECEIVED $5,000 IN FUNDS BACK FROM THE CAROLINA CUPS, THE SPONSORS OF THE EVENT, AND WERE THE ONLY HOSPITAL OUTSIDE SOUTH CAROLINA TO RECEIVE PROCEEDS - NORTHSIDE ONCE AGAIN PARTICIPATED IN THE ANNUAL CORPORATE WALK/RUN HELD IN SEPTEMBER AT TURNER FIELD APPROXIMATELY 50 NORTHSIDE EMPLOYEES PARTICIPATED A SNEAKER COLLECTION DRIVE FOR "BACK ON MY FEET" MEN'S CHARITY, HELD IN CONJUNCTION WITH THE RACE, SUCCESSFULLY GARNERED MORE THAN 300 POUNDS OF SNEAKERS FROM NORTHSIDE EMPLOYEES - ADDITIONAL SPONSORSHIPS INCLUDED THE AMERICAN RED CROSS, AMERICAN HEART ASSOCIATION, CHEROKEE COUNTY BOYS & GIRLS CLUB, DAWSON COUNTY SENIOR CENTER, DUNWOODY ROTARY CLUB, 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 2012, ROOMS WERE PROVIDED AT NO COST TO 44 ORGANIZATIONS FOR APPROXIMATELY 1,455 HOURS 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

2011

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	(g) Section 512(b)(13) controlled organization 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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ENT SURGERY CENTER OF ATLANTA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-0075229	SURGERY CENTER	GA	NORTHSIDE HEALTH SERVICES INC	RELATED				No			No	70 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NORTHSIDE VENTURES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 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 related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	Yes
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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	6,982,194	0	NORTHSIDE HOSPITAL INC
NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259435	PROFESSIONAL SERVICES	GA	3,041,166	0	NORTHSIDE HOSPITAL INC
NORTHSIDE SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259671	PROFESSIONAL SERVICES	GA	8,043,568	0	NORTHSIDE HOSPITAL INC
NORTHSIDE CARDIOVASCULAR PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 33-1105310	PROFESSIONAL SERVICES	GA	10,655,637	0	NORTHSIDE HOSPITAL INC
NORTHSIDE SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 01-0642336	HEALTHCARE SERVICES	GA	0	1,753,012	NORTHSIDE HOSPITAL INC
SURGERY CENTER OF GEORGIA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2169517	SURGERY CENTER	GA	278,506	970,531	NORTHSIDE SURGERY CENTERS LLC
SURGICOE REAL ESTATE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2558486	SURGERY CENTER	GA	0	0	NORTHSIDE SURGERY CENTERS LLC
NORTHSIDE ATLANTA SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364531	HEALTHCARE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
ATLANTA ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 37-1663139	SURGERY CENTER	GA	46,684	10,258,727	NORTHSIDE ATLANTA SURGERY CENTERS LLC
NORTHSIDE FORSYTH SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364708	SURGERY CENTER	GA	1,202,851	0	NORTHSIDE HOSPITAL INC
GWINNETT ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-5067682	SURGERY CENTER	GA	873,214	3,377,479	NORTHSIDE HOSPITAL INC
AGA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-3694469	PROFESSIONAL SERVICES	GA	24,324,946	0	NORTHSIDE HOSPITAL INC
GALEN ADVISORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 26-2016143	MEDICAL BILLING SERVICES	GA	4,277,481	5,585,370	NORTHSIDE HOSPITAL INC
LAUREATE MEDICAL GROUP AT NORTHSIDE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1436087	PROFESSIONAL SERVICES	GA	15,792,797	6,578,154	NORTHSIDE HOSPITAL INC
NORTHSIDE 993 LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-6251430	REAL ESTATE SERVICES	GA	-548,872	35,242,513	NORTHSIDE HOSPITAL INC
NSH CANCER INSTITUTE PROFESSIONAL SERVICES A LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0667707	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NSH CANCER INSTITUTE PROFESSIONAL SERVICES G LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0676654	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE MEDICAL GROUP LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954432	INACTIVE	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE HOSPITAL HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-3364630	INACTIVE	GA	0	0	NORTHSIDE HOSPITAL INC
NORTHSIDE ATLANTA EAR NOSE & THROAT ASSOCIATES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954432	INACTIVE	GA	0	0	NORTHSIDE HOSPITAL INC

Northside Hospital, Inc. and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended September 30, 2012 and 2011, and Independent Auditors' Report

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

TABLE OF CONTENTS

Deloitte.

Deloitte & Touche LLP
Suite 2000
191 Peachtree Street NE
Atlanta, GA 30303-1943
USA

Tel +1 404 220 1500
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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, 2012 and 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the management of Northside. Our responsibility is to express an opinion on these 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 financial position of Northside as of September 30, 2012 and 2011, 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.

Deloitte + Touche LLP

January 17, 2013

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2012 AND 2011

ASSETS	2012	2011
CURRENT ASSETS		
Cash and cash equivalents	$ 138,724,000	$ 152,979,000
Patient accounts receivable — less allowance for uncollectible accounts of $90,014,000 and $65,522,000 as of September 30, 2012 and 2011, respectively	66,920,000	58,247,000
Inventories — at lower of cost (first-in, first-out method) or market	14,132,000	11,584,000
Prepaid expenses and other assets	12,076,000	9,137,000
Total current assets	231,852,000	231,947,000
ASSETS WHOSE USE IS LIMITED — At fair value	179,537,000	135,854,000
PROPERTY AND EQUIPMENT — At cost	1,219,438,000	1,113,594,000
LESS ACCUMULATED DEPRECIATION AND AMORTIZATION	(705,111,000)	(636,037,000)
Net property and equipment	514,327,000	477,557,000
OTHER ASSETS		
Goodwill	101,135,000	70,707,000
Other intangible assets	56,888,000	34,483,000
Other	39,412,000	22,357,000
Due from related parties	2,546,000	204,000
Total other assets	199,981,000	127,751,000
TOTAL	$1,125,697,000	$ 973,109,000

(Continued)

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2012 AND 2011

	2012	2011
LIABILITIES		
CURRENT LIABILITIES		
Current portion of long-term debt	$ 12,244,000	$ 7,901,000
Accounts payable	72,294,000	60,267,000
Accrued liabilities		
Salaries and employee benefits	64,839,000	69,243,000
Other	122,673,000	127,963,000
Current portion of accrual for general and professional malpractice claims	5,000,000	15,006,000
Total current liabilities	277,050,000	280,380,000
OTHER LONG-TERM OBLIGATIONS		
Accrual for general and professional medical malpractice claims	116,336,000	104,801,000
Accrued pension costs	89,876,000	60,602,000
Other postretirement benefit plan obligations	1,912,000	1,603,000
Real estate financing obligations	55,723,000	13,169,000
Other long-term liabilities	4,270,000	4,823,000
Total other long-term obligations	268,117,000	184,998,000
Long-term debt — net of current portion	86,436,000	75,222,000
Total liabilities	631,603,000	540,600,000
UNRESTRICTED NET ASSETS		
Northside Hospital, Inc and Subsidiaries	493,060,000	432,509,000
Noncontrolling interest	1,034,000	-
Total unrestricted net assets	494,094,000	432,509,000
TOTAL	$1,125,697,000	$973,109,000

See notes to consolidated financial statements (Concluded)

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011

	2012	2011
REVENUES		
Net patient service revenues	$1,245,696,000	$1,063,186,000
Other operating revenues	43,787,000	39,920,000
Total revenues	1,289,483,000	1,103,106,000
EXPENSES		
Salaries and benefits	536,813,000	493,923,000
Supplies	232,426,000	213,451,000
Professional fees	108,170,000	55,888,000
Depreciation and amortization	85,347,000	77,159,000
Provision for bad debts	84,362,000	63,415,000
Interest	5,251,000	4,518,000
Other (Note 1)	180,293,000	152,770,000
Total expenses	1,232,662,000	1,061,124,000
OPERATING INCOME BEFORE OTHER ITEMS	56,821,000	41,982,000
CURTAILMENT AND SETTLEMENT OF OTHER POSTRETIREMENT BENEFIT OBLIGATIONS	-	31,111,000
OPERATING INCOME	56,821,000	73,093,000
INVESTMENT INCOME	31,076,000	3,046,000
REVENUES IN EXCESS OF EXPENSES	87,897,000	76,139,000
INCOME ATTRIBUTABLE TO NONCONTROLLING INTEREST	(44,000)	-
REVENUES IN EXCESS OF EXPENSES ATTRIBUTABLE TO NORTHSIDE HOSPITAL, INC AND SUBSIDIARIES	$ 87,853,000	$ 76,139,000

See notes to consolidated financial statements

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011

	Unrestricted Net Assets		
	Northside Hospital, Inc. and Subsidiaries	Noncontrolling Interest	Total
UNRESTRICTED NET ASSETS — September 30, 2010	$333,617,000	$ -	$333,617,000
Revenues in excess of expenses	76,139,000	-	76,139,000
Change in unrecognized pension and other postretirement benefit costs	22,753,000	-	22,753,000
Change in unrestricted net assets	98,892,000	-	98,892,000
UNRESTRICTED NET ASSETS — September 30, 2011	432,509,000	-	432,509,000
Noncontrolling interest	-	990,000	990,000
Revenues in excess of expenses	87,853,000	44,000	87,897,000
Change in unrecognized pension and other postretirement benefit costs	(27,302,000)	-	(27,302,000)
Change in unrestricted net assets	60,551,000	44,000	60,595,000
UNRESTRICTED NET ASSETS — September 30, 2012	$493,060,000	$1,034,000	$494,094,000

See notes to consolidated financial statements

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in unrestricted net assets	$ 60,595,000	$ 98,892,000
Adjustments to reconcile changes in unrestricted net assets to net cash provided by operating activities		
Depreciation and amortization	85,347,000	77,159,000
Provision for bad debts	84,362,000	63,415,000
Income from equity-method investments	(1,281,000)	-
Distributions from equity-method investments	1,146,000	-
Net realized and unrealized (gains) losses on investments and other	(25,731,000)	637,000
Change in unrecognized pension and other postretirement benefit costs	27,302,000	(22,753,000)
Retirement plan funding less than current-year expense	2,666,000	6,739,000
Curtailment and settlement of other postretirement benefit obligations	-	(31,111,000)
Other noncash loss (gain)	339,000	(129,000)
Changes in assets and liabilities		
Patient accounts receivable	(89,345,000)	(63,613,000)
Inventories	(2,342,000)	(1,912,000)
Prepaid expenses and other assets	(10,185,000)	(4,243,000)
Trade accounts payable	10,313,000	(8,070,000)
Accrued liabilities	(8,332,000)	44,096,000
Accrual for general and professional medical malpractice claims	1,144,000	1,326,000
Total adjustments	75,403,000	61,541,000
Net cash provided by operating activities	135,998,000	160,433,000
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of assets whose use is limited	(129,322,000)	(130,237,000)
Proceeds from disposal of assets whose use is limited	110,792,000	127,018,000
Acquisitions (Note 2)	(55,786,000)	(45,887,000)
Purchase of equity-method investments (Note 2)	(8,946,000)	-
Proceeds from sale of property and equipment	159,000	304,000
Purchase of property and equipment	(101,022,000)	(87,130,000)
Net cash used in investing activities	(184,125,000)	(135,932,000)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from real estate financing transactions	40,928,000	-
Proceeds from the issuance of long-term debt	68,170,000	-
Repayment of long-term debt and capital lease obligations	(74,752,000)	(11,140,000)
Debt issuance costs	(474,000)	-
Net cash provided by (used in) financing activities	33,872,000	(11,140,000)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(14,255,000)	13,361,000
CASH AND CASH EQUIVALENTS — Beginning of year	152,979,000	139,618,000
CASH AND CASH EQUIVALENTS — End of year	$ 138,724,000	$ 152,979,000

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 201-bed licensed acute care facility located in Cumming, Georgia ("Northside Forsyth"), an 84-bed licensed acute care facility located in Canton, Georgia ("Northside Cherokee"), and various physician practices and ambulatory surgery centers located primarily in north Georgia.

Northside, Northside Forsyth, and Northside Cherokee 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 Northside in the preparation of the consolidated financial statements is presented below.

Cash and Cash Equivalents — Northside considers 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 — Northside complies 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 financial statements of operations as investment income.

Property and Equipment — It is the policy of Northside 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 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 (7-20 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, 2012 and 2011, are as follows

	2012	2011
Land and buildings	$ 662,592,000	$ 574,056,000
Moveable and fixed equipment	420,580,000	395,156,000
Leasehold improvements	98,853,000	97,775,000
Construction in progress	37,413,000	46,607,000
Property and equipment — at cost	1,219,438,000	1,113,594,000
Less accumulated depreciation and amortization	(705,111,000)	(636,037,000)
Property and equipment — net	$ 514,327,000	$ 477,557,000

Depreciation expense totaled $80,763,000 and $74,383,000 during the years ended September 30, 2012 and 2011, respectively

During 2012, management approved a plan for the construction of a new hospital in Canton, Georgia This new hospital will replace the existing acute care facility of Northside Cherokee As a result, management revised the useful lives of certain property and equipment of the Northside Cherokee facility resulting in additional depreciation expense of $598,000 recorded for the year ended September 30, 2012

In July 2012, Northside purchased a medical office building for approximately $33,500,000 The purchase price consisted of $11,684,000 of cash consideration and $21,816,000 of assumed debt The purchase price was preliminarily allocated to land ($6,540,000), buildings ($22,863,000), and other intangible assets ($4,097,000)

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 5 to 20 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 years ended September 30, 2012 and 2011

	2012	2011
Balance — beginning of year	$ 70,707,000	$67,533,000
Acquisitions	30,428,000	3,174,000
Balance — end of year	$101,135,000	$70,707,000

Intangible Assets — Intangible assets consist primarily of certain licensing agreements, noncompete agreements, contractual relationships, and other 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 Noncompete agreements, contractual relationships, and other 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, 2012 and 2011

The summary of the components of intangible assets as of September 30, 2012 and 2011, is as follows

	2012	2011
Licensing agreements	$35,930,000	$34,680,000
Less accumulated amortization	(2,031,000)	(869,000)
	33,899,000	33,811,000
Other agreements	6,223,000	1,613,000
Less accumulated amortization	(2,212,000)	(941,000)
	4,011,000	672,000
Contractual relationships and other intangible assets	21,129,000	-
Less accumulated amortization	(2,151,000)	-
	18,978,000	-
	$56,888,000	$34,483,000

Amortization expense related to intangible assets was approximately $4,584,000 and $1,880,000 for the years ended September 30, 2012 and 2011, respectively Estimated annual aggregate amortization expense for each of the next five years is as follows

Years Ending September 30	
2013	$6,433,000
2014	5,366,000
2015	4,560,000
2016	4,324,000
2017	3,659,000

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 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, 2012 and 2011, are as follows

	2012	2011
Purchased services	$ 74,335,000	$ 66,635,000
Rent and leases	39,883,000	31,063,000
Utilities	13,962,000	15,540,000
Insurance	10,368,000	10,548,000
Repairs and maintenance	7,298,000	5,131,000
Travel and education	2,580,000	1,909,000
Printing and mailing	4,997,000	3,325,000
Community related	12,804,000	7,822,000
Other	14,066,000	10,797,000
	$180,293,000	$152,770,000

Income Taxes — Northside qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code Accordingly, no provision for income taxes has been recorded

Consolidated Statements of Cash Flows — Cash payments for interest totaled $3,990,000 and $2,590,000 for the years ended September 30, 2012 and 2011, respectively In addition, non-cash financing activities included the assumption of approximately $21,816,000 of debt during the year ended September 30, 2012 (see Note 1)

Savings Plan — Northside has a 403(b) plan which provides for voluntary contributions by employees Northside employees may contribute up to 100% of their gross wages, not to exceed $17,000, plus any applicable Internal Revenue Service catch-up provisions Northside matches 50% of the first 4% of each employee's contribution, increased from 25% of the first 4% starting January 1, 2012 The expense incurred for Northside's matching contributions totaled $2,703,000 and $1,299,000 for the years ended September 30, 2012 and 2011, 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

Industry — The health care industry is subject to numerous laws and regulations of federal, state, and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient care services, and Medicare and Medicaid fraud and abuse Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed

The health care industry continues to attract much legislative interest and public attention In March of 2010, the President signed into law H R 3590, *The Patient Protection and Affordable Care Act*, and companion bill H R 4872, *The Healthcare and Education Affordability Reconciliation Act of 2010* The reform will be effective over a 10-year period through 2020 and contains an individual insurance mandate, low-income subsidies, an expansion of Medicaid, insurance reforms, and the creation of state-based health insurance exchanges Northside is unable to predict what the net impact of this legislation will be on its future revenues and operations at this time due to the law's complexity, the limited amount of implemented regulations and interpretive guidance

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 and the reported amounts of revenues and expenses during the reporting period Significant estimates and assumptions are used for, but not limited to net patient service revenue, valuation of accounts receivable, including contractual allowances and allowances for doubtful accounts, self-insurance reserves, estimated third-party settlements, pension obligations, and accounting for business combinations Future events cannot be predicted with certainty, accordingly, management's accounting estimates require the exercise of judgment The accounting estimates used in the preparation of the accompanying consolidated financial statements will change as new events occur, as more experience is acquired, as additional information is obtained, and as the operating environment changes Management regularly evaluates the accounting policies and estimates it uses In general, management relies on historical experience and on other assumptions believed to be reasonable under the circumstances, and may employ outside experts to assist in the evaluation, as considered necessary Although management believes all adjustments considered necessary for fair presentation have been included, actual results may vary 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, *Healthcare 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 The adoption of this standard did not have a significant impact on the financial statements

In August 2010, the FASB issued ASU No 2010-23, *Healthcare Entities (Topic 954) Measuring Charity Care for Disclosure* This ASU provides amendments to require that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing charity care This update also requires disclosure of the methodology used to determine such costs This ASU is effective for fiscal years beginning after December 15, 2010 The adoption of this guidance was limited to the form and content of disclosures (see Note 6), and did not have a material effect on the financial statements

In July 2011, the FASB issued ASU No 2011-07, *Healthcare Entities (Topic 954) Presentation and Disclosure of Patient Services Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Healthcare 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 Specialty Center — In November 2011, Northside acquired certain assets, stock, and membership interests and assumed certain liabilities of an outpatient specialty center and related medical billing company for cash consideration of $33,356,000 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

Current assets	$ 580,000
Moveable and fixed equipment	685,000
Licensing agreements	240,000
Other agreements	2,500,000
Contractual relationships	16,170,000
Current liabilities	835,000

The balance of the purchase price, $14,016,000, was recorded as excess cost over identifiable net assets acquired (goodwill)

In addition, Northside purchased a 15% interest in various outpatient specialty centers for cash consideration of $6,734,000 This investment is accounted for under the equity method of accounting (see Note 3)

Physician Practice — In January 2012, Northside acquired certain assets and assumed certain liabilities of a physician practice for cash consideration of $4,509,000. 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:

Current assets	$2,809,000
Moveable and fixed equipment	991,000
Other agreements	440,000
Other intangible assets	330,000
Current liabilities	2,750,000

The balance of the purchase price, $2,689,000, was recorded as excess cost over identifiable net assets acquired (goodwill).

Ambulatory Surgery Center — In July 2012, Northside acquired certain assets of an ambulatory surgery center for cash consideration of $9,940,000. 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:

Current assets	$ 150,000
Moveable and fixed equipment	572,000
Licensing agreements	510,000

The balance of the purchase price, $8,708,000 was recorded as excess cost over identifiable net assets acquired (goodwill).

Other Acquisitions — During 2012, Northside acquired certain assets and membership interests and assumed certain liabilities of various other physician practices and an ambulatory surgery center for cash consideration of $7,981,000. 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:

Current assets	$ 645,000
Moveable and fixed equipment	2,426,000
Other assets	87,000
Licensing agreements	500,000
Other agreements	140,000
Other intangible assets	328,000
Current liabilities	111,000
Noncontrolling interest	990,000

The balance of the purchase price, $4,956,000, 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.

3. ASSETS WHOSE USE IS LIMITED AND OTHER INVESTMENTS

A summary of assets whose use is limited as of September 30, 2012 and 2011, stated at fair value, is as follows

	2012	2011
Cash and cash equivalents	$ 6,110,000	$ 6,755,000
Corporate bonds and securities	29,765,000	24,443,000
Government bonds and securities	33,747,000	24,022,000
Corporate equity securities	109,915,000	80,634,000
Total	$179,537,000	$135,854,000

For the years ended September 30, 2012 and 2011, components of investment income are as follows

	2012	2011
Interest and dividends	$ 3,962,000	$ 3,683,000
Realized gains on sales of investments	2,057,000	3,686,000
Net change in unrealized gains (losses) in investments	23,674,000	(4,323,000)
Other	1,383,000	-
Total	$31,076,000	$ 3,046,000

Northside has investments of approximately $9,184,000 in certain outpatient specialty centers and other entities that are accounted for under the equity method of accounting, which are included in other assets in the accompanying consolidated balance sheet as of September 30, 2012 The accompanying consolidated statements of operations reflect equity income related to these investments of approximately $1,281,000 for the year ended September 30, 2012

Summarized unaudited financial information for Northside's investments accounted for under the equity method of accounting as of and for the year ended September 30, 2012, is as follows

	Unaudited
Total assets	$ 7,417,000
Total liabilities	2,072,000
Equity	5,345,000
Revenue	18,185,000
Net income	7,852,000

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, Northside uses 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 Northside's assets and liabilities measured at fair value on a recurring basis as of September 30, 2012 and 2011, is as follows

2012	Level 1	Level 2	Level 3	Total
Cash and cash equivalents[a]	$100,506,000	$ 409,000	$ -	$100,915,000
Corporate bonds and securities				
Domestic bonds	-	19,498,000	-	19,498,000
Collateralized mortgage obligations	-	5,913,000	-	5,913,000
Foreign bonds	4,354,000	-	-	4,354,000
Total corporate bonds and securities	4,354,000	25,411,000	-	29,765,000
Government bonds and securities				
U S Treasury securities	13,737,000	-	-	13,737,000
Federal national mortgage securities	-	20,010,000	-	20,010,000
Total government bonds and securities	13,737,000	20,010,000	-	33,747,000
Common stocks				
Domestic securities	71,948,000	-	-	71,948,000
Index fund securities	33,728,000	-	-	33,728,000
Foreign securities	4,239,000	-	-	4,239,000
Total common stocks	109,915,000	-	-	109,915,000
Total	$228,512,000	$45,830,000	$ -	$274,342,000
Fair value of interest rate swap	$ -	$ (1,568,000)	$ -	$ (1,568,000)
Total liabilities	$ -	$ (1,568,000)	$ -	$ (1,568,000)

[a] Includes $94,805,000 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

During the year ended September 30, 2012, there were no significant transfers between Level 1 and Level 2 investments

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

5. NET PATIENT SERVICE REVENUES AND ACCOUNTS RECEIVABLE

Northside grants credit without collateral to its 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, 2012 and 2011, is as follows

	2012	2011
Managed care	57 %	56 %
Self-pay	6	5
Commercial	16	13
Medicaid	5	8
Medicare	16	18
Total	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

Northside has agreements with third-party payors that provide for payments to Northside 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 — Northside has entered into payment agreements with certain commercial insurance carriers and managed care providers The basis for payment to Northside 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 Northside is from a limited number of managed care providers Managed care providers accounted for 70% and 72% of net patient service revenues during the years ended September 30, 2012 and 2011, respectively, with one individual provider accounting for 9% of the net patient service revenues during 2012 and 2011

Medicare and Medicaid Programs — Northside renders 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 Medicare cost reports for Northside and Northside Cherokee through September 30, 2006 Final settlements have been reached on Medicare cost reports for Northside Forsyth through September 30, 2008, with the exception of September 30, 2007 which remains open Final settlements have also been reached on Medicaid cost reports for Northside, Northside Forsyth, and Northside Cherokee through September 30, 2009 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, 2012 and 2011 During the years ended September 30, 2012 and 2011, Medicare and Medicaid reimbursement accounted for 22% and 21% of net patient service revenues, respectively 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 increased approximately $2,964,000 and decreased approximately $126,000 during 2012 and 2011, respectively, due to the adjustment of allowances as a result of final settlements, years that are no longer subject to reviews, audits, and investigations, and other changes in estimates Northside recognizes that revenues and receivables from government agencies are significant to their operations, but Northside does not believe that there are any significant credit risks associated with these government agencies

6. CHARITY CARE

Northside provides care without charge or at amounts less than their established rates to patients who meet certain criteria under their charity care policies Because Northside does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenues or accounts receivables

Northside maintains records to identify and monitor the level of charity care provided Northside estimates the direct and indirect costs of providing charity care using a ratio of cost to gross charges The estimated costs of charity care provided by Northside according to its charity care policy was approximately $45,177,000 and $39,586,000 for the years ended September 30, 2012 and 2011, respectively

7. RELATIONSHIP WITH AUTHORITY

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 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 recover, 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

From time to time, Northside and the Authority enter into amendments to the Lease, whereby the Authority agrees to lease additional property to Northside and Northside agrees to assume all obligations and liabilities of the Authority in association with the Authority's purchase of the additional property All other terms and provisions in relation to the Lease typically remain unchanged The latest such amendment was entered into in December 2012

Under the terms of the Lease, Northside is required to make payments to the Authority (or directly to any trustee or agent as the Authority may direct) amounts sufficient in each year to pay the currently maturing installments of principal and interest on any revenue anticipation certificates issued by the Authority on behalf of Northside Payments from Northside to the Authority may also include amounts, as determined by the Authority and agreed to by Northside, required to be paid each year into any reserve funds established in connection with the issuance of such revenue anticipation certificates

8. LONG-TERM DEBT

Northside's long-term debt as of September 30, 2012 and 2011, is as follows

	2012	2011
Series 2011A revenue anticipation certificates, interest at a fixed rate (2 265%), payable in annual installments through October 2016, secured by net patient service revenue	$50,889,000	$ -
Series 2011B revenue anticipation certificates, interest at 75% of monthly LIBOR, plus 0 85% (1 0407% as of September 30 2012) payable in semiannual installments through October 2016, secured by net patient service revenue	15,240,000	-
Note payable, interest at a fixed rate (5 307%), payable in monthly installments through July 2015, secured by real property	6,165,000	-
Note payable, interest at a fixed rate (5 307%), payable in monthly installments through July 2015, secured by real property	9,247,000	-
Note payable, interest at a fixed rate (5 227%), payable in monthly installments through July 2015, secured by real property	6,337,000	-
Term loan, interest at monthly LIBOR, plus 0 875% (1 106% as of September 30, 2012), payable in semiannual installments through October 2016, secured by net patient service revenue	10,439,000	12,333,000
Capital lease obligations and other	363,000	36,520,000
Series 2003A note payable, interest at the weekly Bond Market Association Rate, plus 1%-2%, payable in biannual installments through 2018, secured by net patient service revenue	-	17,280,000
Series 2003B note payable, interest at the daily Wachovia rate, payable in annual installments through 2033, secured by net patient service revenue	-	16,990,000
Total	$98,680,000	$83,123,000

In December 2011, the Authority issued $68,170,000 of revenue anticipation certificates (the "Series 2011 Certificates"), consisting of $51,910,000 of tax-exempt Series 2011A and $16,260,000 of tax-exempt Series 2011B revenue anticipation certificates, pursuant to a Trust Indenture and Security Agreement (the "Trust Indenture") between the Authority and U S Bank National Association, as trustee (the "Trustee") The Series 2011 Certificates are limited obligations of the Authority repayable solely from the hereinafter described loan payments from Northside The proceeds of the Series 2011 Certificates were loaned to Northside pursuant to a Loan Agreement (the "Loan Agreement") between the Authority and Northside and were used to refinance certain tax-exempt revenue anticipation

certificates and capital lease obligations Northside is obligated under the Loan Agreement to make loan payments to the Authority in amounts sufficient for the Authority to repay the Series 2011 Certificates when due Pursuant to the Trust Indenture, the Authority assigned its rights to receive these loan payments to the Trustee for the benefit of the holder of the Series 2011 Certificates In order to secure its obligations under the Loan Agreement, Northside, together with NHS and Northside Ventures, Inc (collectively the "Northside Hospital System"), entered into a Master Trust Indenture (the "Master Indenture") with U S Bank National Association, as master trustee (the "Master Trustee"), pursuant to which Northside issued two promissory notes (the "Notes") to the Authority, which the Authority endorsed to the order of the Trustee Under the Master Indenture, the Northside Hospital System is subject to certain covenants in favor of the Master Trustee for the benefit of the holder of the Notes (which is the Trustee for the benefit of the holder of the Series 2011 Certificates), 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 The Northside Hospital System was in compliance with all financial covenants as of September 30, 2012

In December 2011, Northside refinanced approximately $11,700,000 of an existing term loan The new term loan requires semiannual principal payments through October 2016 Interest is due quarterly and is based on monthly LIBOR, plus 0 875%

Northside has a line of credit of $60 million available at an interest rate of LIBOR, plus 0 875% Interest is payable monthly, and the line of credit matures on December 1, 2014 There were no amounts outstanding under the line of credit as of September 30, 2012 and 2011 Subsequent to September 30, 2012, Northside borrowed $60 million under its line of credit Proceeds were used to fund certain acquisitions during December 2012 (see Note 16)

The carrying value of Northside's long-term debt approximates fair value as of September 30, 2012

The aggregate principal maturities of Northside's long-term debt as of September 30, 2012, are as follows

Years Ending September 30	
2013	$12,244,000
2014	15,655,000
2015	36,421,000
2016	16,022,000
2017	18,338,000
Thereafter	-
Total	$98,680,000

These amounts do not include the $60 million borrowed under Northside's line of credit in December 2012 Such amounts mature on December 1, 2014

9. REAL ESTATE FINANCING TRANSACTIONS

In November 2011, Northside sold two medical office buildings to a third party, subject to the terms of a ground lease, for $41,725,000 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 beginning on the 10th anniversary of this transaction Rental payments under the terms of the ground

lease are approximately $347,000 per year with annual escalations thereafter. 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. Summary financial information related to this transaction is as follows:

	2012
Property subject to financing — net	$24,518,000
Liabilities relating to properties subject to the financing method	41,411,000
Depreciation expense	2,030,000
Interest expense	1,137,000

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 beginning on the 10th 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. 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. Summary financial information related to this transaction is as follows:

	2012	2011
Property subject to financing — net	$ 10,170,000	$ 10,942,000
Liabilities relating to properties subject to the financing method	14,312,000	14,011,000
Depreciation expense	676,000	760,000
Interest expense	1,594,000	1,309,000

10. OPERATING LEASES

Northside leases office space from various third parties as well as Ventures, a related party Ventures leases space from an unrelated third party and incurs rental expense Northside uses this space and pays rent to Ventures The accompanying consolidated financial statements include $3,002,000 and $2,263,000 of rental expense related to these transactions for the years ended September 30, 2012 and 2011, respectively Rental expense for leases with various third parties was $16,527,000 and $12,462,000 for the years ended September 30, 2012 and 2011, respectively Future minimum rental payments required under noncancelable leases that have remaining lease terms in excess of one year as of September 30, 2012, are as follows

Years Ending September 30	Nonrelated Party	Related Party
2013	$ 17,866,000	$ 2,697,000
2014	16,165,000	1,273,000
2015	14,466,000	937,000
2016	12,462,000	789,000
2017	8,872,000	369,000
Thereafter	18,200,000	4,338,000
Total	$ 88,031,000	$ 10,403,000

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, above a $10 million self insured retention) 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, 2012 and 2011

Northside Cherokee maintains general liability and professional liability coverage The general liability and professional liability coverage provides a limit of liability of $10 million per claim or occurrence, subject to a $500,000 per claim under a self-insured retention Northside Cherokee also maintains excess coverage, which provides up to $75 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 Northside Cherokee'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, 2012 and 2011

Additionally, Northside is 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 $350,000 per participant are covered through a private insurance carrier with no maximum lifetime limit Northside incurred $39,862,000 and $40,673,000 in health insurance expenses during the years ended September 30, 2012 and 2011, respectively The recorded liabilities were approximately $5,002,000 and

$17,068,000 at September 30, 2012 and 2011, respectively, and are based on Northside's 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, 2012 and 2011

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 has a postretirement health and welfare benefit plan in which substantially all retired employees were eligible to participate Postretirement benefits represent 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, 2012 and 2011, is as follows

	Pension Plan		Other Postretirement Benefit Plan	
	2012	2011	2012	2011
Net periodic benefit cost				
Service cost	$ 16,806,000	$ 19,586,000	$ 65,000	$ 5,179,000
Interest cost	17,969,000	17,558,000	57,000	2,377,000
Expected return on plan assets	(18,421,000)	(16,812,000)	-	-
Amortization of actuarial loss	5,239,000	5,334,000	-	1,553,000
Amortization of prior service cost	1,073,000	1,073,000	-	572,000
Amortization of transition obligation	-	-	-	8,000
Net periodic benefit cost before curtailments settlements	22,666,000	26,739,000	122,000	9,689,000
Curtailment settlement gain	-	-	-	(31,111,000)
Total net periodic benefit cost (income)	22,666,000	26,739,000	122,000	(21,422,000)
Other changes in unrecognized pension and other postretirement benefit costs				
Current-year actuarial loss	32,887,000	7,173,000	727,000	3,107,000
Amortization of actuarial loss	(5,239,000)	(5,334,000)	-	(23,320,000)
Amortization of prior service cost	(1,073,000)	(1,073,000)	-	(3,283,000)
Amortization of transition obligation	-	-	-	(23,000)
Total other changes	26,575,000	766,000	727,000	(23,519,000)
Total recognized in consolidated statements of operations and changes in net assets	$ 49,241,000	$ 27,505,000	$849,000	$(44,941,000)

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, 2012 and 2011, are as follows

	Pension Plan		Other Postretirement Benefit Plan	
	2012	2011	2012	2011
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

The weighted-average actuarial assumptions used to determine the benefit obligations of Northside's pension and other postretirement benefit plans as of September 30, 2012 and 2011, are as follows

	Pension Plan		Other Postretirement Benefit Plan	
	2012	2011	2012	2011
Discount rate	4 08 %	5 05 %	2 58 %	3 79 %
Expected return on plan assets	6 50	6 50	N/A	N/A
Rate of compensation increase	4 00	4 00	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, 2012, obligation for future postretirement medical benefit costs were forecasted assuming an initial annual increase of 7 5%, 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	$ -	$ -
Effect on postretirement benefit obligation	19,000	(18,000)

Benefit Obligations and Fair Value of Plan Assets — As of September 30, 2012 and 2011, 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	
	2012	2011	2012	2011
Change in benefit obligation				
Benefit obligation — beginning of year	$341,782,000	$314,110,000	$1,603,000	$46,817,000
Service cost	16,806,000	19,586,000	65,000	5,179,000
Interest cost	17,969,000	17,558,000	57,000	2,377,000
Actuarial loss (gain)	71,649,000	(4,346,000)	727,000	3,107,000
Plan participants' contributions	-	-	435,000	479,000
Gross benefits paid	(6,171,000)	(5,126,000)	(975,000)	(751,000)
Curtailments settlements	-	-	-	(55,605,000)
Other	-	51,000	-	-
Benefit obligation — end of year	$442,035,000	$341,833,000	$1,912,000	$1,603,000
Change in fair value of plan assets				
Fair value of plan assets — beginning of year	$281,232,000	$261,047,000	$ -	$ -
Actual return on plan assets	57,098,000	5,310,000	-	-
Employer contributions	20,000,000	20,000,000	540,000	272,000
Plan participants' contributions	-	-	435,000	479,000
Gross benefits paid	(6,171,000)	(5,126,000)	(975,000)	(751,000)
Fair value of plan assets — end of year	$352,159,000	$281,231,000	$ -	$ -

Funded Status — As of September 30, 2012 and 2011, 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	
	2012	2011	2012	2011
Funded status				
Fair value of plan assets	$ 352,159,000	$ 281,231,000	$ -	$ -
Benefit obligation	(442,035,000)	(341,833,000)	(1,912,000)	(1,603,000)
Total funded status	$ (89,876,000)	$ (60,602,000)	$(1,912,000)	$(1,603,000)
Amounts not yet recognized in net periodic cost				
Unrecognized net actuarial loss	$ 114,303,000	$ 86,571,000	$ 727,000	$ -
Unrecognized prior service cost	4,339,000	5,412,000	-	-
Total unrecognized costs	$ 118,642,000	$ 91,983,000	$ 727,000	$ -
Amounts recognized in the consolidated balance sheets				
Current liability — salaries and employee benefits	$ -	$ -	$ -	$ -
Accrued pension costs	(89,876,000)	(60,602,000)	-	-
Other postretirement benefit plan obligations	-	-	(1,912,000)	(1,603,000)
Unrestricted net assets	118,642,000	91,983,000	-	-
Net asset (liabilities)	$ 28,766,000	$ 31,381,000	$(1,912,000)	$(1,603,000)

The accumulated benefit obligation for Northside's pension plan as of September 30, 2012 and 2011, was $373,082,000 and $288,797,000, 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 2013 are as follows

	Pension Plan	Other Postretirement Benefit Plan
Actuarial loss	$7,010,000	$54,000
Prior service cost	1,073,000	-
Total	$8,083,000	$54,000

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 U S 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, 2012 and 2011, are as follows

Asset Category	2012	2011
Equity securities	66 %	61 %
Fixed-income securities	30	33
Cash and cash equivalents	4	6
Total	100 %	100 %

The fair values of Northside's pension plan assets by assets category as of September 30, 2012 and 2011, are presented below (see Note 4 for further discussion regarding the fair value hierarchy and corresponding valuation techniques)

2012	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 10,108,000	$ 1,100,000	$ -	$ 11,208,000
Pooled separate account — bond and mortgage fund	-	1,632,000	-	1,632,000
Total pooled separate account	-	1,632,000	-	1,632,000
Corporate bonds and securities				
Domestic bonds	-	50,711,000	-	50,711,000
Collateralized mortgage obligations	-	3,684,000	-	3,684,000
Foreign bonds	1,995,000	-	-	1,995,000
Total corporate bonds and securities	1,995,000	54,395,000	-	56,390,000
Government bonds and securities				-
U S Treasury securities	39,636,000	-	-	39,636,000
Federal national mortgage securities	-	9,359,000	-	9,359,000
Total government bonds and securities	39,636,000	9,359,000	-	48,995,000
Common stocks				
Domestic securities	224,105,000	-	-	224,105,000
Foreign securities	9,829,000	-	-	9,829,000
Total common stocks	233,934,000	-	-	233,934,000
Total	$ 285,673,000	$ 66,486,000	$ -	$ 352,159,000

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

Expected Cash Flows — Northside expects to voluntarily contribute approximately $20,000,000 to its pension plan during fiscal year 2013. Northside does not expect to be required to make any contributions to its other postretirement benefit plan during fiscal year 2013, 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
2013	$ 6,801,000	$ 379,000
2014	8,010,000	296,000
2015	9,156,000	271,000
2016	10,564,000	222,000
2017	12,178,000	189,000
2018–2022	87,399,000	516,000
Total	$ 134,108,000	$ 1,873,000

13. COMMITMENTS AND CONTINGENCIES

Northside operates 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 Northside or the results of its operations or their cash flows.

Northside is engaged in continuous construction projects, the costs of which are currently estimated to total $18,622,000 in the fiscal year ended September 30, 2013. 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 Ventures. Charges for such services amounted to $106,000 and $98,000 for the years ended September 30, 2012 and 2011, respectively.

Northside also has leasing arrangements with Ventures, whereby Ventures leases space from an unrelated third party and incurs rental expense. Northside uses this space and pays rent to Ventures. The accompanying consolidated financial statements include $3,002,000 and $2,263,000 of rental expense related to these transactions for the years ended September 30, 2012 and 2011, 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

Northside provides general health care services to residents within their geographic locations Expenses related to providing these services for the years ended September 30, 2012 and 2011, are as follows

	2012	2011
Health care services	$ 918,609,000	$ 756,663,000
General and administrative	314,053,000	304,461,000
Total	$1,232,662,000	$1,061,124,000

16. SUBSEQUENT EVENTS

Northside evaluated events and transactions for potential recognition or disclosure through January 17, 2013, the date the consolidated financial statements were issued, and noted no significant events or transactions requiring recognition or disclosure except for those disclosed below

Acquisitions — During December 2012, Northside acquired certain assets of two oncology practices for cash consideration of $58,731,000 and a physician practice for cash consideration of $7,390,000 Northside borrowed $60,000,000 under its line of credit to assist in funding these acquisitions (see Note 8)

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