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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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

D Employer identification number
58-1954432

E Telephone number
(404) 851-8000

G Gross receipts $ 2,203,308,551

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NORTHSIDE COM

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

L Year of formation 1991

M State of legal domicile GA

Part I Summary

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

Activities & Governance

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**	5
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	11,920
6	Total number of volunteers (estimate if necessary)	**6**	895
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,356,082
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-838,098

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,395,192	4,567,196
9	Program service revenue (Part VIII, line 2g)	1,736,193,480	2,171,950,633
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,405,830	9,263,208
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,882,117	16,161,375
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,769,876,619	2,201,942,412
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,011,097	1,637,893
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)	670,346,870	764,030,683
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,000,098,055	1,250,851,775
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,675,456,022	2,016,520,351
19	Revenue less expenses Subtract line 18 from line 12	94,420,597	185,422,061

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,339,872,843	1,592,450,557
21	Total liabilities (Part X, line 26)	641,862,337	721,693,982
22	Net assets or fund balances Subtract line 21 from line 20	698,010,506	870,756,575

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

****** | 2015-08-11
Signature of officer | Date

DEBBIE MITCHAM CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH O ERNSBERGER				P00364912

Firm's name ▶ PERSHING YOAKLEY & ASSOCIATES P C | Firm's EIN ▶ 62-1517792

Firm's address ▶ ONE CHEROKEE MILLS 2220 SUTHERLAND AVE KNOXVILLE, TN 37919 | Phone no (865) 673-0844

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

NORTHSIDE HOSPITAL 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 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 $ 1,602,614,288 including grants of $ 1,637,893) (Revenue $ 2,184,882,041)

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 NEARLY 80 OUTPATIENT SERVICE LOCATIONS WITH MORE THAN 1,500,000 SYSTEM-WIDE PATIENT ENCOUNTERS ANNUALLY NORTHSIDE'S PRIMARY SERVICE AREA INCLUDES 21 COUNTIES WITH A TOTAL POPULATION OF MORE THAN 5 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 - NORTHSIDE ATLANTA DELIVERS MORE BABIES THAN ANY OTHER HOSPITAL IN THE US (OVER 14,000 DELIVERIES SYSTEM WIDE IN CALENDAR YEAR 2012)- NORTHSIDE HAS THE LARGEST BREAST, GYN AND PROSTATE CANCER VOLUMES OF ANY GEORGIA HOSPITAL -NORTHSIDE CONTINUES TO LEAD THE SOUTHEAST IN BREAST CANCER CARE, FOCUSING STRONGLY ON CLINICAL QUALITY AND INDIVIDUALIZED PATIENT SUPPORT - NORTHSIDE'S BONE MARROW TRANSPLANT PROGRAM HAD THE HIGHEST ACTUAL 1-YEAR SURVIVAL RATE FOR PATIENTS WHO RECEIVED THEIR FIRST ALLOGENEIC TRANSPLANT BETWEEN JANUARY 1, 2009 AND DECEMBER 31, 2011, USING RELATED AND UNRELATED DONOR TRANSPLANTS OF ANY LARGE ADULT BMT PROGRAM IN THE UNITED STATES THE PROGRAM SERVICE REVENUES AND EXPENSES CONSIST OF ALL INPATIENT AND OUTPATIENT SERVICE LINES FOR THE YEAR ENDING SEPTEMBER 30, 2014 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** ▶ 1,602,614,288

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,062		
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	11,920		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	5		
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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 ☐ Other (explain in Schedule O)

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 1 00	X		X				5,292,678	0	7,499
(2) ROBERT E WHITLEY BOARD MEMBER	1 00 1 00	X						0	0	0
(3) DALE M BEARMAN MD BOARD MEMBER	1 00	X						0	0	0
(4) THOMAS W GABLE MD BOARD MEMBER	1 00	X						0	0	0
(5) ANTHONY J SALVATORE CHAIRMAN & TREASURER	1 00 1 00	X						0	0	0
(6) K DOUGLAS SMITH MD VICE-CHAIRMAN	1 00 1 00	X						0	0	0
(7) LAWRENCE B STONE MD BOARD MEMBER	1 00 1 00	X						0	0	0
(8) MARK J SWEENEY SECRETARY	1 00 1 00	X						0	0	0
(9) BARBARA PARE' BOARD MEMBER	1 00 1 00	X						0	0	0
(10) GENEVIEVE FAIRBROTHER MD BOARD MEMBER	1 00	X						0	0	0
(11) WILLIAM HASTY JR BOARD MEMBER	1 00	X						0	0	0
(12) WAYNE AMBROZE MD BOARD MEMBER	1 00	X						0	0	0
(13) DEBORAH S MITCHAM VP/CFO NSH, INC	40 00 1 00			X				659,958	0	6,494
(14) JORGE J HERNANDEZ VICE PRESIDENT/ASST SECRE	40 00			X				487,634	0	1,165
(15) TINA WAKIM VICE PRESIDENT	40 00				X			756,826	0	6,753
(16) ROBERT PUTNAM VICE PRESIDENT	40 00				X			667,609	0	6,096
(17) SUSAN SOMMERS VICE PRESIDENT	40 00				X			468,325	0	8,596

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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) JANIS DUBOW VICE PRESIDENT	40 00				X			358,340	0	3,895
(19) MARY SHEPHERD VICE PRESIDENT	40 00				X			337,201	0	7,499
(20) GERALD FEUER MD GYNECOLOGIST/SURGEON	40 00					X		827,972	0	9,999
(21) AASHISH DESAI MD CARDIOLOGIST	40 00					X		725,737	0	1,395
(22) AMOL BAPAT MD CARDIOLOGIST	40 00					X		719,641	0	7,326
(23) STEPHEN SALMIERI MD GYNECOLOGIC ONCOLOGIST	40 00					X		849,106	0	6,057
(24) GUILHERME H CANTUARIA MD GYNECOLOGIC ONCOLOGIST	40 00					X		754,314	0	7,499
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								12,905,341	0	80,273

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 ▶ 13

			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
GEORGIA CANCER SPECIALISTS I PC 1835 SAVOY DRIVE STE 300 ATLANTA GA 30342	SEE SCHEDULE O	36,097,267
AGA LLC 550 PEACHTREE ST STE 1620 ATLANTA GA 30308	SEE SCHEDULE O	22,298,733
ATLANTA CANCER CARE 1100 JOHNSON FERRY ROAD STE 150 SANDY SPRINGS GA 30342	SEE SCHEDULE O	15,233,974
MCKENNA LONG & ALDRIDGE LLP PO BOX 116573 ATLANTA GA 30368	LEGAL SERVICES	13,716,525
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA GA 30368	FOOD SERVICES	6,922,597

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 ▶ 199

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	797,859			
	e	Government grants (contributions)	1e	2,986,678			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	782,659			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,567,196			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621990	2,089,855,210	2,088,702,269	1,152,941	
	b	PHARMACY REVENUE	446110	57,586,012		4,179,735	53,406,277
	c	RENTAL INCOME	531120	14,301,596	14,301,596		
	d	CAFETERIA & VENDING	722210	2,095,387			2,095,387
	e	PARKING REVENUE	812930	1,809,304			1,809,304
	f	All other program service revenue		6,303,124		1,793,439	4,509,685
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,171,950,633			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,654,883			5,654,883
	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	4,974,464				
	b	Less cost or other basis and sales expenses	0	1,366,139			
	c	Gain or (loss)	4,974,464	-1,366,139			
	d	Net gain or (loss) . . . . . ▶			3,608,325			3,608,325
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	14,651,483	12,931,408	1,720,075	
	b	PASSTHROUGH INVESTMENT	621300	1,509,892		1,509,892	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		16,161,375			
	12	**Total revenue.** See Instructions . . . . . ▶		2,201,942,412	2,115,935,273	10,356,082	71,083,861

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,597,882	1,597,882		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	40,011	40,011		
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	11,371,803	9,021,013	2,350,790	
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	613,841,176	486,947,329	126,893,847	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,266,204	13,696,917	3,569,287	
9 Other employee benefits	79,494,082	63,060,988	16,433,094	
10 Payroll taxes	42,057,418	33,363,267	8,694,151	
11 Fees for services (non-employees)				
a Management	17,641,774	17,641,774		
b Legal	21,756,603	1,598	21,755,005	
c Accounting	874,725		874,725	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,994,204		1,994,204	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	283,673,402	192,371,867	91,301,535	
12 Advertising and promotion	9,715,103	155,851	9,559,252	
13 Office expenses	35,049,231	25,790,182	9,259,049	
14 Information technology	11,550,047	3,306,110	8,243,937	
15 Royalties . .				
16 Occupancy	58,360,672	33,677,636	24,683,036	
17 Travel	1,005,661	542,195	463,466	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	758,866	556,081	202,785	
20 Interest	6,785,503	1,205,384	5,580,119	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	104,868,282	75,865,582	29,002,700	
23 Insurance	20,388,163	2,888,298	17,499,865	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	535,479,067	531,428,188	4,050,879	
b BAD DEBT EXPENSE	78,276,910	78,276,910	0	
c MINOR EQUIPMENT PURCHAS	21,821,250	2,812,060	19,009,190	
d COLLECTION FEES	17,909,149	1,230,913	16,678,236	
e All other expenses	22,943,163	27,136,252	-4,193,089	
25 **Total functional expenses.** Add lines 1 through 24e	2,016,520,351	1,602,614,288	413,906,063	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		34,355	1	41,956
	2	Savings and temporary cash investments		213,625,902	2	328,077,149
	3	Pledges and grants receivable, net		1,266,011	3	271,354
	4	Accounts receivable, net		122,952,645	4	128,178,919
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,032,964	7	2,211,843
	8	Inventories for sale or use		28,427,627	8	26,845,999
	9	Prepaid expenses and deferred charges		12,876,285	9	14,928,630
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,500,508,450			
	b	Less accumulated depreciation	10b 871,232,220	562,679,128	10c	629,276,230
	11	Investments—publicly traded securities		149,065,245	11	181,425,948
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		205,712,180	14	225,809,686
	15	Other assets See Part IV, line 11		40,200,501	15	55,382,843
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,339,872,843	16	1,592,450,557
Liabilities	17	Accounts payable and accrued expenses		308,098,375	17	345,132,362
	18	Grants payable			18	
	19	Deferred revenue		776	19	555,238
	20	Tax-exempt bond liabilities		56,821,963	20	44,304,313
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		89,333,865	23	86,372,605
	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		187,607,358	25	245,329,464
	26	**Total liabilities.** Add lines 17 through 25		641,862,337	26	721,693,982
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		698,010,506	27	870,756,575
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		698,010,506	33	870,756,575
	34	Total liabilities and net assets/fund balances		1,339,872,843	34	1,592,450,557

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,201,942,412
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,016,520,351
3	Revenue less expenses Subtract line 2 from line 1	3	185,422,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	698,010,506
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,675,992
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	870,756,575

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		314,247
j	Total Add lines 1c through 1i			314,247
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	NORTHSIDE HOSPITAL, INC DOES NOT PURSUE ANY DIRECT LOBBYING ACTIVITIES, HOWEVER, IT PAYS MEMBERSHIP DUES TO PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS THE AMERICAN HOSPITAL ASSOCIATION, GEORGIA HOSPITAL ASSOCIATION, AND THE GEORGIA ALLIANCE FOR COMMUNITY HOSPITALS A PORTION OF THESE DUES ARE DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS

Part IV Supplemental Information *(continued)*

Return Reference	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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,044,190	6,092,371	5,750,449	5,806,929	5,483,812
b	Contributions	1,352,241	1,566,045	1,117,389	1,170,547	888,554
c	Net investment earnings, gains, and losses	117,482	112,842	112,483	112,618	107,765
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,434,277	727,068	887,950	1,339,645	673,202
f	Administrative expenses					
g	End of year balance	7,079,636	7,044,190	6,092,371	5,750,449	5,806,929

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 58 470 %
- c Temporarily restricted endowment ▶ 41 530 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		179,618,504		179,618,504
b Buildings		772,771,278	474,970,022	297,801,256
c Leasehold improvements				
d Equipment		480,384,304	396,262,198	84,122,106
e Other		67,734,364		67,734,364
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				629,276,230

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

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

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

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
FAS 106 ACCRUAL	1,462,696
INTERCHANGE FINANCE LIABILITY	69,964,144
FMV OF SWAP AGREEMENT	659,321
RENT OBLIGATION, LONG-TERM PORTION	7,848,054
OTHER LIABILITY	74,000
OBLIGATIONS UNDER CAPITAL LEASE	184,688
RESERVE FOR MALPRACTICE	125,453,151
RETIREMENT PLAN OBLIGATIONS	39,683,445
NET INTERCOMPANY	-35
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	245,329,464

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

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

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

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

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	NORTHSIDE HEALTH SERVICES, INC , AND SUBSIDIARIES CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, AND INDEPENDENT AUDITOR'S REPORT NORTHSIDE QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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) Book Value
FAS 106 ACCRUAL	1,462,696
INTERCHANGE FINANCE LIABILITY	69,964,144
FMV OF SWAP AGREEMENT	659,321
RENT OBLIGATION, LONG-TERM PORTION	7,848,054
OTHER LIABILITY	74,000
OBLIGATIONS UNDER CAPITAL LEASE	184,688
RESERVE FOR MALPRACTICE	125,453,151
RETIREMENT PLAN OBLIGATIONS	39,683,445
NET INTERCOMPANY	-35

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 12500 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			83,087,691		83,087,691	4 290 %
b Medicaid (from Worksheet 3, column a)			145,505,610	74,037,029	71,468,581	3 690 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			228,593,301	74,037,029	154,556,272	7 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,201,155	511,201	5,689,954	0 290 %
f Health professions education (from Worksheet 5)			800,503	495,950	304,553	0 020 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			636,524	1,070,958	-434,434	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,253,371	0	1,253,371	0 060 %
j **Total.** Other Benefits			8,891,553	2,078,109	6,813,444	0 370 %
k **Total.** Add lines 7d and 7j			237,484,854	76,115,138	161,369,716	8 350 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1,622,711		1,622,711	0 080 %
9 Other						
10 **Total**			1,622,711		1,622,711	0 080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	19,532,792		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	257,045,276
6	Enter Medicare allowable costs of care relating to payments on line 5	6	289,108,446
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-32,063,170
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			No

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 GWINNETT ENDOSCOPY CENTER INC	OUTPATIENT CENTER	15 000 %		77 800 %
2 2 MIDTOWN ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15 000 %		77 800 %
3 3 NORTH CRESCENT ENDOSCOPY SUITE LLC	OUTPATIENT CENTER	70 000 %		27 400 %
4 4 WOODSTOCK ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15 000 %		77 800 %
5 5 WEST METRO ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15 000 %		77 800 %
6 6 NORTHWEST ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15 000 %		77 800 %
7 7 BULLOCH COUNTY ENDOSCOPY CENTER LLC	OUTPATIENT CENTER	15 000 %		77 800 %
8 8 ENT SURGERY CENTER OF ATLANTA LLC	AMBULATORY SURGERY	70 000 %		30 700 %
9 9 PEACHTREE ORTHOPAEDIC SURGERY CENTER AT PERIMETER LLC	AMBULATORY SURGERY	15 000 %		67 800 %
1010 UROLOGY SURGICAL PARTNERS LLC	AMBULATORY SURGERY	70 000 %		30 000 %
1111 SOUTHERN CRESCENT ENDOSCOPY CENTER SUITE PC	OUTPATIENT CENTER	15 000 %		77 800 %
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW NORTHSIDE COM			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	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 ☑ Residency			
i ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

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

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **60**

	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

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO THE FPG THRESHOLDS, NORTHSIDE'S POLICY ALLOWS FOR MEDICAL INDIGENCY AS WELL AS AN ASSET TEST FOR ADDITIONAL OPPORTUNITY TO QUALIFY FOR CHARITY AN APPLICATION IS COMPLETED BY THE PATIENT AND/OR A SCORING METHODOLOGY IS GATHERED FROM A THIRD PARTY USING IT'S PROPRIETORY SOURCE TO DETERMINE PROPENSITY TO PAY THESE TOOLS ARE USED TO DETERMINE SOMEONE'S QUALIFICATIONS FOR A CHARITY DISCOUNT OR FREE CARE IN ADDITION TO THE FPG THRESHOLDS STATED ABOVE

Form and Line Reference	Explanation
PART I, LINE 6A	NORTHSIDE HOSPITAL, INC PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THE REPORT IS MADE AVAILABLE TO THE PUBLIC

Form and Line Reference	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

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE IN THE AMOUNT OF $78,276,910 HAS BEEN REMOVED FROM TOTAL EXPENSE TO COMPUTE THE PERCENTAGE IN COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	BIANNUALLY, NORTHSIDE HOSPITAL, INC ("NORTHSIDE") CONDUCTS A COMMUNITY-BASED PHYSICIAN NEED ANALYSIS FOR NORTHSIDE HOSPITAL-CHEROKEE ("NHC") AND NORTHSIDE HOSPITAL-FORSYTH ("NHF") NHC AND NHF EACH ARE SOLE COUNTY PROVIDERS AND AS SUCH MUST ENSURE THAT APPROPRIATE MEDICAL SERVICES ARE ACCESSIBLE TO THE RESIDENTS OF THE COMMUNITIES SERVED EACH HOSPITAL'S PHYSICIAN NEED ANALYSIS DEFINES A GEOGRAPHIC AREA COMPLIANT WITH THE FEDERAL PHYSICIAN SELF-REFERRAL LAW, IDENTIFIES NHC AND NHF MEDICAL STAFF MEMBERS WITH AN OFFICE IN THE DEFINED GEOGRAPHIC AREA, IDENTIFIES NON-NORTHSIDE PHYSICIANS WITH AN OFFICE IN THE DEFINED GEOGRAPHIC AREA, AND INCLUDES A QUANTITATIVE ANALYSIS OF EACH COMMUNITY'S PHYSICIAN NEED ("COMMUNITY PHYSICIAN NEED") BASED ON THE FINDINGS OF THE ANALYSES, NORTHSIDE ENGAGES IN RECRUITMENT EFFORTS DESIGNED TO ENSURE THAT SUFFICIENT QUALIFIED HEALTH PROFESSIONALS ARE AVAILABLE TO MEET THE IDENTIFIED COMMUNITY PHYSICIAN NEED THROUGH THESE ANALYSES, NORTHSIDE HAS IDENTIFIED A DEFINED NUMERIC NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN TWENTY-SEVEN SPECIALTIES IN NHC'S STARK-COMPLIANT GEOGRAPHIC AREA AND A NEED FOR ONE-HALF PHYSICIAN FTE OR MORE IN THIRTY SPECIALTIES IN NHFS STARK-COMPLIANT GEOGRAPHIC AREA BOTH NHC AND NHF ARE CONCENTRATING RECRUITMENT EFFORTS ON PRIMARY CARE AND SURGICAL SPECIALTIES WITH AN EMPHASIS ON RECRUITING NEEDED PHYSICIANS INTO FORSYTH, DAWSON, PICKENS, AND CHEROKEE COUNTIES TO MEET THE IDENTIFIED COMMUNITY PHYSICIAN NEED

Form and Line Reference	Explanation
PART III, LINE 4	"NORTHSIDE PROVIDES FOR ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE BY ESTABLISHING AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE NORTHSIDE ESTIMATES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORICAL AND EXPECTED COLLECTIONS, ACCOUNTS RECEIVABLE AGINGS, TRENDS IN REIMBURSEMENT, GENERAL BUSINESS AND ECONOMIC CONDITIONS AND OTHER COLLECTION INDICATORS " 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

Form and Line Reference	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 2014 MEDICARE COST REPORT APPLIED TO MEDICARE CHARGES THE MEDICARE PROGRAM PAYS AT AMOUNTS WHICH ARE LESS THAN THE COST OF PROVIDING SERVICES ANY COST NOT REIMBURSED BY MEDICARE IS BORNE BY NORTHSIDE HOSPITAL WHICH EASES THE BURDEN TO THE GOVERNMENT FOR THE PROVISION OF HEALTH CARE UNDER THE MEDICARE PROGRAM

Form and Line Reference	Explanation
PART III, LINE 9B	THE COLLECTION POLICY IS SPECIFIC TO THE TIMING AND PROTOCOLS FOLLOWED IN THE DEBT COLLECTION PROCESS HOWEVER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY SUPERCEDES THE DEBT COLLECTION POLICY IN ANY SITUATION WHERE A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 2	THE NORTHSIDE HOSPITAL, INC ("NORTHSIDE") SYSTEM COMPRISES THREE HOSPITAL FACILITIES (1) NORTHSIDE HOSPITAL-ATLANTA, (2) NORTHSIDE HOSPITAL-CHEROKEE AND (3) NORTHSIDE HOSPITAL-FORSYTH AT THE END OF FISCAL YEAR 2013, NORTHSIDE ADOPTED A CHNA FOR EACH OF ITS HOSPITAL FACILITIES NORTHSIDE UTILIZED SIMILAR RESOURCES, PROCESSES AND PROCEDURES IN CONDUCTING ITS HOSPITAL FACILITIES' CHNAS, ADDITIONALLY, THE CHNAS WERE CONDUCTED SIMULTANEOUSLY NORTHSIDE DEVELOPED A STANDARDIZED PROCESS FOR CONDUCTING EACH HOSPITAL'S CHNA IN SHORT, NORTHSIDE'S ASSESSMENT PROCESS INCLUDED A REVIEW OF HOSPITAL INTERNAL DATA THIS INCLUDED, BUT WAS NOT LIMITED TO, A REVIEW OF THE HOSPITAL FACILITIES' DEMOGRAPHIC AND SOCIOECONOMIC DATA, THE TOP SERVICES UTILIZED BY INDIGENT AND CHARITY CARE PATIENTS, AND THE TOP CONDITIONS TREATED IN EACH HOSPITAL FACILITY'S EMERGENCY DEPARTMENT B REVIEW OF PUBLICLY AVAILABLE HEALTH DATA THIS DATA ASSISTED NORTHSIDE IN DISCERNING THE TOP CHRONIC CONDITIONS AND PREVENTABLE BEHAVIORS IN EACH HOSPITAL FACILITY'S COMMUNITY C REVIEW OF PROPRIETARY QUANTITATIVE CONSUMER RESEARCH DATA D STAKEHOLDER INPUT FROM A VARIETY OF STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF EACH HOSPITAL FACILITY'S COMMUNITY E SUMMARY AND PRIORITIZATION OF NEEDS IDENTIFIED F DEVELOPMENT OF AN IMPLEMENTATION STRATEGY TO ADDRESS THE NEEDS IDENTIFIED G PRESENTATION AND ADOPTION OF THE CHNAS AND IMPLEMENTATION STRATEGIES BY THE PLANNING COMMITTEE OF THE BOARD OF DIRECTORS OF NORTHSIDE H PUBLIC ACCESS TO EACH HOSPITAL'S CHNA NORTHSIDE IS IN THE PROCESS OF IMPLEMENTING THE VARIOUS STRATEGIES AS A RESULT OF THE FISCAL YEAR 2013-FISCAL YEAR 2015 CHNA TO AID NORTHSIDE IN REPORTING AND TRACKING ITS COMMUNITY BENEFIT ACTIVITIES, NORTHSIDE INVESTED IN AN ONLINE TOOL THAT ALLOWS USERS TO ENTER SPECIFIC COMMUNITY BENEFIT EVENTS AND ACTIVITIES TO DATE, APPROXIMATELY 35 "REPORTERS" FROM ACROSS THE NORTHSIDE SYSTEM ARE ENTERING NORTHSIDE COMMUNITY BENEFIT ACTIVITIES IN ADDITION, NORTHSIDE HAS BEGUN THE PROCESS OF UPDATING ITS FISCAL YEAR 2013 CHNA, AND IN CONNECTION WITH THIS PROCESS IS TAKING A RENEWED LOOK AT ITS COMMUNITY TO GAUGE IF ANY OF THE COMMUNITY'S NEEDS HAVE CHANGED SINCE THE LAST CHNA THE NEW CHNA WILL BE FINALIZED IN FISCAL YEAR 2016

Form and Line Reference	Explanation
PART VI, LINE 3	NORTHSIDE HOSPITAL, INC ("NORTHSIDE") INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS AS WELL AS UNDER THE NORTHSIDE FINANCIAL ASSISTANCE PROGRAM POLICY BI-LINGUAL SIGNAGE IS POSTED IN THE WAITING AREAS OF THE EMERGENCY DEPARTMENT AS WELL AS ALL OUT-PATIENT LOCATIONS OF ALL OF NORTHSIDE'S HOSPITALS, WHICH PROVIDES INFORMATION ABOUT HOW PATIENTS CAN LEARN MORE ABOUT NORTHSIDE'S FINANCIAL ASSISTANCE PROGRAM PATIENTS PARTICIPATE IN A FINANCIAL DISCUSSION REGARDING OUT-OF-POCKET PAYMENT LIABILITY EITHER PRIOR TO SERVICES RENDERED OR AT THE POINT OF SERVICE RENDERED IF A PATIENT INDICATES A POSSIBLE NEED FOR FINANCIAL ASSISTANCE, A COPY OF NORTHSIDE'S FINANCIAL ASSISTANCE APPLICATION IS PROVIDED TO THE PATIENT AND THE PATIENT WILL BE REFERRED TO A FINANCIAL COUNSELOR THE FINANCIAL COUNSELOR WILL WORK WITH THE PATIENT TO DETERMINE WHETHER THE PATIENT IS ELIGIBLE FOR GOVERNMENT BENEFITS OR FINANCIAL ASSISTANCE, AND IF NOT, WILL DISCUSS PAYMENT PLAN OPTIONS WITH THE PATIENT MOREOVER, ALL PATIENTS ARE PROVIDED WITH AND MUST SIGN TO ACKNOWLEDGE RECEIPT OF INFORMATION REGARDING THEIR FINANCIAL RESPONSIBILITY OF HOSPITAL CHARGES PRIOR TO DISCHARGE/SERVICES BEING RENDERED NORTHSIDE ALSO WORKS CLOSELY WITH MANY COMMUNITY OUTREACH PROGRAMS TO PROVIDE FINANCIAL ASSISTANCE TO THOSE PATIENTS WHO QUALIFY FOR FREE OR DISCOUNTED SERVICES BASED ON THESE PROGRAMS' FINANCIAL ASSISTANCE CRITERIA FOR PATIENTS RECEIVING MEDICALLY NECESSARY SERVICES WHO ARE REFERRED THROUGH AND SATISFY COMMUNITY OUTREACH PROGRAM CRITERIA, NORTHSIDE WILL PROVIDE THESE PATIENTS WITH FREE OR DISCOUNTED CARE WITHOUT REQUIRING THESE PATIENTS TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THIS PROCESS ALLOWS A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO THE POINT OF SERVICE, THEREBY RELIEVING THEM FROM THE STRESS AND BURDEN OF THE FINANCIAL ASPECT OF THEIR CARE, AND ALLOWING THEM TO FOCUS ON THEIR RECOVERY

Form and Line Reference	Explanation
PART VI, LINE 4	NORTHSIDE HOSPITAL-ATLANTA ("NHA")BROADLY, NHA PRIMARILY SERVES PORTIONS OF CHEROKEE, COBB , DEKALB, FORSYTH, FULTON, AND GWINNETT COUNTIES GIVEN THAT NHA ONLY SERVES PORTIONS OF T HE AFOREMENTIONED COUNTIES, FOR ITS FY2013-FY2015 CHNA, THE HOSPITAL DEFINED ITS "COMMUNIT Y" ON A ZIP-CODE LEVEL BASIS IN ORDER TO IDENTIFY AND DEFINE A CONTIGUOUS AREA THAT REPRES ENTS 75% OF ITS TOTAL INPATIENT AND OUTPATIENT VOLUME IT IS IMPORTANT TO NOTE THAT NO HIG H-PRIORITY POPULATIONS (E G , INDIGENT, MINORITY, MEDICALLY UNDERSERVED OR THOSE WITH CHRO NIC DISEASES) WERE EXCLUDED FROM THE DEFINITION AN ESTIMATED 2 1 MILLION PEOPLE RESIDED IN NHA'S COMMUNITY THE GENDER RATIO WAS BALANCED, ESSENTIALLY 50/50, AND THE MEDIAN AGE WAS 35, EQUIVALENT WITH THE MEDIAN AGE FOR GEORGIA'S TOTAL POPULATION FEMALES 15-44 REPRESEN TED 21% OF THE COMMUNITY'S TOTAL POPULATION, THE SAME AS GEORGIA, AND THE 65+ AGE GROUP RE PRESENTED 9% OF THE COMMUNITY'S TOTAL POPULATION COMPARED TO 11% FOR THE STATE NHA'S COMMU NITY PREDOMINATELY IS CAUCASIAN (65%) WITH AFRICAN AMERICANS (17%) AND ASIANS (7%) COMPRIS ING THE TWO LARGEST MINORITY POPULATIONS A LARGER PERCENTAGE OF NHA'S COMMUNITY IS CAUCAS IAN AND ASIAN COMPARED TO THE RACE BREAKDOWN FOR THE STATE IN ADDITION, A HIGHER PERCENTA GE OF NHA'S COMMUNITY IS HISPANIC OR LATINO WHEN COMPARED TO GEORGIA'S STATEWIDE RATE 15% OF NHA'S COMMUNITY IS HISPANIC OR LATINO COMPARED TO 9% FOR GEORGIA NHA'S COMMUNITY IS RE LATIVELY AFFLUENT IN TERMS OF THE HIGHEST EDUCATIONAL ATTAINMENT ACHIEVED, HOUSEHOLD INCOM E AND HOUSING VALUES THE PERCENTAGE OF NHA'S COMMUNITY WITH BACHELORS (31%) OR MASTERS (1 1%) DEGREES IS NEARLY DOUBLE THE STATE-WIDE RATE GIVEN THE HIGHER PERCENTAGE OF POPULATIO N WITH ADVANCED DEGREES, IT IS NOT SURPRISING THAT THE HOUSEHOLD INCOME AND HOUSING VALUES IN NHA'S COMMUNITY EXCEEDS STATE-WIDE RATES AS WELL THE LARGEST PERCENTAGE OF THE POPULA TION IN NHA'S COMMUNITY HAD HOUSEHOLD INCOMES OF $100,000 OR MORE COMPARED TO $25,000-$49, 999 FOR GEORGIA FOR HOUSING UNIT VALUE, NEARLY 55% OF HOMES IN THE COMMUNITY WERE VALUED AT $200,000 OR MORE COMPARED TO JUST 30% FOR GEORGIA NHA'S COMMUNITY HAS A HIGHER PERCENTA GE OF THE WORKING-AGED POPULATION (I E , AGE 16-AND-OLDER) EMPLOYED THAN STATE WIDE IN FA CT, NEARLY 68% OF THE COMMUNITY'S POPULATION AGE 16-AND-OLDER IS EMPLOYED IN NON-MILITARY POSITIONS COMPARED TO 59% FOR GEORGIA THE COMMUNITY ALSO ENJOYS LOWER CIVILIAN UNEMPLOYME NT (5% VS 6%) AND HAS A LOWER PERCENTAGE OF RESIDENTS "NOT IN THE LABOR FORCE" (27% VS 3 4%), NOT IN THE LABOR FORCE INCLUDES ALL PERSONS AGE 16-AND-OLDER WHO ARE NOT EMPLOYED OR LOOKING FOR EMPLOYMENT CONSISTENT WITH THE HIGHER EDUCATIONAL ATTAINMENT AND FINANCIAL STA TUS DEMOGRAPHICS OF NHA'S COMMUNITY, IT IS NOT SURPRISING THAT THE RATE OF POVERTY IN THE COMMUNITY IS LOWER THAN THE STATE-WIDE RATE AN ESTIMATED 35,600 FAMILIES, OR 7% OF NHA'S COMMUNITY, WERE BELOW THE POVERTY LEVEL COMPARED TO NEARLY 12% OF GEORGIA'S FAMILIES NORT HSIDE HOSPITAL-CHEROKEE ("NHC")LOCATED IN CHEROKEE COUNTY, GEORGIA, NHC IS THE SOLE-COUNTY PROVIDER AND PRIMARILY SERVES THE RESIDENTS OF CHEROKEE AND PICKENS COUNTIES IN FACT, TH ESE TWO COUNTIES REPRESENT 84% OF TOTAL INPATIENT AND OUTPATIENT VOLUME THUS, FOR ITS FY2 013-FY2015 CHNA, NHC DEFINED ITS "COMMUNITY" BASED ON THESE TWO COUNTIES IT IS IMPORTANT TO NOTE THAT NO HIGH-PRIORITY POPULATIONS (E G , INDIGENT, MINORITY, MEDICALLY UNDERSERVED OR THOSE WITH CHRONIC DISEASES) WERE EXCLUDED FROM THE DEFINITION CHEROKEE COUNTY IS THE SEVENTH LARGEST COUNTY IN GEORGIA AND IS PROJECTED TO BE THE STATE'S FIFTH LARGEST COUNTY BY 2020 AN ESTIMATED 250,000 PEOPLE RESIDED IN NHC'S COMMUNITY THE GENDER RATIO WAS BALA NCED, ESSENTIALLY 50/50, AND THE MEDIAN AGE WAS 36, SLIGHTLY HIGHER THAN THE MEDIAN AGE FO R GEORGIA'S TOTAL POPULATION FEMALES 15-44 REPRESENTED 22% OF THE COMMUNITY'S TOTAL POPUL ATION COMPARED TO 21% OF GEORGIA'S AND THE 65+ AGE GROUP REPRESENTED 10% OF THE COMMUNITY' S TOTAL POPULATION COMPARED TO 11% FOR THE STATE NHC'S COMMUNITY PREDOMINATELY IS CAUCASIA N WITH AFRICAN AMERICANS COMPRISING THE LARGEST MINORITY POPULATION A SIGNIFICANTLY LARGE R PERCENTAGE OF NHC'S COMMUNITY (86%) IS CAUCASIAN AS COMPARED TO THE STATE (61%) SIX PER CENT (6%) OF THE COMMUNITY'S POPULATION IS BLACK OR AFRICAN AMERICAN COMPARED TO THIRTY PE RCENT (30%) FOR THE STATE LASTLY, THE COMMUNITY'S PERCENTAGE OF HISPANIC OR LATINO POPULA TION IS THE SAME AS GEORGIA'S STATEWIDE RATE OF 9% THE PERCENTAGE OF NHC'S COMMUNITY WITH A BACHELORS DEGREE (23%) IS HIGHER THAN THE STATE-WIDE RATE (18%) AND THE PERCENTAGE OF NH C'S COMMUNITY THAT HAS OBTAINED MASTERS DEGREES (6%) IS FAIRLY SIMILAR THE STATE OF GEORGI A (7%) GIVEN THAT THE EDUCATIONAL ATTAINMENT OF THE POPULATION IS FAIRLY ALIGNED WITH THE STATE OF GEORGIA, IT IS NOT SURPRISING THAT THE HOUSEHOLD INCOME AND HOUSING VALUES IN NH C'S COMMUNITY ARE ALIGNED WITH THE STATE-WIDE RATES AS WELL THE LARGEST PERCENTAGE OF THE POPULATION IN NHC'S COMMUNITY HAD HOUSEHOLD INCOM

Form and Line Reference	Explanation
PART VI, LINE 4	ES BETWEEN $25,000 AND $49,000, CONSISTENT WITH GEORGIA FOR HOUSING UNIT VALUE, NEARLY 52 % OF HOMES IN THE COMMUNITY WERE VALUED BETWEEN $100,000 AND $199,999 COMPARED TO 43% FOR GEORGIA NHC'S COMMUNITY HAS A HIGHER PERCENTAGE OF THE WORKING-AGED POPULATION (I E , AGE 16-AND-OLDER) EMPLOYED THAN STATE WIDE IN FACT, 65% OF THE COMMUNITY'S POPULATION AGE 16- AND-OLDER IS EMPLOYED IN NON-MILITARY POSITIONS COMPARED TO 59% FOR GEORGIA THE COMMUNITY ALSO ENJOYS LOWER CIVILIAN UNEMPLOYMENT (5% VS 6%) AND HAS A LOWER PERCENTAGE OF RESIDEN TS "NOT IN THE LABOR FORCE"(30% VS 34%), NOT IN THE LABOR FORCE INCLUDES ALL PERSONS 16-A ND-OLDER WHO ARE NOT EMPLOYED OR LOOKING FOR EMPLOYMENT WHILE FORTY-SEVEN PERCENT (47%) OF THE COMMUNITY'S HOUSEHOLDS ARE MIDDLE-INCOME HOUSEHOLDS (IDENTICAL TO GEORGIA) ONLY FOURT EEN PERCENT (14%) OF THE COMMUNITY'S HOUSEHOLDS HAVE INCOME LESS THAN $25,000 COMPARED TO TWENTY-FOUR PERCENT (24%) OF GEORGIA'S HOUSEHOLDS THEREFORE, IT IS NOT SURPRISING THAT TH E RATE OF POVERTY IN THE COMMUNITY IS LOWER THAN THE STATE-WIDE RATE AN ESTIMATED 4,000 F AMILIES, OR 6% OF NHC'S COMMUNITY, WERE BELOW THE POVERTY LEVEL COMPARED TO NEARLY 12% OF GEORGIA'S FAMILIES THIS DESCRIPTION IS CONTINUED LATER IN SCHEDULE H

Form and Line Reference	Explanation
PART VI, LINE 5	NORTHSIDE HOSPITAL, INC ("NORTHSIDE") IS DEDICATED TO IMPROVING THE HEALTH AND WELLNESS O F 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 A ND 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 ACCE SS TO CARE AMONG OTHER THINGS, DURING FISCAL YEAR 2014, NORTHSIDE ACQUIRED VARIOUS PHYSIC IAN PRACTICES AND OUTPATIENT SPECIALTY CENTERS TO CONCENTRATE PHYSICIAN FOCUS ON PATIENT N EEDS AND TO PROVIDE GREATER ACCESS TO HIGH QUALITY CARE NORTHSIDE ALSO CONTINUES TO OPEN ADDITIONAL OUTPATIENT CARE FACILITIES AND MEDICAL CAMPUSES IN FY2013, NORTHSIDE OPENED A MAJOR MEDICAL CAMPUS IN TOWNE LAKE WHICH HOUSES A WIDE VARIETY OF OUTPATIENT HEALTH CARE S ERVICES AND PHYSICIAN PRACTICES REPRESENTING NUMEROUS MEDICAL SPECIALTIES IN APRIL 2014, NORTHSIDE COMPLETED ITS EXPANSION OF ITS RADIATION ONCOLOGY FACILITIES AND SERVICES AT THE ATLANTA CAMPUS TO BETTER ACCOMMODATE THE GROWING NUMBER OF PATIENTS REQUIRING TREATMENT A T THE HOSPITAL'S ATLANTA CANCER CENTER ALSO, DURING FY2014, NORTHSIDE HOSPITAL-FORSYTH ("N HF") BEGAN OFFERING LEVEL-III NEONATAL CARE SERVICES AT ITS WOMEN'S CENTER, ESTABLISHING A 4 BED NEONATAL INTENSIVE CARE UNIT IN ADDITION TO EXPANDING ITS NEONATAL SERVICES, NHF A LSO OPENED A NEW MOB ADJACENT TO ITS WOMENS CENTER WHICH WILL HOUSE A VARIETY OF PHYSICIAN SPECIALTIES NORTHSIDE CONTINUES TO MAKE SIGNIFICANT INVESTMENTS IN STATE-OF-THE-ART TECH NOLOGY THAT BENEFITS PATIENTS IN NUMEROUS WAYS AS A LEADING PROVIDER OF SURGICAL SERVICES , NORTHSIDE IS COMMITTED TO PROVIDING ITS PATIENTS ACCESS TO THE LATEST IN SURGICAL TECHNO LOGY AND TREATMENT IN FY2014, NHF'S PULMONARY AND ENDOSCOPY LAB ANNOUNCED THE ADDITION OF A NEW TECHNOLOGY, ELECTROMAGNETIC NAVIGATION BRONCHOSCOPY (ENB), WHICH IS A MINIMALLY-INV ASIVE TECHNOLOGY THAT HELPS PHYSICIANS LOCATE, BIOPSY AND PLAN TREATMENT FOR LESIONS DETEC TED DEEP IN THE LUNGS IN THE DIAGNOSIS OF LUNG CANCER THE ENB PROCEDURE REDUCES THE POTEN TIAL FOR COMPLICATIONS THAT ARE OFTEN CAUSED BY MORE INVASIVE PROCEDURES NORTHSIDE HOSPIT AL-ATLANTA ("NHA") AND NHF BOTH OFFER SINGLE-INCISION ROBOTIC SURGERY, AS NHA PERFORMED TH E FIRST SINGLE INCISION ROBOTIC SURGERY IN GEORGIA DURING FY 2012 ROBOTIC-ASSISTED MINIMA LLY INVASIVE SURGERY PROVIDES NUMEROUS BENEFITS TO PATIENTS, INCLUDING IMPROVED CLINICAL O UTCOMES, SHORTER HOSPITAL STAYS, REDUCED BLOOD LOSS, REDUCED PAIN AND TRAUMA, LOWER RISK O F INFECTION, FASTER RECOVERY, AND LESS SCARRING ALL THREE (3) HOSPITALS OFFER THE LATEST MODEL OF THE DA VINCI SURGICAL SYSTEM THE SI THIS IS A FURTHER TESTAMENT TO NORTHSIDE'S C OMMITMENT TO PROVIDING QUALITY CARE UTILIZING CUTTING EDGE TECHNOLOGY IN 2013, NHC EXPAND ED ITS CARDIAC CATHETERIZATION/INTERVENTIONAL RADIOLOGY LABORATORY TO NOT ONLY ACCOMMODATE A HIGHER VOLUME OF PATIENTS BUT TO OFFER THESE PATIENTS GREATER FLEXIBILITY AND ADDITIONA L CARE DURING FY 2012, NHC BROKE GROUND ON ITS REPLACEMENT HOSPITAL AND ITS CONSTRUCTION I S CURRENTLY UNDERWAY THE CONSTRUCTION WAS APPROVED THAT YEAR BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH THIS RELOCATED HOSPITAL WILL OFFER THE SAME HIGH QUALITY HEALTHCARE SER VICES 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, H EALTH CARE PERSONNEL AND CITIZENS VOICED THEIR SUPPORT FOR THE PROJECT THROUGH LETTERS, EM AILS AND PHONE CALLS DURING FY 2011, NORTHSIDE RECEIVED REGULATORY APPROVAL TO INVEST $51 MILLION TO EXPAND INPATIENT BED CAPACITY AT NHF, WHICH BROUGHT TOTAL BEDS FROM 155 TO 201 BY THE END OF FY 2012 SINCE THEN NHF HAS SINCE EXPANDED ITS INPATIENT BED CAPACITY TO 231 BEDS AS OF THE END OF FY2014 THIS INVESTMENT IS IN DIRECT RESPONSE TO THE DEPARTMENT OF COMMUNITY HEALTH'S IDENTIFIED INSTITUTION-SPECIFIC BED NEED PROJECTION ALL OF THESE INVES TMENTS IMPROVE ACCESS TO NEEDED HEALTHCARE SERVICES THROUGHOUT THE NORTHSIDE SYSTEM SERVIC E AREAS IN ADDITION TO BRICK AND MORTAR INVESTMENTS AND GENERAL PATIENT CARE, NORTHSIDE IN VESTS A SUBSTANTIAL AMOUNT OF TIME AND RESOURCES IN PUBLIC HEALTH EDUCATION, PREVENTION AN D SCREENING ACTIVITIES IN LOCAL COMMUNITIES THROUGHOUT ITS SERVICE AREA WHETHER HOSTING I TS 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 T O IMPROVING THE HEALTH AND WELLNESS OF THE COMMUNITIES IT SERVES IN FY 2014, NORTHSIDE SP ONSORED THE MARCH OF DIMES MARCH FOR BABIES EVENT AND HAD A TEAM OF OVER 300 WALKERS NORT HSIDE RAISED MORE THAN $468,000 FOR THE MARCH OF D

Form and Line Reference	Explanation
PART VI, LINE 5	IMES, AND WAS THE #2 CORPORATE TEAM IN GEORGIA ALL OF THESE ACTIVITIES ARE IN FURTHERANCE OF NORTHSIDE'S MISSION TO IMPROVE THE HEALTH AND WELLNESS OF THE COMMUNITIES IT SERVES A DDITIONAL ACTIVITIES, WHICH NORTHSIDE FUNDS AND SPONSORS FOR THE COMMUNITY AT LARGE, CAN B E FOUND IN ITS COMMUNITY BENEFITS REPORT NORTHSIDE ALSO CONTINUES TO FOCUS ON EXPANDING AN D ENHANCING THE OVERALL HEALTH AND WELFARE OF THE COMMUNITY THROUGH ITS INVOLVEMENT WITH A ND DONATIONS TO SCHOOLS, LAW ENFORCEMENT AND THE COMMUNITY AT LARGE DURING FY2014 NORTHSI DE HOSPITAL-CHEROKEE ("NHC") DONATED AUTOMATIC EXTERNAL DEFIBRILLATORS (AED'S) TO 6 SCHOOL S IN CHEROKEE COUNTY AS WELL AS THE CITY OF HOLLY SPRINGS POLICE DEPARTMENT THESE LIFE-SA VING DEVICES ARE CRUCIAL IN THE PREVENTION OF CARDIAC DEATH CANCER REMAINS A GRAVE ISSUE I N ALL COMMUNITIES NORTHSIDE'S COMMITMENT TO BEING A LEADER IN CANCER CARE THROUGH ITS CAN CER INSTITUTE IS EVIDENT IN THE VARIOUS PROGRAMS AND PARTNERSHIPS WITH NATIONAL CANCER ORG ANIZATIONS NORTHSIDE CONTINUES TO BE A LEADER IN CANCER RESEARCH SINCE BECOMING AN NCCCP (NATIONAL COMMUNITY CANCER CENTER) SITE IN APRIL 2010, THE NSH CANCER INSTITUTE HAS WORKE D DILIGENTLY TOWARD INCREASING COMMUNITY OUTREACH TO TARGETED, UNDERSERVED POPULATIONS IN ORDER TO IMPROVE ACCESS TO CAR AND ENHANCE ACCRUAL IN CLINICAL RESEARCH TRIALS TODAY, THE NSH CANCER INSTITUTE COLLABORATES WITH MORE THAN 40 LOCAL AND NATIONAL ORGANIZATIONS TO T ARGET MINORITY AND DISPARATE POPULATIONS IN 2013, NORTHSIDE REPRESENTATIVES PRESENTED OVE R 3,042 CASES AT OVER 100 CONFERENCES IN FY2012, 1,597 PEOPLE BENEFITED FROM PATIENT NAVI GATION THROUGH THE NCCCP PROGRAM THIS NUMBER INCREASED TO 1,957 IN FY2013 NORTHSIDE HAS ESTABLISHED A BIO-REPOSITORY CAPABLE OF HOUSING OVER 6,000 SAMPLES BASED ON NCI BEST PRACT ICES THE NCCCP PROGRAM CONCLUDED IN JULY 2014 AS A RESULT OF THE RELATIONSHIP WITH THE N CCCP PROGRAM, WE NOW EMPLOY AN ACS NAVIGATOR, 10 DISEASE-SPECIFIC NURSE NAVIGATORS, A DISP ARITIES NURSE NAVIGATOR, 5 CANCER CARE LIAISONS AND ONCOLOGY SOCIAL WORKERS WHO COLLABORAT E TO PROVIDE AN INTEGRATED CARE TEAM APPROACH FOR OUR PATIENTS TOWARD THE END OF FY2014, NORTHSIDE PROUDLY ANNOUNCED A NEW PARTNERSHIP WITH THE NATIONAL CANCER INSTITUTE (NCI) UND ER THE NCI COMMUNITY ONCOLOGY RESEARCH PROGRAM (NCORP) WHICH IS A NEW CANCER RESEARCH PROG RAM THAT AIMS TO REACH MORE GEORGIANS IN THEIR OWN CITIES OR TOWNS, WITH A FOCUS ON THOSE WHO ARE CHALLENGED IN FINDING CANCER CARE RESOURCES IN THEIR LOCAL COMMUNITIES GOING FORW ARD INTO FY2015, THIS PROGRAM WILL PROVIDE THESE INDIVIDUALS ACCESS TO STATE-OF-THE-ART CA NCER PREVENTION, SCREENING, CONTROL, TREATMENT AND POST-TREATMENT TRIALS WITH 110 ONCOLOGY CLINICAL PROVIDERS IN 41 DIFFERENT LOCATIONS THROUGHOUT GEORGIA NORTHSIDE'S MEDICAL STAF F IS ORGANIZED IN THE PUBLIC INTEREST WITH MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGE S OPEN AND AVAILABLE TO QUALIFIED PHYSICIANS IN THE COMMUNITY MANY OF THE PHYSICIANS ON S TAFF AT NORTHSIDE NOT ONLY PROVIDE NEEDED HEALTHCARE SERVICES TO THE COMMUNITY BUT ALSO VO LUNTEER THEIR TIME TO PARTICIPATE IN NORTHSIDE'S COMMUNITY BENEFIT PROGRAMS, WHICH INCLUDE FREE HEALTH SCREENINGS AND PUBLIC SPEAKING ENGAGEMENTS ON A VARIETY OF HEALTH AND WELLNES S TOPICS AT NHC THERE ARE MORE THAN 400 PHYSICIANS IN MORE THAN 30 SPECIALTIES ON STAFF, MANY OF WHOM RESIDE IN THE COMMUNITY SERVED BY THE HOSPITAL NHA AND NHF HAVE A COMBINED M EDICAL STAFF OF MORE THAN 2,000 PHYSICIANS IN MORE THAN 30 SPECIALTIES, OF WHICH NEARLY 30 0 DESIGNATE NHF AS THEIR PRIMARY CAMPUS NORTHSIDE HAS AN ELEVEN (11) MEMBER BOARD OF DIRE CTORS (THE "BOARD") WITH DIVERSIFIED REPRESENTATION INCLUDING PHYSICIANS, COMMUNITY MEMBER S, BUSINESS LEADERS AND HOSPITAL ADMINISTRATION ALL MEMBERS OF THE BOARD RESIDED IN NORTH SIDE'S COUNTY-LEVEL PRIMARY SERVICE AREA NORTHSIDE EMPLOYS A CONFLICTS OF INTEREST POLICY TO ENSURE THAT BOARD MEMBERS REMAIN THE COMMUNITY'S FIDUCIARIES

Form and Line Reference	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 NEARLY 80 OTHER OFFSITE LOCATIONS MAKE UP THE NORTHSIDE HOSPITAL SYSTEM WHICH SERVES A PRIMARY AREA THAT INCLUDES 21 COUNTIES WITH A TOTAL POPULATION OF MORE THAN 5 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 OR 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

Form and Line Reference	Explanation
PART VI, LINE 4 (CONTINUED)	NORTHSIDE HOSPITAL-FORSYTH ("NHF")LOCATED IN FORSYTH COUNTY, GEORGIA, NHF IS THE SOLE-COMMUNITY PROVIDER AND PRIMARILY SERVES RESIDENTS OF FORSYTH AND DAWSON COUNTIES IN FACT, THESE TWO COUNTIES REPRESENT 80% OF TOTAL INPATIENT AND OUTPATIENT VOLUME THUS, FOR ITS FY 2013-FY 2015 CHNA, NHF DEFINED ITS "COMMUNITY" BASED ON THESE TWO COUNTIES IT IS IMPORTANT TO NOTE THAT NO HIGH-PRIORITY POPULATIONS (E G , INDIGENT, MINORITY, MEDICALLY UNDERSERVED OR THOSE WITH CHRONIC CONDITIONS) WERE EXCLUDED FROM THE DEFINITION AN ESTIMATED 204,000 PEOPLE RESIDED IN NHF'S COMMUNITY THE GENDER RATIO WAS BALANCED, ESSENTIALLY 50/50, AND THE MEDIAN AGE WAS 36 6, SLIGHTLY HIGHER THAN THE MEDIAN AGE FOR GEORGIA'S TOTAL POPULATION FEMALES 15-44 REPRESENTED 19% OF THE COMMUNITY'S TOTAL POPULATION COMPARED TO 21% OF GEORGIA'S AND THE 65+ AGE GROUP REPRESENTED 9% OF THE COMMUNITY'S TOTAL POPULATION COMPARED TO 11% FOR THE STATE A SIGNIFICANTLY LARGER PERCENTAGE (85%) OF NHF'S COMMUNITY IS CAUCASIAN AS COMPARED TO THE STATE (61%) FOUR-PERCENT (4%) OF THE COMMUNITY'S POPULATION IS BLACK OR AFRICAN AMERICAN COMPARED TO THIRTY PERCENT (30%) FOR THE STATE LASTLY, THE COMMUNITY'S PERCENTAGE OF HISPANIC OR LATINO POPULATION IS FAIRLY SIMILAR TO GEORGIA 8% OF NHF'S COMMUNITY IS HISPANIC OR LATINO COMPARED TO 9% FOR GEORGIA NHF'S COMMUNITY IS RELATIVELY AFFLUENT IN TERMS OF THE HIGHEST EDUCATIONAL ATTAINMENT ACHIEVED, HOUSEHOLD INCOME AND HOUSING VALUES THE PERCENTAGE OF NHF'S COMMUNITY WITH BACHELORS (29%) OR MASTERS (10%) DEGREES IS HIGHER THAN THE STATE-WIDE RATE (18% AND 7%, RESPECTIVELY) GIVEN THE HIGHER PERCENTAGE OF POPULATION WITH ADVANCED DEGREES, IT IS NOT SURPRISING THAT THE HOUSEHOLD INCOME AND HOUSING VALUES IN NHF'S COMMUNITY EXCEED STATE-WIDE RATES AS WELL THE LARGEST PERCENTAGE OF THE POPULATION IN NHF'S COMMUNITY HAD HOUSEHOLD INCOME OF $100,000 OR MORE COMPARED TO $25,000-$49,999 FOR GEORGIA FOR HOUSING UNIT VALUE, 60% OF HOMES IN THE COMMUNITY WERE VALUED AT $200,000 OR MORE COMPARED TO JUST 30% FOR GEORGIA NHF'S COMMUNITY HAS A HIGHER PERCENTAGE OF THE WORKING-AGED POPULATION (I E , AGE 16-AND-OLDER) EMPLOYED THAN STATE-WIDE IN FACT, 66% OF THE COMMUNITY'S POPULATION AGE 16-AND-OLDER IS EMPLOYED IN NON-MILITARY POSITIONS COMPARED TO 59% FOR GEORGIA THE COMMUNITY ALSO ENJOYS LOWER CIVILIAN UNEMPLOYMENT (4% VS 6%) AND HAS A LOWER PERCENTAGE OF RESIDENTS "NOT IN THE LABOR FORCE" (29% VS 34%), NOT IN THE LABOR FORCE INCLUDES ALL PERSONS 16-AND-OLDER WHO ARE NOT EMPLOYED OR LOOKING FOR EMPLOYMENT CONSISTENT WITH THE HIGHER EDUCATIONAL ATTAINMENT AND FINANCIAL STATUS DEMOGRAPHICS OF NHF'S COMMUNITY, IT IS NOT SURPRISING THAT THE RATE OF POVERTY IN THE COMMUNITY IS LOWER THAN THE STATE-WIDE RATE AN ESTIMATED 2,900 FAMILIES OR 5% OF NHF'S COMMUNITY WERE BELOW THE POVERTY LEVEL COMPARED TO NEARLY 12% OF GEORGIA'S FAMILIES

Form and Line Reference	Explanation
SCHEDULE H, 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 NORTHSIDE HOSPITAL, - FACILITY 2 NORTHSIDE HOSPITAL - FORSYTH, - FACILITY 3 NORTHSIDE HOSPITAL - CHEROKEE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 1J	NORTHSIDE HOSPITAL, INC ("NORTHSIDE") COMPLETED A CHNA FOR EACH OF ITS HOSPITAL FACILITIES IDENTIFIED IN PART V, SECTION A IN COMPLETING THE CHNAS FOR ITS HOSPITAL FACILITIES, NORTHSIDE DID NOT ENCOUNTER ANY INFORMATION GAPS THAT LIMITED ITS ABILITY TO ASSESS EACH HOSPITAL FACILITY'S COMMUNITY NEED IN ADDITION TO THE INFORMATION LISTED ABOVE, NORTHSIDE DESCRIBES IN THE CHNAS EACH COMMUNITY'S ACCESS TO HEALTH CARE AND PROVIDES AN OVERVIEW OF EACH HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 3	NORTHSIDE IDENTIFIED COMMUNITY STAKEHOLDERS WHO BROADLY REPRESENTED THE INTERESTS OF EACH HOSPITAL FACILITY'S COMMUNITY AND SPECIFICALLY SOUGHT TO IDENTIFY STAKEHOLDERS WITH SPECIAL KNOWLEDGE OF, OR EXPERTISE IN, PUBLIC HEALTH NORTHSIDE THEN DEVELOPED THE STAKEHOLDER ASSESSMENT DISCUSSION GUIDE (A COPY OF WHICH IS INCLUDED AS APPENDIX A IN EACH HOSPITAL FACILITY'S CHNA) AND CONDUCTED, EITHER IN PERSON OR BY TELEPHONE, INTERVIEWS WITH A QUALIFIED REPRESENTATIVE OF EACH IDENTIFIED STAKEHOLDER THE FOLLOWING IS A COMPREHENSIVE LIST OF ORGANIZATIONS NORTHSIDE CONTACTED TO HELP IDENTIFY THE NEEDS OF THE HOSPITAL FACILITIES' COMMUNITY NEEDS (1) MARCH OF DIMES, (2) GOOD SAMARITAN HEALTH CENTER OF ATLANTA, (3) GOOD SAMARITAN HEALTH CENTER OF COBB, (4) VISITING NURSE HEALTH SYSTEM, (5) FORSYTH HEALTH DEPARTMENT, (6) GEORGIA HIGHLANDS MEDICAL SERVICES, (7) GOOD SHEPHERD CLINIC OF DAWSON COUNTY, (8) BETHESDA COMMUNITY CLINIC, (9) GOOD SAMARITAN HEALTH CENTER OF PICKENS, (10) UNITED WAY OF CHEROKEE COUNTY, (11) HOMESTRETCH, (12) M U S T MINISTRIES, (13) UNITED WAY OF FORSYTH COUNTY, (14) NORTH FULTON COMMUNITY CHARITIES, (15) NORTH FULTON SENIOR SERVICES, (16) UNITED WAY OF GREATER ATLANTA, (17) CITY OF SANDY SPRINGS, (18) CHEROKEE COUNTY MANAGER, (19) CHEROKEE COUNTY SCHOOLS, (20) CITY OF CUMMING, (21) CITY OF CANTON, (22) CHEROKEE COUNTY CHAMBER OF COMMERCE, (23) PICKENS CHAMBER OF COMMERCE, AND (24) CUMMING/FORSYTH CHAMBER OF COMMERCE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 4	THE NORTHSIDE HOSPITAL, INC SYSTEM COMPRISES THREE HOSPITAL FACILITIES (1) NORTHSIDE HOSPITAL-ATLANTA, (2) NORTHSIDE HOSPITAL-CHEROKEE AND (3) NORTHSIDE HOSPITAL-FORSYTH NORTHSIDE UTILIZED SIMILAR RESOURCES, PROCESSES AND PROCEDURES IN CONDUCTING ITS HOSPITAL FACILITIES' CHNAS, ADDITIONALLY, THE CHNAS WERE CONDUCTED SIMULTANEOUSLY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 6I	NORTHSIDE ADOPTED A CHNA FOR EACH OF ITS HOSPITAL FACILITIES FOR THE FIRST TIME AT THE END OF FISCAL YEAR 2013 IN FISCAL YEAR 2014, NORTHSIDE PROCURED AN ONLINE SOFTWARE SYSTEM (I E CBISAPLUS) TO SUPPORT THE MONITORING AND TRACKING OF EACH HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES BY FISCAL YEAR'S END, THIRTY-FIVE "REPORTERS" FROM ACROSS THE ORGANIZATION WERE IDENTIFIED AND TRAINED ON HOW TO ENTER COMMUNITY BENEFIT OCCURENCES IN CBISAPLUS EACH NORTHSIDE HOSPITAL IDENTIFIED NEARLY FORTY COMMUNITY BENEFIT PROGRAMS OCCURRING IN THEIR RESPECTIVE COMMUNITIES, THE MAJORITY OF WHICH WERE PROGRAMS COMPLEMENTING EACH HOSPITAL'S IMPLEMENTATION STRATEGY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 7	AS SET FORTH IN EACH HOSPITAL FACILITY'S CHNA, NORTHSIDE IS UNABLE TO ADDRESS EACH HOSPITAL FACILITY'S IDENTIFIED COMMUNITY NEEDS DUE TO AVAILABILITY OF RESOURCES, MAGNITUDE/SEVERITY OF THE ISSUES IDENTIFIED, AND EXISTING RESOURCES ALREADY AVAILABLE TO MEET SUCH NEEDS THE NEEDS THAT WILL NOT BE ADDRESSED DIRECTLY FOR EACH NORTHSIDE HOSPITAL FACILITY ARE AS FOLLOWS -NORTHSIDE HOSPITAL-ATLANTA (1) OBESITY, (2) AFFORDABLE CARE, (3) SPECIALTY CARE, (4) PRIMARY CARE, (5) MENTAL HEALTH, AND (6) TRANSPORTATION - NORTHSIDE HOSPITAL-CHEROKEE (1) AFFORDABLE CARE, (2) MATERNAL AND INFANT HEALTH, (3) SPECIALTY CARE, (4) OBESITY, (5) MENTAL HEALTH, AND (6) TRANSPORTATION -NORTHSIDE HOSPITAL-FORSYTH (1) OBESITY, (2) AFFORDABLE CARE, (3) SPECIALTY CARE, (4) HEALTHY LIFESTYLE BEHAVIORS, (5) MENTAL HEALTH, AND (6) TRANSPORTATION A DETAILED ANALYSIS OF WHY EACH OF THESE NEEDS WILL NOT BE ADDRESSED IS INCLUDED IN THE HOSPITAL FACILITIES' CHNAS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 10	IN ADDITION TO THE FPG THRESHOLDS, NORTHSIDE'S POLICY ALLOWS FOR MEDICAL INDIGENCY AS WELL AS AN ASSET TEST FOR ADDITIONAL OPPORTUNITY TO QUALIFY FOR CHARITY AN APPLICATION IS COMPLETED BY THE PATIENT AND/OR A SCORING METHODOLOGY IS GATHERED FROM A THIRD PARTY USING IT'S PROPRIETORY SOURCE TO DETERMINE PROPENSITY TO PAY THESE TOOLS ARE USED TO DETERMINE SOMEONE'S QUALIFICATIONS FOR A CHARITY DISCOUNT OR FREE CARE IN ADDITION TO THE FPG THRESHOLDS STATED ABOVE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 11	IN ADDITION TO THE FPG THRESHOLDS, NORTHSIDE ALSO USES ASSETS, DEBT RATIO AND OTHER MEDICAL DEBT, ALONG WITH PROPENSITY TO PAY SCORING TO DETERMINE FINANCIAL ASSISTANCE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 12I	NORTHSIDE ALSO USES A PROPENSITY TO PAY SCORE AFTER A PERIOD OF COLLECTION EFFORTS ARE EXHAUSTED

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 14G	NOTIFICATION OF THE POLICY WAS PROVIDED IN ALL INSTANCES A) THROUGH G) AND THE POLICY AVAILABLE UPON REQUEST

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 16E	DEPENDING ON THE TIMING OF THE APPLICATION, PRE APPROVALS RECEIVE NO BILLS, MOST OFTEN APPLY AFTER AN INVOICE IS RECEIVED REQUESTING PAYMENT THE INITIAL INVOICE AND ALL SUBSEQUENT INVOICES NOTIFY THE PATIENT OF OUR FINANCIAL ASSISTANCE POLICY AND AVAILABLE CHARITY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1 -- HOSPITALS - ATLANTA, CHEROKEE, FORSYTH PART V, SECTION B, LINE 18E	IN ADDITION, NORTHSIDE PUBLISHES THE FINANCIAL ASSISTANCE POLICY ON THEIR WEBSITE

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

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

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

Name and address	Type of Facility (describe)
GEORGIA CANCER SPECIALISTS 308 COLISEUM DRIVE SUITE 120 MACON,GA 31217	PHYSICIAN SERVICES
ATLANTA GASTROENTEROLOGY ASSOCIATES (3 L 980 JOHNSON FERRY ROAD SUITE 820 ALTANTA,GA 30342	PHYSICIAN SERVICES
GEORGIA CANCER SPECIALISTS 624 MARTIN LUTHER KING JR DRIVE MILLEDGEVILLE,GA 31061	PHYSICIAN SERVICES
GEORGIA CANCER SPECIALISTS 308 DEEP SOUTH FARM ROAD SUITE 200 BLAIRSVILLE,GA 30512	PHYSICIAN SERVICES
GEORGIA CANCER SPECIALISTS 125 KING AVENUE SUITE 200 ATHENS,GA 30606	PHYSICIAN SERVICES
GEORGIA CANCER SPECIALISTS 747 S 8TH STREET SUITE C GRIFFIN,GA 30224	PHYSICIAN SERVICES
GEORGIA CANCER SPECIALISTS 101 RIVERSTONE VISTA SUITE 102 BLUE RIDGE,GA 30513	PHYSICIAN SERVICES
GEORGIA CANCER SPECIALISTS 214 PERRY HIGHWAY HAWKINSVILLE,GA 31036	PHYSICIAN SERVICES
GEORGIA CANCER SPECIALISTS 1000 COWLES CLINIC WAY - MAGNOLIA BUILDI GREENSBORO,GA 30642	PHYSICIAN SERVICES
LAUREATE MEDICAL GROUP (4 LOCATIONS) 550 PEACHTREE STREET NE SUITE 1550 ATLANTA,GA 30308	PHYSICIAN SERVICES
MARIETTA PATHOLOGY LAB 488 KENNESAW AVENUE SUITES 150 AND 200 MARIETTA,GA 30060	PHYSICIAN SERVICES
MEDICAL ASSOCIATES OF NORTH GEORGIA (2 L 320 HOSPITAL ROAD CANTON CANTON,GA 30014	PHYSICIAN SERVICES
NORTHSIDE VASCULAR PRACTICE 1400 NORTHSIDE FORSYTH DRIVE SUITE 270 CUMMING,GA 30041	PHYSICIAN SERVICES
CARDIOVASCULAR PHYSICIANS OF NORTH ATLAN 1285 UPPER HEMBREE ROAD ROSWELL,GA 30076	PHYSICIAN SERVICES
PRIMARY CARE PHYSICIANS OF ATLANTA 5670 PEACHTREE DUNWOODY ROAD SUITE 1230 ATLANTA,GA 30342	PHYSICIAN SERVICES

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

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

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

Name and address	Type of Facility (describe)
GEORGIA COLON & RECTAL SURGEONS (7 LOCAT 5445 MERIDIAN MARK SUITE 180 ATLANTA,GA 30342	PHYSICIAN SERVICES
CUMMING FAMILY MEDICINE (4 LOCATIONS) 765 LANIER 400 PARKWAY CUMMING,GA 30040	PHYSICIAN SERVICES
NORTHSIDE CARDIOLOGY (2 LOCATIONS) 5670 PEACHTREE DUNWOODY ROAD SUITE 880 ATLANTA,GA 30342	PHYSICIAN SERVICES
ENT OF GEORGIA (8 LOCATIONS) 3400-C OLD MILTON PKWY SUITE 365 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
GWINNETT ADVANCED SURGERY CENTER LLC 2131 FOUNTAIN DRIVE SNELLVILLE,GA 30078	PHYSICIAN SERVICES
ATLANTA ADVANCED SURGERY CENTER LLC 5505 PEACHTREE-DUNWOODY ROAD SUITE 150 ATLANTA,GA 30342	PHYSICIAN SERVICES
ATLANTA INSTITUTE OF ENT (2 LOCATIONS) 5670 PEACHTREE DUNWOODY ROAD SUITE 1280 ATLANTA,GA 30342	PHYSICIAN SERVICES
SPECIALTY CENTER OF JOHNS CREEK 3350 PADDOCKS PARKWAY SUWANEE,GA 30024	PHYSICIAN SERVICES
PULMONARY AND CRITICAL CARE OF ATLANTA 5505 PEACHTREE DUNWOODY RD SUITE 370 ATLANTA,GA 30342	PHYSICIAN SERVICES
UNIVERSITY GYNECOLOGIC ONCOLOGY 960 JOHNSON FERRY ROAD SUITE 130 ATLANTA,GA 30342	PHYSICIAN SERVICES
GEORGIA GYNECOLOGIC ONCOLOGY (2 LOCATION 980 JOHNSON FERRY ROAD SUITE 910 ATLANTA,GA 30342	PHYSICIAN SERVICES
UROLOGY OF GREATER ATLANTA 290 COUNTRY CLUB DRIVE SUITE 100 STOCKBRIDGE,GA 30281	PHYSICIAN SERVICES
MOUNT VERNON INTERNAL MEDICINE 755 MT VERNON HIGHWAY NE SUITE 400 SANDY SPRINGS,GA 30328	PHYSICIAN SERVICES
ATLANTA CARDIAC & THORACIC SURGICAL ASSO 960 JOHNSON FERRY ROAD SUITE 100 ATLANTA,GA 30342	PHYSICIAN SERVICES
NORTH POINT PULMONARY ASSOCIATES 1357 HEMBREE RD STE 100 ROSWELL,GA 30076	PHYSICIAN SERVICES

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

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

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

Name and address	Type of Facility (describe)
NORTHSIDE CHEROKEE PEDIATRICS 684 SIXES ROAD SUITE 220 HOLLY SPRINGS,GA 30142	PHYSICIAN SERVICES
TOWNE LAKE PRIMARY CARE 900 TOWNE LAKE PKWY SUITE 410 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
ROSWELL INTERNAL MEDICINE SPECIALISTS 11785 NORTHFALL LANE SUITE 505 ALPHARETTA,GA 30004	PHYSICIAN SERVICES
NORTH ATLANTA ENT 1400 NORTHSIDE FORSYTH DRIVE SUITE 240 CUMMING,GA 30041	PHYSICIAN SERVICES
GEORGIA PULMONARY AND CRITICAL CARE CONS 1505 NORTHSIDE BLVD SUITE 3000 CUMMING,GA 30041	PHYSICIAN SERVICES
NORTHSIDE CHEROKEE CARDIOLOGY (2 LOCATIO 210 OAKSIDE LANE SUITE 210-B CANTON,GA 30114	PHYSICIAN SERVICES
NORTH ATLANTA PULMONARY AND SLEEP 5667 PEACHTREE DUNWOODY ROAD SUITE 250 ATLANTA,GA 30342	PHYSICIAN SERVICES
ATLANTA CLINICAL CARE - INFUSION CENTER 5673 PEACHTREE DUNWOODY ROAD SUITE 330 ATLANTA,GA 30342	PHYSICIAN SERVICES
RAVRY MEDICAL GROUP 5505 PEACHTREE DUNWOODY RD STE 650 ATLANTA,GA 30342	PHYSICIAN SERVICES
NORTH GEORGIA DIABETES AND ENDOCRINOLOGY 1505 NORTHSIDE BOULEVARD SUITE 2800 CUMMING,GA 30041	PHYSICIAN SERVICES
WINDERMERE MEDICAL CLINIC WINDERMERE PARKWAY SUITE 105 CUMMING,GA 30041	PHYSICIAN SERVICES
NORTHSIDE HOSPITAL CARDIOVASCULAR CARE 980 JOHNSON FERRY ROAD SUITE 250 ATLANTA,GA 30342	PHYSICIAN SERVICES
ATLANTA GYNECOLOGIC ONCOLOGY AT NORTHSID 980 JOHNSON FERRY ROAD SUITE 1080 ATLANTA,GA 30342	PHYSICIAN SERVICES
NORTHSIDE CHEROKEE ORTHOPEDICS AND SPORT 684 SIXES ROAD SUITE 230 HOLLY SPRINGS,GA 30142	PHYSICIAN SERVICES
GOYCO INTERNAL MEDICINE 900 SANDERS RD SUITE B CUMMING,GA 30041	PHYSICIAN SERVICES

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

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

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

Name and address	Type of Facility (describe)
MELANOMA SPECIALISTS OF GEORGIA 980 JOHNSON FERRY ROAD SUITE 940A ATLANTA,GA 30342	PHYSICIAN SERVICES
INTERNAL MEDICINE PRACTICE OF NORTHSIDE 10745 WESTSIDE WAY SUITE 125 ALPHARETTA,GA 30009	PHYSICIAN SERVICES
NORTHSIDE TOTAL JOINT SPECIALISTS 3400 OLD MILTON PARKWAY BUILDING CSUITE ALPHARETTA,GA 30005	PHYSICIAN SERVICES
CAPITAL CITY ORTHOPEDICS AND SPORTS MEDI 5555 PEACHTREE DUNWOODY ROAD NESUITE 101 ATLANTA,GA 30342	PHYSICIAN SERVICES
NORTHSIDE CHEROKEE NEUROLOGY 145 RIVERSTONE TERRACE SUITE 102 CANTON,GA 30114	PHYSICIAN SERVICES
NORTHSIDE CHEROKEE SURGICAL ASSOCIATES 900 TOWNE LAKE PKWY SUITE 412 WOODSTOCK,GA 30189	PHYSICIAN SERVICES
ANDERSON FAMILY MEDICINE 400 DAWSON COMMONS CIRCLE STE 410 DAWSONVILLE,GA 30534	PHYSICIAN SERVICES
UROLOGY SURGICAL PARTNERS 5673 PEACHTREE DUNWOODY ROAD SUITE 900 ATLANTA,GA 30342	PHYSICIAN SERVICES
NORTHSIDE RHEUMATOLOGY 1265 UPPER HEMBREE ROAD ROSWELL,GA 30076	PHYSICIAN SERVICES
ATLANTA ORTHOPEDIC SPECIALISTS 3400 C OLD MILTON PARKWAY SUITE 415 ALPHARETTA,GA 30005	PHYSICIAN SERVICES
GLENRIDGE NORTHSIDE GYNECOLOGY 5445 MERIDIAN MARK SUITE 120 ATLANTA,GA 30342	PHYSICIAN SERVICES
DUNWOODY OUTPATIENT SURGERY CENTER 4553 NORTH SHALLOWFORD ROAD STE 60C ATLANTA,GA 30342	PHYSICIAN SERVICES
INTERNAL MEDICINE ASSOCIATES OF JOHN'S C 3340 AND 3350 PADDOCK PARKWAY SUWANEE,GA 30024	PHYSICIAN SERVICES
UROLOGY SPECIALISTS OF ATLANTA 5673 PEACHTREE DUNWOODY ROAD SUITE 910 ATLANTA,GA 30342	PHYSICIAN SERVICES
NORTHSIDE ARTHRITIS CENTER 3400 OLD MILTON PARKWAY BUILDING C SUIT ALPHARETTA,GA 30005	PHYSICIAN SERVICES

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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 . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP / EDUCATIONAL ASSISTANCE	11	40,011			

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL
SCHEDULE I, PART II, COLUMN 1H, DESCRIPTION OF ROAD CONSTRUCTION	DURING 2013, NORTHSIDE HOSPITAL MADE PAYMENTS TO CONSTRUCTION VENDORS ON BEHALF OF CHEROKEE COUNTY, AS WELL AS DIRECTLY TO CHEROKEE COUNTY, TOWARD THE CONSTRUCTION OF TWO ROADS FOR THE BENEFIT OF THE COMMUNITY OF CHEROKEE COUNTY IN RELATION TO THE RELOCATION OF NORTHSIDE CHEROKEE HOSPITAL SUCH PAYMENTS ARE PURSUANT TO AN AGREEMENT BY AND AMONG NORTHSIDE HOSPITAL, CHEROKEE COUNTY AND THE GEORGIA DEPARTMENT OF TRANSPORTATION, IN WHICH EACH PARTY AGREED TO PAY AND/OR REIMBURSE A PORTION OF THE COST TO COMPLETE THE TWO ROADS

Additional Data

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
WELLNESS COMMUNITY 5775 PEACHTREE DUNWOODY RD ATLANTA,GA 30342	58-2142151	501(C)(3)	580,764				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
MARCH OF DIMES 1275 MAMORONECK AVE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	195,000				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 HEART ASSOCIATION 1101 NORTHCHASE PKWY STE 1 MARIETTA,GA 30067	13-5613797	501(C)(3)	140,000				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
SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS 12100 SUNSET HILLS RD STE 130 RESTON,VA 20190	58-1431500	501(C)(6)	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
CUMMING FORSYTH COUNTY CHAMBER OF COMMERCE 212 KELLY MILL RD CUMMING,GA 30040	58-1048245	501(C)(6)	87,500				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
OVARIAN CANCER INSTITUTE 960 JOHNSON FERRY RD STE 130 ATLANTA,GA 30342	58-2445245	501(C)(3)	125,000				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
GREATER NORTH FULTON CHAMBER OF COMMERCE 11605 HAYNES BRIDGE RD ALPHARETTA, GA 30004	58-1157316	501(C)(6)	45,000				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
VISITING NURSE HOSPICE ATLANTA 5775 GLENRIDGE DR NE ATLANTA,GA 30328	58-0566250	501(C)(3)	50,000				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 PO BOX 56566 ATLANTA,GA 30343	13-1788491	501(C)(3)	37,500				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
COBB CHAMBER OF COMMERCE PO BOX 671868 MARIETTA,GA 30006	58-0198114	501(C)(6)	64,500				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 EDUCATION 50 HURT PLAZA ATLANTA,GA 30303	57-1159979	501(C)(3)	29,950				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
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA,GA 30310	58-1438873	501(C)(3)	100,000				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
PARTNERS FOR CARE INC 2001 BRECKINRIDGE LANE ALPHARETTA, GA 30005	26-2931776		34,500				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 OVARIAN CANCER ALLIANCE 6065 ROSWELL ROAD SUITE 512 ATLANTA,GA 30328	58-2424106	501(C)(3)	30,000				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
THE LANDON GROUP INC 301 HERITAGE WALK SUITE 105 WOODSTOCK,GA 30188	58-2210159		38,168				ROAD CONSTRUCTION (SEE ADDITIONAL DETAIL PROVIDED IN PART IV)

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ON OCCASION, CERTAIN BENEFITS, SUCH AS LONG TERM DISABILITY PREMIUMS, ARE GROSSED UP FOR SELECTED EMPLOYEES
PART I, LINE 4B	MR QUATTROCCHI HAS LED THE ORGANIZATION FOR MORE THAN ELEVEN YEARS AS CEO AND FOR SIXTEEN YEARS AS A SENIOR EXECUTIVE PRIOR TO BECOMING CEO AS A RESULT OF HIS LEADERSHIP AND LONGEVITY, AND TO ASSIST IN HIS RETENTION, NORTHSIDE'S BOARD OF DIRECTORS HAS PROVIDED THE CEO A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AGREEMENT 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 PAYMENT IS MADE THE SERP VESTS AND DISBURSES INCREMENTAL FUNDING PAYOUTS EACH TWO OR THREE YEARS CALENDAR YEAR 2013 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, STRATEGIC, AND FINANCIAL TARGETS THE COMPENSATION COMMITTEE DETERMINES THE INCENTIVE PLAN AND APPROVES THE PAYMENTS/CALCULATIONS IN ACCORDANCE WITH THE PLAN ANNUALLY

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
ROBERT T QUATTROCCHI PRESIDENT & CEO NSH, INC	(I)	1,400,104	1,375,000	2,517,574	0	7,499	5,300,177	0
	(II)	0	0	0	0	0	0	0
DEBORAH S MITCHAM VP/CFO NSH, INC	(I)	503,674	150,001	6,283	0	6,494	666,452	0
	(II)	0	0	0	0	0	0	0
JORGE J HERNANDEZ VICE PRESIDENT/ASST SECRE	(I)	338,273	144,500	4,861	0	1,165	488,799	0
	(II)	0	0	0	0	0	0	0
TINA WAKIM VICE PRESIDENT	(I)	553,313	191,102	12,411	0	6,753	763,579	0
	(II)	0	0	0	0	0	0	0
ROBERT PUTNAM VICE PRESIDENT	(I)	507,235	141,226	19,148	0	6,096	673,705	0
	(II)	0	0	0	0	0	0	0
SUSAN SOMMERS VICE PRESIDENT	(I)	368,405	91,923	7,997	0	8,596	476,921	0
	(II)	0	0	0	0	0	0	0
JANIS DUBOW VICE PRESIDENT	(I)	301,071	43,377	13,892	0	3,895	362,235	0
	(II)	0	0	0	0	0	0	0
MARY SHEPHERD VICE PRESIDENT	(I)	267,866	63,885	5,450	0	7,499	344,700	0
	(II)	0	0	0	0	0	0	0
GERALD FEUER MD GYNECOLOGIST/SURGEON	(I)	697,526	127,353	3,093	0	9,999	837,971	0
	(II)	0	0	0	0	0	0	0
AASHISH DESAI MD CARDIOLOGIST	(I)	615,170	110,000	567	0	1,395	727,132	0
	(II)	0	0	0	0	0	0	0
AMOL BAPAT MD CARDIOLOGIST	(I)	609,011	110,000	630	0	7,326	726,967	0
	(II)	0	0	0	0	0	0	0
STEPHEN SALMIERI MD GYNECOLOGIC ONCOLOGIST	(I)	817,705	30,000	1,401	0	6,057	855,163	0
	(II)	0	0	0	0	0	0	0
GUILHERME H CANTUARIA MD GYNECOLOGIC ONCOLOGIST	(I)	666,603	86,991	720	0	7,499	761,813	0
	(II)	0	0	0	0	0	0	0

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 legally 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 escrows				
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	51,584,678	16,158,098		
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 of bond-financed property?		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	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X		X					
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART III, LINE 9	SECTION 7 2 OF THE TAX CERTIFICATE SPECIFIES NORTHSIDE'S CONTINUING COMPLIANCE PROCEDURES WITH RESPECT TO IRC SEC 148 INASMUCH AS THIS WAS A CURRENT REFUNDING WITH NO PLEDGED FUNDS AND NO UNSPENT PROJECT FUND PROCEEDS TO WHICH A TEMPORARY PERIOD WOULD APPLY RELATING TO RATE OF EXPENDITURE OR THE INTEREST RATE ON INTERIM INVESTMENTS, THOSE PROCEDURES ARE DIRECTED AT COMPLIANCE WITH IRC SEC 148(F), IN PARTICULAR, RELATING TO CALCULATION AND PAYMENT OF ANY ARBITRAGE REBATE

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance 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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) ATLANTA PERINATAL CONSULTANTS LLP	LAWRENCE STONE, M D , NSH BOARD MEMBER & ATLANTA PERINATAL CONS PARTNER	2,439,115	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	4,134,180	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	84,902	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	380,777	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	74,781	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	33,943	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
(7) WILLIAM HASTY JR	WILLIAM HASTY, JR , NSH BOARD MEMBER	4,021,062	WILLIAM HASTY, JR , MEMBER OF THE NORTHSIDE HOSPITAL, INC BOARD OF DIRECTORS, SOLD PROPERTY TO NORTHSIDE DURING THE YEAR THE ONE TIME TRANSACTION WAS CONDUCTED AT ARMS-LENGTH, INCLUDING AN INDEPENDENT APPRAISAL AND ALL RELEVANT FACTS WERE DISCLOSED TO THE BOARD THROUGH WHICH INDEPENDENT MEMBERS APPROVED		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

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

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

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

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

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

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. OUR CONFLICT OF INTEREST POLICY IS MADE AVAILABLE ON OUR INTRANET TO NORTHSIDE EMPLOYEES, HOWEVER, NEITHER OUR AUDITED FINANCIAL STATEMENTS NOR OUR CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC. WHEN AND IF APPROPRIATE REQUESTS ARE MADE BY THE PUBLIC, WE EVALUATE DISCLOSURE ON A CASE BY CASE BASIS

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.

Return Reference	Explanation
FORM 990, PART VII, SECTION A	IN FISCAL YEAR 2014, THERE WERE ONLY ELEVEN BOARD MEMBERS AT ANY GIVEN POINT DURING THE YEAR, HOWEVER, TWELVE BOARD MEMBERS ARE LISTED ON PART VII AS A RESULT OF WAYNE AMBROZE, M D REPLACING LAWRENCE B STONE, M D DURING THE YEAR

Return Reference	Explanation	
	FORM 990, PART VII, SECTION B	TO SERVE THE PATIENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFE SSIONAL SERVICES AGREEMENT (''PSA'') BASED UPON PERSONALLY PERFORMED PRODUCTIVITY WITH AGA, LLC TO INSURE GASTROENTEROLOGY (''GI'') SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COM MUNITY, REGARDLESS OF THE PATIENTS' ABILITY TO PAY AS SUCH, THIS ARRANGEMENT ALLOWS NORTH SIDE TO ESTABLISH CENTERS OF EXCELLENCE IN GI SERVICES, ESPECIALLY RELATED TO ENDOSCOPIC U LTRASOUND AND ENDOSCOPIC RETROGRADE CLOANGIOPANCREATOGRAPHY GI SERVICES ALSO HAVE A SIGNI FICANT TIE-IN TO ONCOLOGY SERVICES FOR WHICH NORTHSIDE IS A LEADER IN THE ATLANTA SERVICE AREA IN TERMS OF DIAGNOSIS AND TREATMENT AGA, LLC HAS A LARGE COMPLEMENT OF CLINICIANS TH AT PROVIDE GI SERVICES INCLUDING GI ONCOLOGY IN ACCORDANCE WITH THE PSA, AGA, LLC REMAINS A PRIVATELY-HELD ORGANIZATION WITHOUT OWNERSHIP BY NORTHSIDE AGA, LLC MAINTAINS RESPONSI BILITY FOR ALL EXPENSES TYPICALLY FOUND IN A GI CLINICIANS PRACTICE (E.G , STAFF, BILLING, MEDICAL SUPPLIES, MEDICAL RECORDS, OCCUPANCY, MALPRACTICE INSURANCE, ETC) UNDER THE PSA , NORTHSIDE PAYS AGA A FAIR MARKET VALUE RATE BASED ON PERSONALLY PERFORMED WRVUS AGA, LL C PROVIDES APPROXIMATELY 29 CLINICIANS TO INSURE GI SERVICES AT NORTHSIDE'S FACILITIES TH E COMPENSATION REFLECTED ON FORM 990, PART VII, SECTION B, COLUMN (C), REPRESENTS PROFESSI ONAL SERVICES UNDER THE PSA TO INCLUDE RELATED COMPENSATION AND BENEFITS TO SERVE THE PAT IENTS WITHIN NORTHSIDE'S GEOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT (''PSA'') BASED UPON PERSONALLY PERFORMED PRODUCTIVITY WITH GEORGIA CANCER SPECIA LISTS I, P C (''GCS'') TO INSURE ONCOLOGY AND HEMATOLOGY SERVICES ARE PROVIDED TO ALL PATIE NTS WITHIN THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY NORTHSIDE HAS PROVIDE D A BROAD RANGE OF CANCER CARE SERVICES THROUGH ITS CANCER CARE PROGRAM AT THE NORTHSIDE H OSPITAL CANCER INSTITUTE (''NHCI'') THE NHCI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONCOLOGY DIAGNOSIS, TREATMENT AND RESEARCH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEM IC-BASED PROGRAMS ALONG WITH THE PERSONALIZED AND ATTENTIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL NORTHSIDE HAS COMMITTED TO BECOMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES THE EXPANSION OF ITS GEOGRAPHIC FOOTPRI NT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN I NTEGRATED CANCER CARE PROGRAM THAT FACILITATES COLLABORATION BETWEEN NORTHSIDE AND CLINICI ANS SPECIALIZING IN ONCOLOGY SERVICES GCS HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONCOLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL O NCOLOGY AND HEMATOLOGY AND THE PROVISION OF INFUSION THERAPY SERVICES AND MEDICAL AND CLIN ICAL RESEARCH SERVICES IN ACCORDANCE WITH THE PSA, GCS REMAINS A PRIVATELY-HELD ORGANIZAT ION WITHOUT OWNERSHIP BY NORTHSIDE GCS MAINTAINS RESPONSIBILITY FOR PROVIDING ALL ADMINIS TRATIVE OPERATIONS OF THE PRACTICE (E.G , STAFF BENEFITS, MALPRACTICE INSURANCE, ETC) NO RTHSIDE MAKES PAYMENTS TO GCS AT FAIR MARKET RATES FOR 1) PERSONALLY PERFORMED PROFESSIONA L SERVICES 2) MANAGEMENT OVERSIGHT RESPONSIBILITIES AND 3) BILLING ARRANGEMENTS GCS EMPLO YS APPROXIMATELY 74 CLINICIANS AND 115 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AND BILLING SERVICES AT NORTHSIDE'S FACILITIES TO SERVE THE PATIENTS WITHIN NORTHSIDE'S G EOGRAPHIC REGION, NORTHSIDE ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT (''PSA'') BASED U PON PERSONALLY PERFORMED PRODUCTIVITY WITH ATLANTA CANCER CARE (''ACC'') TO INSURE ONCOLOGY AND HEMATOLOGY SERVICES ARE PROVIDED TO ALL PATIENTS WITHIN THE COMMUNITY REGARDLESS OF TH E PATIENTS' ABILITY TO PAY NORTHSIDE HAS PROVIDED A BROAD RANGE OF CANCER CARE SERVICES T HROUGH ITS CANCER CARE PROGRAM AT THE NORTHSIDE HOSPITAL CANCER INSTITUTE (''NHCI'') THE NH CI, WHICH IS RECOGNIZED NATIONALLY AS A LEADER IN ONCOLOGY DIAGNOSIS, TREATMENT AND RESEAR CH, OFFERS CLINICAL EXCELLENCE ON PAR WITH ACADEMIC-BASED PROGRAMS ALONG WITH THE PERSONAL IZED AND ATTENTIVE CARE TYPICALLY ASSOCIATED WITH A COMMUNITY HOSPITAL NORTHSIDE HAS COMM ITTED TO BECOMING A REGIONAL AND NATIONAL LEADER THAT REDEFINES CANCER CARE, WHICH IN PART REQUIRES THE EXPANSION OF ITS GEOGRAPHIC FOOTPRINT THROUGH DEVELOPMENT OF AN AFFILIATION WITH ADDITIONAL LOCATIONS, AS WELL AS HAVING AN INTEGRATED CANCER CARE PROGRAM THAT FACILI TATES COLLABORATION BETWEEN NORTHSIDE AND CLINICIANS SPECIALIZING IN ONCOLOGY SERVICES AC C HAS A LARGE COMPLEMENT OF CLINICIANS TO ASSIST NORTHSIDE IN DEVELOPING AN OUTPATIENT ONC OLOGY SERVICES PROGRAM, SPECIALIZING IN MEDICAL ONCOLOGY AND HEMATOLOGY AND THE PROVISION OF INFUSION THERAPY SERVICES AND MEDICAL AND CLINICAL RESEARCH SERVICES IN ACCORDANCE WIT H THE PSA, ACC REMAINS A PRIVATELY-HELD ORGANIZATION WITHOUT OWNERSHIP BY NORTHSIDE ACC M AINTAINS RESPONSIBILITY FOR PROVIDING ALL ADMINISTRATIVE OPERATIONS OF THE PRACTICE (E.G , STAFF BENEFITS, MALPRACTICE INSURANCE, ETC) NOR

Return Reference	Explanation	
	FORM 990, PART VII, SECTION B	THSIDE MAKES PAYMENTS TO ACC AT FAIR MARKET RATES FOR 1) PERSONALLY PERFORMED PROFESSIONAL SERVICES 2) MANAGEMENT OVERSIGHT RESPONSIBILITIES AND 3) BILLING ARRANGEMENTS ACC EMPLOY S APPROXIMATELY 29 CLINICIANS AND 57 STAFF TO MAINTAIN ONCOLOGY, HEMATOLOGY, MANAGEMENT AN D BILLING SERVICES AT NORTHSIDE'S FACILITIES

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES PROGRAM SERVICE EXPENSES 192,371,867 MANAGEMENT AND GENERAL EXPENSES 91,301,535 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 283,673,402

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN PENSION OTHER CHANGES IN NET ASSETS -10,387,748 INCOME FROM EQUITY METHOD INVESTMENTS INCOME FROM JOINT VENTURE -1,509,892 NON-CONTROLLING INTEREST INCOME EXPENSE ADJUSTMENT ENT REVENUE/EXPENSES NOT INCLUDED -778,352

Return Reference	Explanation	
	COMMUNITY BENEFITS REPORT - FISCAL YEAR 2014	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 A REGIONAL LEADER IN SELECT MEDICAL SPECIALTIES AND, TO ENHANCE THE WELLNESS OF OUR C OMMUNITY, WE COMMIT OURSELVES TO PROVIDING A DIVERSE ARRAY OF EDUCATIONAL AND OUTREACH PRO GRAMS IN ADDITION TO PROVIDING HOSPITAL-BASED MEDICAL SERVICES, NORTHSIDE HOSPITAL PROVID ES A NUMBER OF COMMUNITY-BASED SERVICES, DESIGNED TO IMPROVE THE HEALTH OF AREA RESIDENTS WORKING WITH VARIOUS ORGANIZATIONS, HOSPITAL EMPLOYEES AND MEDICAL STAFF, NORTHSIDE PARTI CIPATES IN HEALTH EDUCATION AND SCREENINGS AND PROVIDES SUPPORT ACTIVITIES FOR INDIVIDUALS IN THE COMMUNITY, WHO ARE LIVING WITH A SERIOUS OR CHRONIC HEALTH CONDITION A NOT-FOR-PR OFIT COMMUNITY-FOCUSED RESOURCE BECAUSE NORTHSIDE HOSPITAL INC IS NOT-FOR-PROFIT AND IS N OT REQUIRED TO RETURN PROFITS TO SHAREHOLDERS LIKE TAXABLE ORGANIZATIONS, WE REINVEST REVE NUES, IN EXCESS OF EXPENSES, IN ORDER TO ENHANCE OUR CAPACITY TO DELIVER HIGH-QUALITY HEAL TH CARE TO THE COMMUNITIES WE SERVE. THESE RESOURCES PROVIDE FOR A LONG-TERM FOCUS ON THE RECRUITMENT AND RETENTION OF OUTSTANDING MEDICAL PROFESSIONALS, ENHANCED RESEARCH AND TECH NOLOGIES, AND NEW FACILITIES AND SERVICES IN ADDITION, SUCH RESOURCES ENABLE US TO PROVID E NUMEROUS OTHER SERVICES THAT BENEFIT THE COMMUNITY THE INFORMATION PRESENTED IN THIS RE PORT DEMONSTRATES THE LEVEL OF COMMUNITY SERVICE AND BENEFITS THAT WE HAVE PROVIDED TO THE COMMUNITIES WE SERVE DURING FISCAL YEAR 2014 OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014 TO BENEFIT OUR COMMUNITIES NORTHSIDE HOSPITAL DEFINES COMMUNITY BENEFIT AS SERVICES AND AC TIVITIES THAT ADDRESS COMMUNITY HEALTH NEEDS, PRIMARILY THROUGH DISEASE PREVENTION, HEALTH PROMOTION AND EDUCATION, IMPROVING ACCESS TO SERVICES AND WORKING WITH OTHERS TO IMPROVE INDIVIDUAL AND COMMUNITY HEALTH STATUS COMMUNITY BENEFIT ACTIVITIES HIGHLIGHTED IN THIS R EPORT INCLUDE - CHARITY CARE - SERVICES AND MEDICAL SPECIALTIES - EDUCATION FOR COMMUNITY HEALTH - BROAD-BASED COMMUNITY OUTREACH/SPECIAL EVENTS - CONTINUING MEDICAL EDUCATION - C OMMUNITY SERVICE ACTIVITIES CHARITY CARE NORTHSIDE HOSPITAL TREATS ALL PATIENTS, REGARDLES S OF AGE, SEX, CREED, RACE, NATIONAL ORIGIN OR SOURCE OF PAY MENT ALL PATIENTS ARE TREATED EQUALLY IN RESPECT TO CHARGES, BED ASSIGNMENTS AND MEDICAL CARE, REGARDLESS OF ABILITY TO PAY NORTHSIDE HOSPITAL PROVIDES CARE WITHOUT CHARGE, OR AT DISCOUNTED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA SUCH CASES ARE NOT REPORTED AS REVENUE OR LISTED AS ACCOUNTS R ECEIVABLE. WE MAINTAIN RECORDS TO IDENTIFY AND MONITOR THE INDIGENT AND CHARITY CARE WE PR OVIDE. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES PROVI DED UNDER THE CHARITY CARE POLICY IN 2014, NORTHSIDE HOSPITAL PROVIDED APPROXIMATELY $297 1 MILLION IN INDIGENT AND CHARITY CARE. UNCOMPENSATED CARE INCLUDING INDIGENT AND CHARITY CARE AND UNCOLLECTED ACCOUNTS REPRESENTED APPROXIMATELY $375 4 MILLION SERVICES AND MEDI CAL SPECIALTIES WOMEN'S SERVICES AND MATERNITY EDUCATION THE LIFETIME MAGAZINE IS A 16-PAG E HEALTH PUBLICATION FOR WOMEN AGES 30-65 THE FREE PUBLICATION FOCUSES ON FAMILY HEALTH A ND IS PUBLISHED THREE TIMES A YEAR EACH ISSUE IS MAILED TO APPROXIMATELY 380,000 HOUSEHOL DS, WITH AN ADDITIONAL 10,000 WIDELY DISTRIBUTED AT THE HOSPITAL, PHYSICIAN OFFICES AND TH ROUGHOUT THE COMMUNITY IT ALSO IS AVAILABLE VIA THE HOSPITAL'S WEBSITE, WWW NORTHSIDE COM THE EDITORIAL STAFF OF TWO DEDICATES APPROXIMATELY 200 HOURS OF WORK PER YEAR TOTAL COS TS IN 2014 (DESIGN, PRINTING AND DISTRIBUTION) WERE $396,643 63 THE NORTHSIDE HOSPITAL MO THERSFIRST PROGRAM IS A VALUABLE RESOURCE TO WOMEN, WHO ARE ALREADY PREGNANT OR CONSIDERIN G BECOMING PREGNANT MOTHERSFIRST OFFERS PERTINENT EDUCATION, CLASSES, SUPPORT GROUPS, HOS PITAL TOURS AND OTHER SERVICES FOR WOMEN THROUGHOUT THE MANY STAGES OF THEIR CHILDBEARING YEARS, FROM EARLY PREGNANCY THROUGH THE EARLY CHILDHOOD OF THEIR BABY IN 2014, MOTHERSFIR ST REACHED 26,391 PEOPLE, THROUGH 1,227 CLASSES AND 1,323 HOSPITAL TOURS THAT THE GROUP OF FERED THROUGHOUT THE YEAR SUPPORT GROUPS OFFER PATIENTS AND THE COMMUNITY A WAY TO COPE W ITH THE ISSUES THEY FACE WITH THE COMFORT OF KNOWING THAT THERE ARE OTHERS THERE TO HELP NORTHSIDE OFFERS VARIOUS SUPPORT GROUPS FOR WOMEN, CONDUCTED AT THE HOSPITALS AND SUPPORTE D BY VARIOUS STAFF MEMBERS WHO ORGANIZE, LECTURE AND FACILITATE - MOM-ME CONNECTION OFFER S BREASTFEEDING SUPPORT FOR NEW MOMS THREE GROUPS MEET EACH WEEK IN DUNWOODY, ALPHARETTA AND CUMMING TYPICALLY, 5-20 MOMS ATTEND EACH WEEK EACH GROUP IS FACILITATED BY A CERTIFI ED LACTATION CONSULTANT - THE SPECIAL CARE NURSER

Return Reference	Explanation	
	COMMUNITY BENEFITS REPORT - FISCAL YEAR 2014	Y (SCN) SUPPORT GROUP IS FOR PARENTS WHO HAVE BABIES CURRENTLY IN THE SCN APPROXIMATELY 4 - 6 FAMILIES ATTENDED THE GROUP EACH WEEK IN 2014 - CARING AND COPING IS A SUPPORT GROUP F OR PARENTS AND GRANDPARENTS WHO HAVE LOST A BABY DUE TO MISCARRIAGE, ECTOPIC PREGNANCY, ST ILLBIRTH OR NEWBORN DEATH MEETINGS ARE HELD ONCE A MONTH AND ARE FACILITATED BY TWO STAFF MEMBERS APPROXIMATELY 20-30 PEOPLE ATTENDED EACH MEETING IN 2014 - RAINBOW PALS (PREGNA NCY AFTER LOSS SUPPORT) IS A SOCIAL SUPPORT GROUP FOR PARENTS CONSIDERING OR EXPERIENCING A SUBSEQUENT PREGNANCY FOLLOWING THE LOSS OF A BABY MEETINGS ARE USUALLY ONCE A MONTH AND ARE FACILITATED BY A H E A R T STRINGS STAFF MEMBER, WITH A MEMORIAL EVENT BEING HELD IN OCTOBER APPROXIMATELY 6-15 PEOPLE ATTENDED EACH MEETING IN 2014 - ANEW IS A SOCIAL SUPPO RT GROUP FOR PARENTS, WHO ARE RAISING SURVIVING MULTIPLE(S) FOLLOWING THE LOSS OF ONE OR M ORE MULTIPLE(S) THE GROUP MEETS TWICE A MONTH AND IS FACILITATED BY A H E A R T STRINGS S TAFF MEMBER A MEMORIAL EVENT IS HELD ONCE PER YEAR APPROXIMATELY 4-8 PEOPLE ATTENDED EAC H MEETING IN 2014 CANCER INSTITUTE IN 2014, THE CANCER INSTITUTE AT NORTHSIDE HOSPITAL CO NTINUED ITS COMMITMENT TO THE COMMUNITY THROUGH NUMEROUS OUTREACH ACTIVITIES, EDUCATIONAL PRESENTATIONS AND PARTNERSHIPS, REACHING MORE THAN 53,000 PEOPLE. NORTHSIDE PROVIDED PROST ATE, SKIN, COLORECTAL AND BREAST CANCER SCREENINGS TO 2,666 PEOPLE IN 2014, AN 186 PERCENT INCREASE OVER THE PREVIOUS YEAR - FOUR FREE PROSTATE CANCER SCREENINGS TOOK PLACE, REACH ING 209 PARTICIPANTS TWENTY-TWO MEN WERE RECOMMENDED FOR MEDICAL FOLLOW UP AS A RESULT OF SUSPICIOUS FINDINGS, ONE DIAGNOSIS OF PROSTATE CANCER - FOUR FREE SKIN CANCER SCREENINGS WERE HELD, WITH 436 PARTICIPANTS ONE-HUNDRED SEVENTEEN PEOPLE WERE RECOMMENDED FOR FOLLO W-UP TREATMENT BECAUSE OF ABNORMAL FINDINGS, ONE MELANOMA DIAGNOSIS - COLORECTAL CANCER S CREENINGS WERE PROVIDED THROUGHOUT THE YEAR THREE-HUNDRED-EIGHTEEN PEOPLE PARTICIPATED T WO RECTAL CANCERS, TWO COLON CANCERS AND ONE CARCINOID TUMOR WERE DIAGNOSED AS A RESULT OF THE SCREENINGS - THROUGH GRANTS FROM SUSAN G KOMEN FOR THE CURE AND ITS THE JOURNEY, AN D OTHER DONATIONS TO THE NORTHSIDE HOSPITAL FOUNDATION, NORTHSIDE WAS ABLE TO BETTER ASSIS T UNINSURED WOMEN WITH SCREENING MAMMOGRAPHY AND DIAGNOSTIC SERVICES MORE THAN 1,700 WOME N RECEIVED SERVICES FIFTEEN BREAST CANCERS WERE DETECTED CHECK IT OUT! IS A COLLABORATIV E EFFORT WITH THE GREATER ATLANTA HADASSAH, WHICH PROVIDES BREAST HEALTH EDUCATION TO HIGH SCHOOL JUNIOR AND SENIOR GIRLS, TEACHING THEM PROPER BREAST SELF-EXAM TECHNIQUE AND THE I MPORTANCE OF EARLY DETECTION AND UNDERSTANDING RISK FACTORS SCHOOLS IN COBB, FULTON, GWIN NETT, DEKALB AND FORSYTH COUNTIES HAVE ACCEPTED THE PROGRAM AS PART OF THEIR HEALTH CURRIC ULUM IN 2014, THE PROGRAM WAS PRESENTED TO 1,078 GIRLS NORTHSIDE'S TRANSPORTATION ASSIST ANCE PROGRAM, CONTINUED THROUGH FUNDING FROM THE COLON CANCER ALLIANCE, PROVIDED TAXI VOUC HERS/GAS GIFT CARDS FOR 80 PATIENTS UNDERGOING COLORECTAL CANCER SCREENINGS AND TREATMENT ANOTHER 41,000 PEOPLE RECEIVED CANCER EDUCATION, ACROSS ALL SPECIALTIES, THROUGH A VARIET Y OF OTHER COMMUNITY EDUCATION AND OUTREACH PROGRAMS THROUGHOUT THE YEAR NORTHSIDE HOSPIT AL PARTNERS WITH THE CANCER SUPPORT COMMUNITY - ATLANTA (CSC ATLANTA) TO PROVIDE PSYCHOSOC IAL AND EDUCATIONAL SUPPORT TO CANCER PATIENTS, SURVIVORS AND THEIR FAMILIES AND FRIENDS THE ORGANIZATION PROVIDES SUPPORT GROUPS FACILITATED BY LICENSED PSYCHOTHERAPISTS AND A VA RIETY OF EDUCATIONAL WORKSHOPS, STRESS REDUCTION CLASSES AND SOCIAL EVENTS TO HELP PARTICI PANTS LEARN THAT THEY ARE NOT ALONE IN THEIR FIGHT FOR RECOVERY PROGRAMS ARE AVAILABLE IN ATLANTA, CUMMING AND CANTON IN 2014, THE ORGANIZATION HAD 7,466 PATIENT VISITS, 5,375 OR 72 PERCENT OF WHO WERE NORTHSIDE HOSPITAL PATIENTS

Return Reference	Explanation	
	THE NETWORK OF HOPE IS A NETWORK OF CANCER SURVIVORS, WHO	VOLUNTEER TO SUPPORT NEWLY DIAGNOSED PATIENTS THROUGH SHARING, STRENGTH AND SUPPORT THEY ALSO ASSIST WITH COMMUNITY EDUCATION WITH 43 VOLUNTEERS IN 2014, NETWORK OF HOPE VOLUNTEE RS CONTRIBUTED APPROXIMATELY 2,376 HOURS OF THEIR TIME AND ASSISTED WITH 930 PATIENT ENCOU NTERS HEART & VASCULAR INSTITUTE IN MAY, NORTHSIDE HOSPITAL HOSTED THREE FREE COMMUNITY S TROKE SCREENINGS IN ATLANTA, HOLLY SPRINGS AND CUMMING APPROXIMATELY 324 PEOPLE WERE SCRE ENED FOR STROKE RISK FACTORS EIGHT INDIVIDUALS WERE REFERRED FOR FOLLOW UP MEDICAL CARE TWO STROKE SUPPORT GROUPS FOR STROKE SURVIVORS AND THEIR FAMILIES MEET MONTHLY AT NORTHSID E'S ATLANTA AND ALPHARETTA CAMPUSES THE GROUPS HOST SPEAKERS AND PROVIDE NETWORKING AND S OCIAL SUPPORT FOR STROKE SURVIVORS AND THEIR FAMILIES APPROXIMATELY 12-20 PEOPLE ATTENDED THE GROUPS EACH MONTH IN 2014 IN 2014, NORTHSIDE OFFERED FOUR FREE CARDIOVASCULAR SCREEN INGS TO THE COMMUNITY TO DETERMINE RISK FOR HEART AND BLOOD VESSEL (CARDIOVASCULAR) DISEAS E, OR CVD THE SCREENINGS INCLUDED A RISK ASSESSMENT, BLOOD PRESSURE READING, TOTAL CHOLES TEROL (HDL, RATIO OF TC/HDL) AND GLUCOSE TESTING, BODY MASS INDEX (BMI) ANALYSIS, AND A ON E-ON-ONE CONSULTATION WITH A HEALTHCARE PROFESSIONAL A LIMITED NUMBER OF ADVANCED SERVICE S - EKG, LEG VEIN AND PERIPHERAL ARTERY DISEASE (PAD) SCREENING, CAROTID AND HEART ULTRASO UND ALSO WERE AVAILABLE IN ALL, 253 PEOPLE PARTICIPATED INCLUDING 132 ADVANCED SCREENINGS ONE-HUNDRED-AND-ONE PATIENTS WERE REFERRED FOR FOLLOW-UP NORTHSIDE HOSPITAL-CHEROKEE OF FERS A FREE DIABETES SUPPORT GROUP FOR ANYONE CURRENTLY AFFECTED BY DIABETES THOSE NEEDIN G MORAL SUPPORT, CLINICAL INFORMATION, GUIDANCE OR ADVICE ABOUT LIVING WITH DIABETES ARE E NCOURAGED TO ATTEND THE GROUP MEETS MONTHLY IN 2014, THERE WERE 10 ACTIVE MEMBERS REHAB ILITATION SERVICES NURSES AND PHYSICAL THERAPISTS OFFER FREE PRE-OPERATIVE CLASSES TO ANYO NE CONSIDERING OR PLANNING TOTAL HIP AND KNEE REPLACEMENTS OR BACK AND NECK SURGERY PATIE NTS AND THEIR FAMILIES LEARN WHAT TO EXPECT DURING THEIR HOSPITALIZATION AND THROUGHOUT RE COVERY IN 2014, APPROXIMATELY 400 PEOPLE PARTICIPATED IN THESE CLASSES IN ATLANTA AND CUM MING AT NORTHSIDE HOSPITAL-FORSYTH, 45 PATIENTS ALSO ATTENDED A MONTHLY AMPUTEE SUPPORT G ROUP IN RECOGNITION OF BETTER HEARING AND SPEECH MONTH IN MAY, THE AUDIOLOGY DEPARTMENT O FFERED FREE HEARING SCREENINGS TO THE COMMUNITY THIRTY-TWO PEOPLE PARTICIPATED, WITH 15 P EOPLE BEING REFERRED FOR FURTHER EVALUATION THREE PEOPLE RETURNED FOR FOLLOW-UP THE AUDI OLOGY DEPARTMENT ALSO PROVIDED FREE HEARING SCREENINGS THROUGH THE CHEROKEE COUNTY SCHOOL DISTRICT'S "GIVE A KID A CHANCE' PROGRAM SCREENINGS WERE PROVIDED TO 415 SCHOOL CHILDREN BARIATRIC SURGERY NORTHSIDE PROVIDES ONLINE WEIGHT LOSS INFORMATIONAL SEMINARS FOR THE CO MMUNITY TO LEARN THE TY PES OF SURGERY AVAILABLE, THE PROS AND CONS OF SURGERY, THE SCREENI NG PROCESS, PRE AND POST-OPERATIVE REQUIREMENTS AND WHAT TO EXPECT AT THE HOSPITAL IN 201 4, NINE ATTENDED THE FACE-TO-FACE INFORMATIONAL SEMINARS, WITH 130 FINISHING THE ONLINE SE MINARS SUPPORT GROUPS ALSO ARE HELD EACH MONTH FOR PATIENTS WHO HAVE UNDERGONE (OR ARE CO NSIDERING) BARIATRIC SURGERY TWO GROUPS ARE HELD (IN ATLANTA AND CUMMING) FOR ANY BARIATR IC PATIENT, PRE OR POST-SURGERY A THIRD GROUP IS HELD IN ATLANTA FOR PATIENTS MORE THAN O NE YEAR POST SURGERY A TOTAL OF 308 ATTEND THE SUPPORT GROUPS IN 2014 SUPPORT SERVICES T HE NORTHSIDE HOSPITAL AUXILIARIES ADD A SPECIAL CARING TOUCH AS THEY INTERACT WITH PATIENT S AND FAMILIES THROUGHOUT NORTHSIDE'S THREE HOSPITALS APPROXIMATELY 807 VOLUNTEERS, RANGI NG IN AGE FROM 18 TO 94, GAVE 117,682 HOURS OF SERVICE IN 2014, THE AUXILIARIES RAISED MO RE THAN $404,614 FOR HOSPITALS AND COMMUNITY PROJECTS IN ADDITION TO THE ADULT VOLUNTEERS , TEENAGERS (AGES 14-18), FROM THE SURROUNDING COUNTIES AND SCHOOL SYSTEMS, VOLUNTEERED TH EIR TIME DURING THE SUMMER TO HELP OUT PATIENTS AND STAFF, GAINING INVALUABLE EXPERIENCE I N THE PROCESS IN 2014, THERE WERE 221 TEENS, WORKING THROUGHOUT THE ATLANTA, CHEROKEE AND FORSYTH CAMPUSES, GIVING 9,099 HOURS NORTHSIDE HOSPITAL OPERATES A CALL CENTER TO TAKE P HONE REGISTRATIONS FOR CLASSES AND FOR FREE PHYSICIAN REFERRAL IN 2014, THE CALL CENTER'S FIVE EMPLOYEES TOOK/MADE 52,277 CALLS INCLUDING 9,946 CALLS FOR CLASS REGISTRATION AND 9, 635 CALLS FOR PHYSICIAN REFERRAL THEY MADE 32,446 QUALITY ASSESSMENT CALLS TO FORMER PATI ENTS IN ADDITION TO THE SUPPORT THAT THE CHAPLAINCY DEPARTMENT PROVIDES TO STAFF AND PATI ENTS, THEY ASSIST COMMUNITY SPIRITUAL LEADERS AND CLERGY WHO VISIT THE HOSPITAL AND ARE CA LLED ON FREQUENTLY TO PROVIDE BOTH EDUCATION AND SUPPORT TO COMMUNITY AGENCIES AND AREA CH URCHES RECENT EXAMPLES OF THIS INCLUDE - PROVIDING EDUCATIONAL PROGRAMS ABOUT SPIRITUALI TY AND HEALTH, GRIEF, END-OF-LIFE CONCERNS, FAMILY DYNAMICS IN HOSPITAL PASTORAL CARE, ADV ANCE DIRECTIVES AND MORE TO COMMUNITY AND VARIOUS RELIGIOUS GROUPS, STEPHENS MINISTERS' GR OUPS, HOSPITAL ETIQUETTE FOR VISITING CLERGY, AND

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	THE NETWORK OF HOPE IS A NETWORK OF CANCER SURVIVORS, WHO	EDUCATIONAL ARTICLES ABOUT SPIRITUALITY AND HEALTH AND CHAPLAINCY IN COMMUNITY AND PROFESS IONAL PUBLICATIONS - LEADING MEMORIAL SERVICES (OPEN TO THE COMMUNITY) FOR PATIENTS AND F AMILY MEMBERS WHO EXPERIENCED A PERINATAL LOSS OR ADULT DEATH IN THE HOSPITAL - PLANNING COMMUNITY THANKSGIVING SERVICES (APPROXIMATELY 10 HOURS/YEAR) - FACILITATING BEREAVEMENT SUPPORT GROUPS WHEN REQUESTED THAT ARE OPEN TO MEMBERS OF THE COMMUNITY, AS WELL AS THOSE SERVED BY NORTHSIDE HOSPITAL OR NORTHSIDE EMPLOYEES MEMBERS OF THE CHAPLAINCY DEPARTMENT ALSO SERVED WITH THE - FORSYTH COUNTY MINISTERIAL ASSOCIATION - LEADERSHIP FORSYTH - GEOR GIA CRISIS CONSORTIUM - AMERICAN RED CROSS - BRAZILIAN GENERAL CONSULATE - GEORGIA SOCIETY FOR HEALTHCARE CHAPLAINS - DISTRICT COMMITTEE ON ORDAINED MINISTRY FOR THE ATLANTA COLLEG E PARK DISTRICT, UNITED METHODIST CHURCH NORTHSIDE'S HEALTH RESOURCE CENTER, OR THE MEDIC AL LIBRARY, IS OPEN TO THE COMMUNITY AND HOME TO A VAST COLLECTION OF MEDICAL INFORMATION AND RESOURCES INCLUDING BOOKS, JOURNALS AND AUDIO-VISUAL MATERIALS THE CENTER OFFERS ELEC TRONIC ACCESS TO MORE THAN 400 MEDICAL JOURNALS, AS WELL AS PRINT SUBSCRIPTIONS TO MORE TH AN 150 JOURNALS INTERNET ACCESS TO SCHOLARLY AND CONSUMER HEALTH INFORMATION DATABASES AL SO IS AVAILABLE. THE LAUGHING LIBRARY CONSISTS OF A VARIETY OF VIDEOS AVAILABLE FOR CHECKO UT TO PATIENTS AND THEIR FAMILIES THE PATIENT AND FAMILY LIBRARY HAS MATERIALS FOR THOSE ENCOUNTERING CHALLENGING EMOTIONAL EXPERIENCES SPECIAL AUDIO MATERIALS FEATURING RELAXATI ON TECHNIQUES ALSO ARE AVAILABLE. IN 2014, THE CENTER FACILITATED 5,480 REQUESTS FROM CLIN ICIANS AND PATIENTS FOR LITERATURE SEARCHES THE HEALTH RESOURCE CENTER'S HIGHLY TRAINED S TAFF IS AVAILABLE TO ASSIST PATRONS FIND WHAT THEY WANT AND/OR NEED THE PATIENT RELATIONS (CUSTOMER SERVICE) DEPARTMENT ASSISTED APPROXIMATELY 32,813 PATIENTS IN 2014 IN ADDITION TO NORMAL DUTIES, THE DEPARTMENT PROVIDES RESOURCES TO PATIENTS AND THEIR FAMILIES INCLUD ING - COORDINATING "HAPPY TAILS" PET VISITATION TO HIGH RISK PERINATAL (HRP), ORTHOPEDIC, SURGERY/BARIATRIC AND GENERAL MEDICINE PATIENTS - ASSISTING WITH PATIENT TRANSPORTATION TO HOME OR OTHER DESTINATIONS VIA TAXI, GAS CARDS AND MARTA BREEZE CARDS - ASSISTING WITH HOTEL ACCOMMODATIONS WITH REDUCED RATES FOR OUT-OF-TOWN FAMILIES - COORDINATING WITH THE EMBASSIES AND CONSULATES TO ASSIST INTERNATIONAL PATIENTS IN BRINGING FAMILIES TO THE UNI TED STATES IN EMERGENCY CASES ASSISTING WITH CHANGING FLIGHTS - TRACKING PATIENT CONCERN S AND COMMUNICATING TRENDS TO MANAGEMENT PROVIDING MEAL VOUCHERS TO THE HOSPITAL CAFETERI A TO PATIENTS, FAMILY MEMBERS AND VISITORS WHO EXPERIENCE LONG WAIT TIMES OR HAVE BEEN INC ONVENIENCED - VISITING PATIENTS PROVIDING BOOKS, MAGAZINES, CROSS WORD PUZZLES TO PATIEN TS WHEN REQUESTED PLAYING GAMES AND CARDS WITH PATIENTS WITHOUT VISITORS - COORDINATING INFORMATION-DESK VOLUNTEERS WHO SERVE AS WELCOMING TEAM TO HOSPITAL GUESTS - MAINTAINING CLOTHING CLOSET FOR INDIGENT PATIENTS PROVIDING CLOTHING FOR PATIENTS, WHOSE CLOTHING HAS BEEN SOILED OR DAMAGED, SO THAT THEY HAVE CLOTHES TO WEAR UPON DISCHARGE - ACTING AS AN ADVOCATE WITH ELECTRIC, GAS AND PHONE COMPANIES CONCERNING BILLING ISSUES WHILE HOSPITALIZ ED - WORKING CLOSELY WITH THE CHAPLAINCY DEPARTMENT TO PROVIDE ASSISTANCE WITH AIRPORT MO RTUARY SERVICES - ASSISTING TO LOCATE FAMILY MEMBERS OR LOVED ONES OF PATIENTS OR DECEASE D PATIENTS - CELEBRATING PATIENT BIRTHDAYS, ANNIVERSARIES AND OTHER SPECIAL OCCASIONS FOR PATIENTS IN THE HOSPITAL - ASSISTING FAMILY MEMBERS AND PATIENTS WITH COMMUNICATION BETW EEN DOCTORS, NURSES, AND CONSULTING DOCTORS

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	-PROVIDING DOCUMENTATION OF PATIENT ADMISSION FOR FAMILY	MEMBERS AS REQUESTED FOR WORK OR SCHOOL - ASSISTING IN LOCATING DONATED EQUIPMENT SUCH AS WALKERS, CANES AND WHEELCHAIRS FOR UNINSURED OR THOSE UNABLE TO AFFORD SUCH EQUIPMENT TH E HOSPITAL'S INTERPRETATION SERVICES DEPARTMENT PROVIDES SIGN LANGUAGE AND FOREIGN LANGUAG E INTERPRETATION AND TRANSLATION SERVICES TO PATIENTS AND THEIR FAMILIES IN 2014, THE DEP ARTMENT INCLUDING SPANISH, PORTUGUESE, FRENCH, RUSSIAN, VIETNAMESE, KOREAN, MANDARIN AND C ANTONESE STAFF INTERPRETERS, AN OPERATIONS ASSISTANT, A COORDINATOR, AND CONTRACTED AGENCY , TELEPHONE, AND VIDEO INTERPRETERS SERVED MORE THAN 85,000 INTERPRETATION ENCOUNTERS IN 8 9 DIFFERENT LANGUAGES AT NORTHSIDE'S THREE CAMPUSES, OFF-SITE FACILITIES, AND PHY SICIAN PR ACTICES THE DEPARTMENT ALSO COMPLETED OVER 100 DOCUMENT TRANSLATION PROJECTS FOR STAFF AN D PATIENT USE. EDUCATION FOR COMMUNITY HEALTH SPEAKERS' BUREAU THE SPEAKERS' BUREAU PROVID ES A SIGNIFICANT AMOUNT OF EDUCATIONAL PROGRAMS AND MATERIALS TO ORGANIZATIONS AND INDIVID UALS EACH YEAR THE PROGRAM OFFERS FREE COMMUNITY LECTURES ON A REGULAR BASIS, PROVIDING U SEFUL INFORMATION ABOUT A VARIETY OF HEALTH-RELATED TOPICS INCLUDING EXERCISE, NUTRITION & WEIGHT CONTROL, WOMEN & HEART DISEASE, BREAST HEALTH, SLEEP DISORDERS, AND MORE. IN 2014, NORTHSIDE PROVIDED SPEAKERS TO 26 GROUPS (20 DIFFERENT ORGANIZATIONS), REACHING 725 PEOPL E. AN ADDITIONAL SIX REQUESTS FOR SPEAKERS CAME IN FOR DATES IN FY2015 ANOTHER FIVE REQUE STS FOR SPEAKERS WERE CANCELLED BY EITHER THE ORGANIZATION OR NORTHSIDE BECAUSE A SPEAKER COULD NOT BE FOUND THE PROGRAM IS MANAGED BY A STAFF OF ONE, WITH APPROXIMATELY 75 HOURS SPENT ON THE PROJECT IN 2014 THROUGH NORTHSIDE HOSPITAL-CHEROKEE'S JUNIOR HEALTH ADVOCATE S, MEDICAL PROFESSIONALS SPEAK TO AN ARRAY OF HEALTHY LIVING TOPICS, TAILORED TO CHILDREN GRADES 6-8 EACH CLASS OFFERS A 45-MINUTE INTERACTIVE PRESENTATION STUDENTS RECEIVE AN AC TIVITY BOOK AND GIFT TO REINFORCE EACH SUBJECT IN 2014, THE PROGRAM ARRANGED 103 SPEAKERS TO GROUPS WITHIN THE CHEROKEE COUNTY SCHOOL SY STEM, REACHING 12,563 STUDENTS CORPORATE & COMMUNITY HEALTH SOLUTIONS NORTHSIDE HOSPITAL PROVIDES FREE ON-SITE HEALTH SCREENINGS AT CORPORATE AND COMMUNITY LOCATIONS TO RAISE HEALTHCARE AWARENESS AND TO PROMOTE PREVENTION AND EARLY DETECTION OF DISEASES CORPORATE & COMMUNITY HEALTH SOLUTIONS OFFERS THE BROADES T, MOST COMPREHENSIVE ARRAY OF CLINICAL SCREENING SERVICES AND HEALTHY LIFESTY LE EDUCATION TO THE PEOPLE IN THE COMMUNITIES WE SERVE. HEALTH SCREENINGS ARE CONDUCTED THROUGHOUT THE Y EAR AND INCLUDE CHOLESTEROL/GLUCOSE TESTING, BLOOD PRESSURE SCREENING, BODY COMPOSITION ANALYSIS, OSTEOPOROSIS SCREENING, PULMONARY FUNCTION TESTING, SLEEP QUALITY SCREENING, CAN CER RISK ASSESSMENT, DIABETES ASSESSMENT, CORONARY RISK PROFILE AND AUDIOLOGY SCREENING I N 2014, NORTHSIDE OFFERED HEALTH SCREENINGS TO 51 GROUPS, REACHING 4,010 PEOPLE. NEARLY 3, 720 RESOURCE HOURS WERE SPENT ON THE PLANNING AND IMPLEMENTATION OF THE EVENTS, WITH AN AV ERAGE OF 19 NORTHSIDE EMPLOY EES PER EVENT IN 7 DIFFERENT COUNTIES LONG-STANDING CLIENTS I NCLUDE STATE FARM INSURANCE (MULTIPLE LOCATIONS), UPS CORPORATE, SIEMENS, APCO, SAWNEE EM C, INPO, MARCUS JEWISH COMMUNITY CENTER AND ST BRIGID CATHOLIC CHURCH NORTHSIDE ALSO COL LABORATES WITH THE AMERICAN HEART ASSOCIATION TO OFFER THE PICTURE AND A PROMISE BOOTH AT SOME SCREENINGS, WHICH ALLOWS PARTICIPANTS THE OPPORTUNITY TO MAKE A "PROMISE" TO THEIR HE ARTS TO MAKE LIFESTY LE CHANGES TO BE MORE HEART HEALTHY NORTHSIDE'S PROFESSIONAL PRACTICE COUNCIL, PART OF THE NURSING SHARED GOVERNANCE AT THE HOSPITAL, PARTNERS WITH THE ATLANTA MISSION'S ATLANTA DAY SHELTER FOR WOMEN AND CHILDREN TO PROVIDE ANNUAL SCREENING SERVICES TO HOMELESS WOMEN AT THE SHELTER COUNCIL ALSO HOLDS COLLECTIONS THROUGHOUT THE Y EAR FOR ITEMS THE SHELTER NEEDS THE ATLANTA DAY SHELTER SERVES AS MANY AS 140 WOMEN AND CHILDREN AT ANY TIME. WEBSITE NORTHSIDE HOSPITAL'S OFFICIAL WEBSITE FEATURES INFORMATION ABOUT HOSP ITAL PROGRAMS AND SERVICES, A CLINICAL TRIAL DATABASE, HEALTH ENCY CLOPEDIA AND VIDEO LIBRA RY OF GENERAL HEALTH CONTENT ABOUT SURGERIES AND PROCEDURES, PHY SICIAN DIRECTORY, PREGNANC Y CENTER AND A COMPREHENSIVE EMPLOY MENT SECTION THERE WERE 1,365,910 VISITS (810,846 UNIQ UE VISITORS) TO THE SITE, OF WHICH APPROXIMATELY 57 PERCENT WERE NEW VISITORS THE SITE SA W A 28 PERCENT INCREASE IN TRAFFIC OVER 2013 NORTHSIDE HOSPITAL-ATLANTA AUXILIARY PUPPET PROGRAM THIS PROGRAM TRAVELS TO SCHOOLS IN DEKALB, COBB AND NORTH FULTON COUNTIES, EDUCATI NG CHILDREN IN GRADES PRE-K 4 ABOUT MEDICAL CHECK-UPS, PEER PRESSURE AND DRUG AND ALCOHOL ABUSE. THE PROGRAM HAS RECEIVED NUMEROUS AWARDS SINCE ITS BEGINNING IN 1977, INCLUDING THE GEORGIA HOSPITAL ASSOCIATION'S COUNCIL ON AUXILIARIES/VOLUNTEERS COMMUNITY OUTREACH AWARD AND THE GEORGIA SOCIETY OF DIRECTORS OF VOLUNTEER SERVICES EXCELLENCE IN UTILIZATION OF V OLUNTEERS AWARD IN 2014, THE PROGRAM PERFORMED 26 PUPPET SHOWS, DRIVING MORE THAN 1,529 M ILES AND REACHING MORE THAN 3,800 METRO ATLANTA ST

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	-PROVIDING DOCUMENTATION OF PATIENT ADMISSION FOR FAMILY	UDENTS PARTNERS IN EDUCATION NORTHSIDE HOSPITAL'S PARTNERS IN EDUCATION PROGRAM SPONSORS NEARLY 100 SCHOOLS IN SEVEN NORTH METRO ATLANTA COUNTIES CHEROKEE, COBB, DAWSON, DEKALB, FORSYTH, FULTON AND GWINNETT NORTHSIDE'S COMMITMENT TO ITS PARTNERS IN EDUCATION SCHOOLS REPRESENTS THE HOSPITAL'S MISSION AND VALUES AND ITS CONTINUED EFFORTS TO SUPPORT WOMEN, F AMILIES, EDUCATION AND HEALTH & SAFETY THROUGH THESE PARTNERSHIPS, NORTHSIDE FULFILLS CLI NIC SUPPLIES, PARTICIPATES IN FUNDRAISERS, SUPPORTS CAREER DAYS AND INVESTS IN OTHER STUDE NT PROGRAMS THAT PROMOTE HEALTH AND WELLNESS, SCIENCE, SAFETY AND ANTI-BULLY ING, SPONSORS TEACHER APPRECIATION/ RECOGNITION EVENTS, AND MUCH MORE. PARTNER SCHOOLS SUPPORT NORTHSIDE WITH ART PROJECTS FOR PATIENTS, PARTICIPATING IN THE HOSPITAL'S FUNDRAISING WALKS FOR HEA LTH CARE CAUSES, PERFORMING AT HOSPITAL EVENTS AND VOLUNTEERING WITH NORTHSIDE'S COMMUNITY CONNECTION VOLUNTEER PROGRAM THE NORTHSIDE HOSPITAL-FORSYTH LABORATORY PARTICIPATES IN L AMBERT HIGH SCHOOL'S HEALTH SCIENCES PROGRAM TO HELP PREPARE STUDENTS FOR ADVANCED HEALTHC ARE EDUCATION AND INDUSTRY PLACEMENT THE HIGH SCHOOL PROVIDES THE CONTENT, SKILLS AND SAF ETY PROCEDURES AS IT RELATES TO CLINICAL LABORATORY AND HEALTHCARE DIAGNOSTICS STUDENTS J OB SHADOW AT NORTHSIDE FOR A TOTAL OF 30 WEEKS, ROTATING THROUGH SIX DEPARTMENTS WITHIN TH E LABORATORY INCLUDING CHEMISTRY, HEMATOLOGY, BLOOD AND TISSUE BANK, PHLEBOTOMY, MICROBIOL OGY AND HISTOLOGY/PATHOLOGY STUDENTS GET HANDS-ON EXPERIENCE, REVIEWING AND ANALY ZING DAT A AND WORKING WITH REAL EQUIPMENT IN 2014, 60 STUDENTS PARTICIPATED FOR A TOTAL OF 900 HO URS TEN NORTHSIDE STAFF MEMBERS SPENT 300 HOURS ORGANIZING AND SUPERVISING THE PROGRAM I N ADDITION, SEVEN LAMBERT HIGH SCHOOL SENIORS PARTICIPATE WITH THE DIRECTOR OF EDUCATION A T NORTHSIDE HOSPITAL-FORSYTH IN A WEEKLY INTERNSHIP WHERE THEY ARE MENTORED BY ONE OR A TE AM OF INDIVIDUALS IN A SPECIFIC AREA OF THE HOSPITAL, DEPARTMENTS INCLUDE EMERGENCY MEDIC INE, PHY SICAL THERAPY, RESPIRATORY THERAPY, CLINICAL LABORATORY AND RADIOLOGY EACH STUDEN T SPENDS A MINIMUM OF 100 CLINICAL HOURS TOTALING 700 HOURS LAMBERT HEALTH SCIENCES STUDE NTS ALSO GIVE BACK TO NORTHSIDE BY VOLUNTEERING FOR HOSPITAL EVENTS SUCH AS CELEBRATION OF LIGHTS FUNDRAISING FOR THE FOUNDATION AND ORGANIZING RED CROSS BLOOD DRIVES, WHERE ALL UN ITS COLLECTED GET CREDITED TO NORTHSIDE. NEW THIS YEAR, LAMBERT WORKED WITH THE CUMMING-FO RSYTH COUNTY CHAMBER OF COMMERCE HEALTHCARE ASSOCIATION AND NORTHSIDE HOSPITAL-FORSYTH TO LAUNCH THE COMMUNITY INITIATIVE WALK WITH THE DOC THE LAMBERT STUDENTS WERE INCLUDED IN A LL OF THE DEVELOPMENT AND PLANNING MEETINGS THEY DEVELOPED AND DESIGNED THE WEBSITE AND A PP, FORSYTH COUNTY WALK WITH A DOC LOGO, COLLECTED MEDICAL HISTORIES THE DAY OF THE WALKS AND SERVED AS MONITORS ALONG THE COURSE ROUTE. IN 2014, LAMBERT STUDENTS VOLUNTEERED MORE THAN 1,000 HOURS TO NORTHSIDE EVENTS AND CAUSES

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	FOR OUTSTANDING HIGH SCHOOL STUDENTS INTERESTED IN	EXPLORING HEALTH CARE CAREERS, NORTHSIDE HOSPITAL-CHEROKEE AGAIN PARTICIPATED IN THE CHERO KEE COUNTY SCHOOLS' WORK BASED LEARNING PROGRAM YOUTH APPRENTICESHIP THE UNPAID INTERNSHI P OFFERS AN OBSERVATION-ONLY EXPERIENCE FOR STUDENTS WISHING TO PURSUE HEALTH CARE CAREERS STUDENTS ROTATE THROUGH ELEVEN DIFFERENT DEPARTMENTS OF THE HOSPITAL INCLUDING SURGERY, RADIOLOGY AND THE EMERGENCY DEPARTMENT FOR AN HOUR EACH WEEKDAY DURING THE SCHOOL YEAR ST UDENTS ALSO RECEIVE CPR/AED TRAINING IN 2014, 20 STUDENTS PARTICIPATED IN THE PROGRAM AT THE HOSPITAL TWO EMPLOYEES MANAGED THE PROGRAM, SPENDING APPROXIMATELY 20 HOURS EACH, IN ADDITION TO THE TIME INDIVIDUAL DEPARTMENTS DEDICATED TO THEIR RESPECTIVE STUDENTS HEALTH CARE EXPLORING NORTHSIDE HOSPITAL PARTNERS WITH THE LEARNING FOR LIFE HEALTHCARE EXPLORING PROGRAM TO OFFER LOCAL HIGH SCHOOL STUDENTS (GRADES 9-12), WHO ARE CONSIDERING A CAREER I N HEALTH CARE A UNIQUE, INSIDER'S VIEW OF THE HOSPITAL AND ITS MANY CAREERS THROUGHOUT TH E SEVEN-MONTH PROGRAM, WHICH IS AFFILIATED WITH THE BOY SCOUTS OF AMERICA, THE STUDENTS VI SIT MANY AREAS OF THE HOSPITAL, PERFORMING EXERCISES AND PARTICIPATING DURING LECTURES BY HEALTHCARE PROFESSIONALS EACH CLASS FOCUSES ON A DIFFERENT AREA OF HEALTH CARE CARDIOLOGY , ROBOTIC SURGERY, RADIOLOGY, ONCOLOGY, PHARMACY, WOMEN'S SERVICES AND OTHER SPECIALTIES DURING THE 2013-2014 SESSION, 29 STUDENTS FROM ALL OVER ATLANTA PARTICIPATED IN THE PROGRA M, WHICH INCLUDED 7 CLASSES, AND SPENT A TOTAL OF 609 HOURS AT NORTHSIDE THE PROGRAM WAS FACILITATED BY APPROXIMATELY 30 NORTHSIDE EMPLOYEES AND PHY SICIANS WHO GAVE APPROXIMATELY 120 HOURS OF THEIR TIME BROAD-BASED COMMUNITY OUTREACH/SPECIAL EVENTS TENNIS AGAINST BREA ST CANCER IN OCTOBER 2013, NORTHSIDE HOSPITAL ORGANIZED THE 10TH ANNUAL "TENNIS AGAINST BR EAST CANCER" EVENT, LUNCHEON AND FASHION SHOW AT MULTIPLE LOCATIONS IN NORTH FULTON AND FO RSYTH COUNTIES TO RAISE COMMUNITY AWARENESS OF BREAST CANCER PREVENTION AND EDUCATION MOR E THAN 894 WOMEN PARTICIPATED IN TENNIS FUNDAMENTAL DRILLS AND ENJOYED LUNCH AND A TENNIS FASHION SHOW PHY SICIANS AT EACH LUNCHEON GAVE PRESENTATIONS ON NEW STATE-OF-THE-ART DIGIT AL BREAST CANCER DIAGNOSTIC TOOLS AVAILABLE MORE THAN $160,000 WAS RAISED FOR THE NORTHSI DE HOSPITAL BREAST CARE PROGRAM FOR THE EDUCATIONAL AND EMOTIONAL SUPPORT OF BREAST CARE P ATIENTS MIRACLE BABIES IN NOVEMBER 2013, NORTHSIDE HOSTED THE SECOND MIRACLE BABIES AT NO RTHSIDE HOSPITAL FUNDRAISING EVENT TO RAISE FINANCIAL ASSISTANCE AND SUPPORT FOR FAMILIES WITH NEWBORNS IN THE HOSPITAL'S NEONATAL INTENSIVE CARE UNIT (NICU) MORE THAN 200 PEOPLE ATTENDED AND MORE THAN $70,000 WAS RAISED CELEBRATION OF LIGHTS THE 25TH ANNUAL CELEBRATI ON OF LIGHTS CHRISTMAS TREE LIGHTING AND FESTIVAL IN DECEMBER 2013 WAS A SPECIAL CELEBRATI ON FOR NORTHSIDE HOSPITAL'S CANCER PATIENTS, THEIR FAMILIES AND THE COMMUNITIES WE SERVE TREES WERE LIT ATOP THE 980 DOCTORS' CENTRE IN SANDY SPRINGS, THE NORTHSIDE/ALPHARETTA MED ICAL CAMPUS AND NORTHSIDE HOSPITAL-FORSYTH IN CUMMING MORE THAN 3,000 NORTHSIDE HOSPITAL EMPLOYEES, PHY SICIANS, CANCER SURVIVORS, FAMILIES AND COMMUNITY MEMBERS ATTENDED THE EVENT AT NORTHSIDE HOSPITAL-FORSYTH GUESTS ENJOYED FACE PAINTERS, CLOWNS AND PERFORMANCES BY L OCAL SCHOOL GROUPS LIGHTS ON THE TREES COULD BE PURCHASED IN HONOR OR MEMORY OF A LOVED O NE, AND NEARLY $20,000 WAS RAISED FOR THE NORTHSIDE HOSPITAL CANCER INSTITUTE EGGSTRAVAGA NZA IN APRIL 2014, NORTHSIDE HOSPITAL-CHEROKEE HOSTED ITS ANNUAL EASTER EGGSTRAVAGANZA CH ILDREN AND THEIR PARENTS ENJOYED AN EASTER EGG HUNT, CARNIVAL GAMES, PHOTOS WITH THE EASTE R BUNNY, A PETTING ZOO AND MUCH MORE MORE THAN 2,000 PEOPLE PARTICIPATED IN THE EVENT, WH ICH RAISED NEARLY $1,700 FOR THE HOSPITAL'S SPECIAL CARE NURSERY STROKE 5K IN RECOGNITION OF NATIONAL STROKE AWARENESS MONTH IN MAY, NORTHSIDE HOSTED ITS 5TH ANNUAL STROKE AWARENE SS 5K RUN/WALK APPROXIMATELY 78 PEOPLE PARTICIPATED IN THE EVENT CHARITY GOLF CLASSIC TH E NORTHSIDE HOSPITAL CHARITY GOLF CLASSIC IS A CORPORATE FUNDRAISER FOR THE NORTHSIDE HOSP ITAL BLOOD & MARROW TRANSPLANT PROGRAM (BMT) AND GENERAL RESEARCH PROGRAM THE 2014 EVENT WAS HELD AT THE ATLANTA ATHLETIC CLUB IN JOHNS CREEK AND INCLUDED 256 GOLFERS PLAY ING 18 H OLES EACH AND RAISING MORE THAN $462,000 BABY ALUMNI BIRTHDAY PARTY THE 2014 NORTHSIDE HO SPITAL BABY ALUMNI BIRTHDAY PARTY AT ZOO ATLANTA WAS ATLANTA'S LARGEST BIRTHDAY PARTY MOR E THAN 5,000 CHILDREN AND THEIR FAMILIES CELEBRATED AND ENJOYED FACE PAINTERS, CRAFTS, BIR THDAY COOKIES AS WELL AS AN EVENING VISIT OF THE ANIMAL EXHIBITS MANY ATTENDEES BROUGHT N ON-PERISHABLE FOODS, DIAPERS AND BABY WIPES TO DONATE TO THE ATLANTA COMMUNITY FOOD BANK APPROXIMATELY 5,000 POUNDS OF ITEMS WERE COLLECTED CANCER SURVIVORS' EVENT NORTHSIDE'S AN NUAL CANCER SURVIVORS' EVENT CELEBRATES PATIENTS' LIVES THROUGH LAUGHTER AND SONG THE MOR E THAN 2,000 GUESTS WHO ATTENDED THE 2014 FAMILY EVENT CAME AWAY TOUCHED WITH THE KNOWLEDG E THAT EVEN THOUGH CANCER IS A DREADFUL DISEASE, T

Return Reference	Explanation	
	FOR OUTSTANDING HIGH SCHOOL STUDENTS INTERESTED IN	HERE IS ALWAYS HOPE AND THAT LIFE IS WORTH LIVING AND CELEBRATING CAMP HOPE IN APRIL 2014 , THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY HOSTED ITS EIGHTH ANNUAL CAMP HOPE, A THREE-DAY WEEKEND RETREAT THAT PROVIDES HELPFUL RELAXATION ACTIVITIES AND TECHNIQUES, AS WELL AS EN TERTAINMENT AND FUN FOR THE NORTHSIDE HOSPITAL CANCER PATIENTS TRANSPORTATION TO AND FROM THE CAMP WAS PROVIDED AND THE ENTIRE WEEKEND WAS FREE OF CHARGE, THANKS TO THE GENEROSITY OF THE NORTHSIDE HOSPITAL-ATLANTA AUXILIARY IN 2014, 20 PATIENTS ATTENDED BARIATRIC REU NION FOR MORE THAN 30 YEARS, NORTHSIDE HAS SUCCESSFULLY GUIDED PATIENTS THROUGH LIFE-CHANG ING WEIGHT-LOSS SURGERY, FROM INITIAL CONSULTATION TO LONG-TERM FOLLOW-UP ANNUALLY, NORTH SIDE HOSTS A BARIATRIC REUNION TO CELEBRATE THE SUCCESSES OF THE HOSPITAL'S BARIATRIC SURG ERY PATIENTS IN 2014, 246 PEOPLE ATTENDED THE EVENT WINE WOMEN AND SHOES NEARLY 400 PEOP LE ATTENDED NORTHSIDE'S WINE WOMEN AND SHOES EVENT, BENEFITTING OVARIAN AND GYN CANCER RES EARCH AT NORTHSIDE GUESTS ENJOYED AN AFTERNOON OF WINE TASTINGS FROM SOME OF THE COUNTRY' S TOP WINEMAKERS, SHOPPED THE LATEST TRENDS IN THE MULTI-DESIGNER MARKETPLACE AND SWOONED OVER THE CHARMING "SHOE GUYS" SERVING UP THIS SEASON'S MUST-HAVES ON SILVER PLATTERS MORE THAN $188,000 WAS RAISED BLOOD DRIVES NORTHSIDE HOSPITAL IS A PARTNER WITH THE METRO ATL ANTA RED CROSS TO OFFER BLOOD DRIVES FOR HOSPITAL STAFF AND THE COMMUNITY IN 2014, 26 BLO OD DRIVES WERE HELD IN ATLANTA, CUMMING, CANTON AND ALPHARETTA, COLLECTING 1,546 PINTS OF BLOOD NORTHSIDE ALSO HOSTED A DRIVE AT KELLY MILL ELEMENTARY SCHOOL IN FORSYTH COUNTY, WH ERE AN ADDITIONAL 19 UNITS WERE COLLECTED OTHER COMMUNITY-SPONSORED EVENTS IN 2014, MANY GRATEFUL PATIENTS AND THEIR FAMILIES AND FRIENDS DONATED FUNDS TO HELP NORTHSIDE'S BLOOD & MARROW TRANSPLANT (BMT) PROGRAM, CANCER INSTITUTE, BREAST CARE PROGRAM, HIGH RISK PERINAT AL, SPECIAL CARE NURSERY, PERINATAL LOSS FAMILY SUPPORT PROGRAM AND PARENTS PARTNERED FOR PREEMIES FUNDS PROVIDED LIFE-SAVING SCREENINGS, LEADING-EDGE RESEARCH, PATIENT SERVICES, EDUCATION AND STATE-OF-THE-ART TECHNOLOGY UPGRADES

Return Reference	Explanation	
	CONTINUING MEDICAL EDUCATION	PHYSICIANS NORTHSIDE HOSPITAL IS ACCREDITED BY THE MEDICAL ASSOCIATION OF GEORGIA TO PROVI DE CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES, WHICH AWARD AMA PRA CATEGORY 1 CREDITTM TO PHYSICIANS FOR PARTICIPATION IN CME ACTIVITIES IN 2014, 352 CME ACTIVITIES WERE OFFERE D TO 4,280 PHYSICIAN ATTENDEES AND 3,998 NON-PHYSICIAN ATTENDEES ACTIVITIES OFFERED REGU LARLY SCHEDULED SERIES IN 2014, 13 REGULARLY-SCHEDULED SERIES WERE CONDUCTED AT ATLANTA, FORSYTH AND CHEROKEE CAMPUSES MULTIDISCIPLINARY GROUPS OF HEALTHCARE PROVIDERS MEET ON A WEEKLY, BIWEEKLY, MONTHLY OR QUARTERLY BASIS TO ADDRESS APPROPRIATE CLINICAL ISSUES THROUG H A CASE REVIEW FORMAT IN OB-GYN, ONCOLOGY, RADIATION ONCOLOGY, COLON AND RECTAL AND FETAL THERAPY VARIOUS TUMOR CONFERENCES PROVIDE FREQUENT OPPORTUNITIES FOR BOTH MEDICAL AND SU RGICAL SUBSPECIALISTS TO DISCUSS COMPLEX CASES GRAND ROUNDS ACTIVITIES THE WEEKLY INTERN AL 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 A ND SPECIALISTS IN ACCORDANCE WITH THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATI ON (ACCME) CRITERIA THIS YEAR, NORTHSIDE HOSTED NINE GUEST SPEAKERS AND 30 ON-STAFF PHYSI CIANS AND/OR HEALTH CARE PROFESSIONALS AT THE INTERNAL MEDICINE CONFERENCES NORTHSIDE ADD ITIONALLY HOSTS THE QUARTERLY MULTIDISCIPLINARY GRAND ROUNDS LECTURE FOR A TARGET AUDIENCE OF SURGEONS AND ANESTHESIOLOGISTS, OB/GYNS AND A VARIETY OF HEALTH CARE PROFESSIONALS IN 2014, FOUR MULTIDISCIPLINARY GRAND ROUNDS WERE OFFERED AND NORTHSIDE HOSTED THREE GUEST S PEAKERS AS FACULTY AND ONE SPEAKER FROM NORTHSIDE MEDICAL STAFF MEDICAL EDUCATION CONTINU ES 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 THE YEAR ADDITIONA LLY, THE MEDICAL EDUCATION DEPARTMENT CONTINUED TO PROVIDE CME CREDIT FOR THE NEONATAL CLI NICAL CONFERENCES FOR WHICH FOUR GUEST FACULTIES PRESENTED FOR 66 PHYSICIAN AND HEALTH CAR E PROFESSIONALS IN FY14, THE COLON AND RECTAL JOURNAL CLUB/ MORBIDITY & MORTALITY CONFERE NCE WAS INITIATED FOR CME CREDITS FIVE CONFERENCES WERE HELD IN THIS FISCAL YEAR WITH TWO LOCAL PRESENTERS AND 37 PHYSICIAN AND HEALTH CARE PROFESSIONAL PARTICIPANTS IN 2014, NOR THSIDE HOSPITAL'S JOINT SPONSORSHIP EDUCATIONAL VENTURES INCLUDED TWO COURSES IN ADVANCED CARDIAC LIFE SUPPORT FOR NORTHSIDE PHYSICIANS WHO PERFORM CONSCIOUS SEDATION AS PART OF TH EIR PRACTICE OF MEDICINE IN ADDITION, NORTHSIDE CO-SPONSORED THREE ADVANCED CARDIAC LIFE SUPPORT COURSES OTHER CME ACTIVITIES ADDITIONAL CONFERENCES THAT WERE AWARDED AMA PRA CAT EGORY 1 CREDITS BY NORTHSIDE HOSPITAL MEDICAL EDUCATION DEPARTMENT INCLUDED ACTIVITIES IN THE SPECIALTIES OF PULMONOLOGY, ONCOLOGY, ETHICS, CARDIOLOGY, AND HEALTHCARE REGULATORY PR OCESS IMPROVEMENTS IN A UNIQUE OFFERING, NORTHSIDE HOSPITAL MEDICAL EDUCATION DEPARTMENT AWARDED AMA PRA CATEGORY 1 CREDITS FOR AN INTERNATIONAL SYMPOSIUM ON ENDOMETRIOSIS AND ONC OFERTILITY THESE COURSES REFLECT PLANNING FOR MULTI-HOUR AND MULTI-CREDIT AND IN MOST CAS ES MULTI-FACULTY ACTIVITIES THE AVERAGE ATTENDANCE AT EACH OF THESE FUNCTIONS WAS 41 PHYS ICIAN AND 46 NON-PHYSICIAN PARTICIPANTS MEDICAL EDUCATION DEPARTMENT STAFFING THE MEDICA L EDUCATION DEPARTMENT EMPLOYS THREE FULL-TIME EMPLOYEES AND ONE PART-TIME EMPLOYEE, AND W ORKS WITH VARIOUS HOSPITAL REPRESENTATIVES TO IDENTIFY EDUCATIONAL NEEDS AND IMPLEMENT PLA NNING FOR CME ACTIVITIES AN ESTIMATED 5,520 HOURS WERE DEDICATED TO THE EDUCATIONAL SERVI CES OFFERED IN 2014 BY THE MEDICAL EDUCATION DEPARTMENT 418 75 HOURS OF INSTRUCTION WERE OFFERED THROUGH THE REGULARLY SCHEDULE SERIES AND LIVE ACTIVITIES NURSES/NURSING STUDENTS AND OTHER HEALTH PROFESSIONAL EDUCATION (CAREER PLACEMENT) IN OCTOBER 2013, THE HOSPITAL' S STROKE CENTER HOSTED ITS 6TH ANNUAL STROKE SYMPOSIUM APPROXIMATELY 158 NURSES FROM NORT HSIDE ATTENDED THE EVENT THE STROKE TEAM ALSO PROVIDED ADVANCED STROKE LIFE SUPPORT PROVI DER COURSE EDUCATION TO 100 CERTIFIED PROVIDERS AND 2 INSTRUCTORS IN MAY 2014, THE HOSPIT AL HOSTED A WOMEN AND STROKE SYMPOSIUM APPROXIMATELY 110 NURSES FROM NORTHSIDE ATTENDED T HE EVENT SCHOLARSHIPS THE NORTHSIDE HOSPITAL AUXILIARY SCHOLARSHIP IS AN ANNUAL SCHOLARSH IP AWARDED TO ASSIST RECIPIENTS PURSUING A HEALTH-RELATED EDUCATIONAL PROGRAM 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, NORTH SIDE EMPLOYEES AND THEIR IMMEDIATE FAMILY ARE ELIGIBLE IN 2014, $51,750 WAS AWARDED IN SC HOLARSHIPS BY THE ATLANTA AUXILIARY, INCLUDING $900 IN VOLUNTEEN GRANTS THE FORSYTH AUXIL IARY AWARDED $26,500 IN SCHOLARSHIPS, INCLUDING $2,000 IN VOLUNTEEN GRANTS THE CHEROKEE A UXILIARY AWARDED FOUR $1,000 SCHOLARSHIPS NORTHSIDE HOSPITAL'S NORTHSIDE SCHOLARS PROGRAM IS AN EXCITING SCHOLARSHIP OPPORTUNITY FOR HIGH-P

Return Reference	Explanation	
	CONTINUING MEDICAL EDUCATION	ERFORMING NURSING STUDENTS ENTERING THEIR JUNIOR OR SENIOR YEARS THE RECEIPT OF THE SCHOL ARSHIP INVOLVES INTERNSHIP ROTATION, PERSONALIZED MENTORING, AND A MINIMUM OF TWO YEARS EM PLOYMENT COMMITMENT TO NORTHSIDE HOSPITAL FOLLOWING SUCCESSFUL COMPLETION OF PROGRAM AND G RADUATION FROM A SCHOOL OF NURSING IN 2014, FIVE NURSING STUDENTS EACH RECEIVED $2,500 IN SCHOLARSHIP MONEY COMMUNITY SERVICE ACTIVITIES EMPLOYEE VOLUNTEERISM (THE COMMUNITY CONN ECTION) NORTHSIDE HOSPITAL PROMOTES AND ENCOURAGES COMMUNITY VOLUNTEERISM AMONG ITS PHYSIC IANS, EMPLOYEES, AUXILIANS AND THEIR FAMILIES AND FRIENDS EACH YEAR, STAFF AND PHYSICIANS VOLUNTEER THEIR TIME, TALENTS AND RESOURCES TO MAKE A POSITIVE IMPACT AND BUILD STRONG AN D HEALTHY COMMUNITIES IN 2014, MORE THAN 4,500 COMMUNITY CONNECTION VOLUNTEERS DONATED MO RE THAN 47,000 HOURS OF THEIR TIME TO MORE THAN 100 COMMUNITY SERVICE PROJECTS IN THE HOSP ITAL'S SERVICE AREAS EMPLOYEES HELP STRENGTHEN THEIR COMMUNITIES BY SUPPORTING THE FOLLOW ING ATLANTA-METRO COMMUNITY ORGANIZATIONS AND CHARITIES AND MANY MORE IN THE COMMUNITY - A TOUCH OF WARMTH - AMERICAN CANCER SOCIETY - AMERICAN DIABETES ASSOCIATION - AMERICAN RED CROSS - ATLANTA COMMUNITY FOOD BANK - ATLANTA DAY SHELTER FOR WOMEN - AMERICAN HEART ASSO CIATION - ATLANTA MISSION - BACK ON MY FEET - BOYS AND GIRLS CLUB OF METRO ATLANTA - BROOK HAVEN ACUTE NURSING HOME - CHILDREN'S RESTORATION NETWORK - CITY OF ALPHARETTA - COLON CAN CER ALLIANCE - DRAKE HOUSE - GEORGIA OVARIAN CANCER ALLIANCE - GWINNETT CHILDREN'S SHELTER - JESSE'S HOUSE - MEDSHARE INTERNATIONAL - MUST MINISTRIES - NO ONE ALONE SHELTER - ONESI GHT - OPEN HAND - PARTNERSHIP AGAINST DOMESTIC VIOLENCE - PROJECT TURN AROUND - SECOND WIN D DREAMS - THE PLACE OF FORSYTH COUNTY - TOYS FOR TOTS - TURNAROUND MINISTRIES - UNITED WA Y OF FORSYTH COUNTY - UNITED WAY OF METROPOLITAN ATLANTA PROGRAM HIGHLIGHTS - CELL PHONES ARE COLLECTED THROUGHOUT THE YEAR FOR THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE TO SUPPOR T WOMEN AND THEIR CHILDREN IN THEIR EFFORT TO LIVE VIOLENCE FREE

Return Reference	Explanation	
	-IN CELEBRATION OF THE 14TH ANNUAL ABSOLUTELY INCREDIBLE	KID DAY, NORTHSIDE PARTNERED WITH UNITED WAY OF METROPOLITAN ATLANTA TO PROVIDE HAND-WRITT EN LETTERS OF ENCOURAGEMENT TO STUDENTS IN TITLE I SCHOOLS THESE LETTERS SHOWED SUPPORT O F THE STUDENT'S DREAMS AND GOALS FOR SUCCESS - NORTHSIDE HAS PROVIDED MORE THAN 2,475 MEA LS TO COMMUNITY MEMBERS IN NEED THROUGH SUMMER AND FALL FOOD DRIVES - EMPLOYEES PROVIDE H EALTHY SNACKS FOR CHILDREN AT NO ONE ALONE SHELTER WHO HAVE BEEN AFFECTED BY DOMESTIC VIOL ENCE THESE SNACKS ARE ESSENTIAL TO THE CHILDREN'S WEEKLY SUPPORT GROUP, WHERE THROUGH SNA CKS AND ACTIVITIES CHILDREN INCREASE THEIR SELF-ESTEEM, LEARN SAFETY SKILLS AND IMPROVE TH EIR BEHAVIOR - NORTHSIDE HOSPITAL'S ANNUAL "OPERATION BOOK BAG," A BOOK BAG AND SCHOOL SU PPLY DRIVE BENEFITING CHILDREN'S RESTORATION NETWORK, WAS BY FAR NORTHSIDE'S BIGGEST Y EAR EVER MORE THAN 4,000 NEW BOOK BAGS FILLED WITH SCHOOL SUPPLIES WERE COLLECTED AND DISTRIB UTED TO HOMELESS CHILDREN IN THE METRO ATLANTA AREA - EVERY MONTH, MORE THAN FIFTEEN EMPL OYEES FROM NORTHSIDE'S BUSINESS OFFICE VISIT AMAZING SENIORS AT A LOCAL RETIREMENT CENTER DURING THESE VISITS, SENIORS AND EMPLOYEES PLAY BINGO, CELEBRATE BIRTHDAYS AND SPEND QUAL ITY TIME TOGETHER THE SENIORS LOVE CHILDREN, SO SEVERAL EMPLOYEES BRING THEIR CHILDREN AN D FAMILIES WITH THEM TO VISIT THE BONDS BETWEEN VOLUNTEERS AND THE SENIORS HAS STEADILY G ROWN EMPLOYEES ALSO ADOPT THE MORE THAN 150 RESIDENTS TO PROVIDE THEM WITH A PERSONAL CAR E PACKAGE DURING THE HOLIDAY SEASON - THE OVERCOME OVARIAN CANCER 5K WALK/RUN IS THE LARG EST OVARIAN CANCER AWARENESS EVENT SERIES IN THE SOUTHEAST NORTHSIDE AND AFFILIATED PHYSI CIAN PRACTICE EMPLOYEES PARTICIPATED IN THIS NORTHSIDE-SPONSORED EVENT PROCEEDS FROM THIS EVENT HELD ON TWO DAYS IN SEPTEMBER, BENEFIT THE GEORGIA OVARIAN CANCER ALLIANCE - NORTH SIDE HOSPITAL'S MARCH OF DIMES - MARCH FOR BABIES CAMPAIGN WAS A BIG SUCCESS NORTHSIDE AN D ITS FAMILY PARTNERS WAS THE NO 1 HEALTHCARE FUNDRAISING TEAM AND THE NO 2 TEAM OVERALL IN THE STATE OF GEORGIA FOR 2014 NORTHSIDE HOSPITAL, ALONG WITH PARENTS PARTNERED FOR PR EEMIES AND ADDITIONAL FAMILIES THAT DELIVERED AT NORTHSIDE, RAISED $468,852 WITH 333 PARTI CIPANTS - NORTHSIDE PARTICIPATED IN AND SPONSORED THE UNDY5000, PRESENTED BY THE COLON CA NCER ALLIANCE, A FUN RUN TO BRING AWARENESS TO COLON CANCER AND TO RAISE FUNDS FOR DIAGNOS IS AND TREATMENT SEVERAL HOSPITAL EMPLOYEES ALSO PARTICIPATED IN THE RUN - NORTHSIDE HOS PITAL ATTENDED BOTH THE NORTH METRO (CUMMING) AND DOWNTOWN ATLANTA LIGHT THE NIGHT FUNDRAI SING WALKS, AS A PARTICIPANT AND SPONSOR - NORTHSIDE EMPLOYEES, FAMILIES, AND FRIENDS, FI LLED THE WISH LISTS OF MORE THAN 800 HOMELESS CHILDREN IN THE METRO ATLANTA AREA NORTHSID E PARTNERED WITH CHILDREN'S RESTORATION NETWORK TO ENSURE THAT MORE THAN 3,000 HOMELESS CH ILDREN IN METRO ATLANTA HAD A MEMORABLE AND MEANINGFUL CHRISTMAS - DEPARTMENTS, INDIVIDUA LS AND THEIR FAMILIES HELPED EMPLOYEES, WHO HAVE RECEIVED ASSISTANCE FROM THE NORTHSIDE SH ARES HELP FUND CREATE MEMORABLE HOLIDAYS FOR THEIR CHILDREN THE NORTHSIDE HOSPITAL SHARES HELP FUND PROVIDES AID TO EMPLOYEES IN DIRE FINANCIAL NEED RESULTING FROM AN EMERGENCY T HE WISH LISTS OF SIXTEEN FAMILIES, A TOTAL OF 49 CHILDREN WERE FULFILLED - NORTHSIDE HOSP ITAL-CHEROKEE'S HOLIDAY TOY DRIVE PROVIDED TOYS TO THE BOYS & GIRLS CLUB OF CHEROKEE COUNT Y - NORTHSIDE PARTICIPATED 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 FRIENDS 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 MORE THAN 100 CHILDREN - THROUGHOUT THE Y EAR, EMPLOYEES DONATED BASIC NEEDS ITEM S FROM A WISH LIST TO THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE THE ITEMS BENEFIT VICTIMS OF DOMESTIC VIOLENCE WHO RESIDE IN SAFE HOUSES AND THEIR SUPPORTIVE HOUSING PROGRAMS - 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 - THR OUGH OPEN HAND, STAFF MEMBERS PACK MEALS FOR DELIVERY TO PERSONS WITH HIV/AIDS, THE SICK A ND SHUT-INS AND THE ELDERLY OPEN HAND PREPARES AND DELIVERS TWO FRESHLY COOKED MEALS, EVE RY DAY, SEVEN DAYS A WEEK, TO PEOPLE WITH AIDS OR HIV-RELATED ILLNESSES WHO NEED THEM THI S PROJECT DEPENDS ON THE PARTICIPATION OF MORE THAN 100 VOLUNTEERS EACH DAY TO COOK, PACK AND DELIVER THE MEALS - EMPLOYEES AT THE NORTHSIDE HOSPITAL-FORSYTH CAMPUS VOLUNTEER ANNU ALLY AT HANDS ON FORSYTH, TASTE OF FORSYTH, THE CUMMING COUNTRY FAIR AND FESTIVAL, UNITED WAY OF FORSYTH, THE PLACE, AND THE DRAKE HOUSE - EMPLOYEES AT NORTHSIDE HOSPITAL-CHEROKEE PARTICIPATED IN VARIOUS COMMUNITY PROJECTS INCLUDING THE TASTE OF CANTON, CHEROKEE FAMILY VIOLENCE CENTER AND MUST MINISTRIES EMPLOYEE PLEDGE DRIVE EACH Y EAR, STAFF AND PHYSICIAN S CONTRIBUTE MONEY THROUGH PAYROLL DEDUCTIONS, CHE

Return Reference	Explanation	
	-IN CELEBRATION OF THE 14TH ANNUAL ABSOLUTELY INCREDIBLE	CKS AND CASH TO THE NORTHSIDE HOSPITAL EMPLOYEE GIVING CAMPAIGN DONATIONS IMPROVE THE LIV ES OF PATIENTS, FELLOW EMPLOYEES AND THE LOCAL COMMUNITY THROUGH DESIGNATIONS TO THE NORTH SIDE HOSPITAL FOUNDATION, NORTHSIDE SHARES HELP EMPLOYEE/RETIREE EMERGENCY RELIEF FUND AND THE UNITED WAY IN 2014, MORE THAN $850,000 WAS RAISED AND 33 PERCENT OF EMPLOYEES PARTIC IPATED NORTHSIDE HOSPITAL IS RANKED THE TOP GEORGIA HOSPITAL IN TERMS OF FINANCIAL, GIFTS -IN-KIND AND VOLUNTEER SUPPORT TO THE COMMUNITIES IT SERVES SPONSORSHIPS IN ADDITION TO T HE EXCELLENT MEDICAL CARE AND EDUCATIONAL PROGRAMS, NORTHSIDE PROVIDES FINANCIAL ASSISTANC E TO MORE THAN 330 CHARITABLE ORGANIZATIONS EACH YEAR THE HOSPITAL'S FOUR-MEMBER SPONSORS HIP COMMITTEE REVIEWS ALL REQUESTS RECEIVED AND DETERMINES WHETHER OR NOT EACH ORGANIZATIO N COMPLIMENTS THE HOSPITAL'S MISSION AND VALUES AND MEETS GEOGRAPHIC AND DEMOGRAPHIC PARAM ETERS 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 THIS REPUTATION FOR COMMUNITY OUTREACH AND SUPPORT IS EVIDENT IN NORTHSIDE BEING RECOGNI ZED (IN INDEPENDENT SURVEYS CONDUCTED BY THE NATIONAL RESEARCH CORPORATION) AS THE LEADER IN COMMUNITY OUTREACH EFFORTS IN ATLANTA IN-KIND DONATIONS NORTHSIDE HOSPITAL-CHEROKEE PR OVIDES MEETING AND EDUCATIONAL CLASSROOM SPACE FOR VARIOUS MEETINGS, CONFERENCES AND CLASS ES FOR NOT-FOR-PROFIT COMMUNITY GROUPS THROUGHOUT THE YEAR IN 2014, ROOMS WERE PROVIDED A T NO COST TO 3 ORGANIZATIONS FOR APPROXIMATELY 88 HOURS OUR COMMITMENT WE MEASURE THE SUC CESS OF OUR EFFORTS BY THE NUMBER OF RESIDENTS WE REACH WITH OUR MESSAGES RELATED TO HEALT H AND WELLNESS OUR MISSION IS TO WORK TO POSITIVELY IMPACT THE OVERALL HEALTH OF THE COMM UNITIES WE SERVE CLEARLY, EDUCATION, OUTREACH AND COMMUNITY SERVICE ALLOW US TO BROADEN O UR 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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 entity? Yes	(g) 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	PUBLIC CHARITY, ORGANIZED EMPLOYEE RELIEF FUND	GA	501(C)(3)	LINE 7	NORTHSIDE HEALTH SERVICES INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	AMBULATORY SURGERY OUTPATIENT SPECIALTYAMBULATORY SUL ESTATE SERVICES	GA	NORTHSIDE HOSPITAL INC	RELATED	212,297			No			No	70 000 %
(2) NORTHERN CRESCENT ENDOSCOPY SUITE LLC 550 PEACHTREE STREET SUITE 1620 ATLANTA, GA 30308 58-2453504	OUTPATIENT SURGERY	GA	NORTHSIDE HOSPITAL INC	RELATED	276,634			No			No	70 000 %
(3) UROLOGY SURGICAL PARTNERS LLC 5673 PEACHTREE DUNWOODY RD SUITE 91 ATLANTA, GA 30342 47-2619158	AMBULATORY SURGERY OUTPATIENT SPECIALTYAMBULATORY SUL ESTATE SERVICES	GA	NORTHSIDE HOSPITAL 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) NORTHSIDE VENTURES INC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954456	LEASING COMPANY	GA	N/A	C					No

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

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

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

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
PART I, LINE D	IN MOST INSTANCES WHERE (D) TOTAL INCOME IS ZERO, ENTITIES WERE ESTABLISHED FOR BILLING IDENTIFICATION ONLY AND NO ASSETS OR INCOME ARE APPLICABLE TO EMPLOYER IDENTIFICATION NUMBER

Additional Data

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 (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) NORTH ATLANTA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 20-5106086	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(1) NORTHSIDE CARDIOVASCULAR PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 33-1105310	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(2) NORTHSIDE SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 01-0642336	HEALTHCARE SERVICES	GA	0	1,929,167	NORTHSIDE HOSPITAL INC
(3) SURGERY CENTER OF GEORGIA LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2169517	SURGERY CENTER	GA	0	0	NORTHSIDE SURGERY CENTERS LLC
(4) NORTHSIDE SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259671	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(5) NORTHSIDE PRIMARY CARE PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-1259435	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(6) SURGICOE REAL ESTATE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-2558486	SURGERY CENTER	GA	0	0	NORTHSIDE SURGERY CENTERS LLC
(7) NORTHSIDE ATLANTA SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364531	HEALTHCARE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(8) ATLANTA ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 37-1663139	SURGERY CENTER	GA	1,569,175	10,344,185	NORTHSIDE ATLANTA SURGERY CENTERS LLC
(9) NORTHSIDE FORSYTH SURGERY CENTERS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-4364708	SURGERY CENTER	GA	0	0	NORTHSIDE HOSPITAL INC
(10) GWINNETT ADVANCED SURGERY CENTER LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-5067682	SURGERY CENTER	GA	2,553,451	3,246,289	NORTHSIDE HOSPITAL INC
(11) AGA PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-3694469	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(12) GALEN ADVISORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 26-2016143	MEDICAL BILLING SERVICES	GA	4,371,187	5,098,269	NORTHSIDE HOSPITAL INC
(13) LMG AT NORTHSIDE LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1436087	PROFESSIONAL SERVICES	GA	26,357,117	8,195,502	NORTHSIDE HOSPITAL INC
(14) NORTHSIDE 993 LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-6251430	REAL ESTATE SERVICES	GA	3,776,251	31,636,591	NORTHSIDE HOSPITAL INC
(15) NSH CANCER INSTITUTE PROFESSIONAL SERVICES A LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0667707	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(16) NSH CANCER INSTITUTE PROFESSIONAL SERVICES G LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-0676654	ONCOLOGY SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(17) GEORGIA SURGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3858353	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(18) MEDICAL ASSOCIATES PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-3806922	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(19) UROLOGICAL PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 46-5757579	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) PERIMETER PROFESSIONAL SERVICES LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1088986	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(1) CHEROKEE COUNTY INVESTORS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 30-0834387	REAL ESTATE SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(2) NORTHSIDE URGENT CARE HOLDING LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 47-1625673	PROFESSIONAL SERVICES	GA	0	0	NORTHSIDE HOSPITAL INC
(3) NORTHSIDE MEDICAL GROUP LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 58-1954432	INACTIVE	GA	0	0	NORTHSIDE HOSPITAL INC
(4) NORTHSIDE HOSPITAL HOLDINGS LLC 1000 JOHNSON FERRY ROAD ATLANTA, GA 30342 45-3364630	INACTIVE	GA	0	0	NORTHSIDE HOSPITAL INC
(5) 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, 2014 and 2013, and Independent Auditors' Report

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

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Deloitte

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INDEPENDENT AUDITORS' REPORT

To Northside Hospital, Inc. and Subsidiaries

We have audited the accompanying consolidated financial statements of Northside Hospital, Inc. (a Georgia not-for-profit corporation and a subsidiary of Northside Health Services, Inc.) and subsidiaries ("Northside"), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Northside's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Northside's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Northside as of September 30, 2014 and 2013, and the results of its operations, the changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Deloitte + Touche LLP

January 21, 2015

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2014 AND 2013

ASSETS	2014	2013
CURRENT ASSETS		
Cash and cash equivalents	$ 271,397,000	$ 158,497,000
Patient accounts receivable—less allowance for uncollectible accounts of $119,973,000 and $108,209,000 as of September 30, 2014 and 2013, respectively	128,976,000	123,119,000
Inventories—at lower of cost (first-in, first-out method) or market	26,886,000	28,426,000
Prepaid expenses and other assets	17,205,000	15,837,000
Total current assets	444,464,000	325,879,000
ASSETS WHOSE USE IS LIMITED—At fair value	238,168,000	204,249,000
PROPERTY AND EQUIPMENT—At cost	1,500,101,000	1,348,369,000
LESS ACCUMULATED DEPRECIATION AND AMORTIZATION	(871,431,000)	(786,113,000)
Net property and equipment	628,670,000	562,256,000
OTHER ASSETS		
Goodwill	178,350,000	152,597,000
Other intangible assets, net	76,092,000	55,660,000
Other	36,814,000	39,624,000
Due from related parties	2,782,000	3,122,000
Total other assets	294,038,000	251,003,000
TOTAL	$1,605,340,000	$1,343,387,000

(Continued)

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2014 AND 2013

	2014	2013
LIABILITIES		
CURRENT LIABILITIES		
Current portion of long-term debt	$ 36,433,000	$ 15,625,000
Accounts payable	128,789,000	104,670,000
Accrued liabilities		
Salaries and employee benefits	83,416,000	73,155,000
Other	134,944,000	130,345,000
Current portion of accrual for general and professional malpractice claims	7,348,000	8,143,000
Total current liabilities	390,930,000	331,938,000
OTHER LONG-TERM OBLIGATIONS		
Accrual for general and professional medical malpractice claims	118,807,000	115,420,000
Accrued pension costs	47,646,000	1,133,000
Other postretirement benefit plan obligations	1,462,000	1,457,000
Real estate financing obligation	69,964,000	55,408,000
Other long-term liabilities	10,000,000	7,781,000
Total other long-term obligations	247,879,000	181,199,000
LONG-TERM DEBT—Net of current portion	94,503,000	130,807,000
Total liabilities	733,312,000	643,944,000
COMMITMENTS AND CONTINGENCIES (Note 13)		
UNRESTRICTED NET ASSETS		
Northside Hospital System	862,280,000	698,320,000
Noncontrolling interest	9,748,000	1,123,000
Total unrestricted net assets	872,028,000	699,443,000
TOTAL	$1,605,340,000	$1,343,387,000

See notes to combined financial statements (Concluded)

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
REVENUES:		
Patient service revenue—net of contractual allowances and other discounts	$2,094,196,000	$1,678,745,000
Provision for bad debts	77,878,000	22,332,000
Net patient service revenue	2,016,318,000	1,656,413,000
Other operating revenues	102,239,000	82,259,000
Total revenues	2,118,557,000	1,738,672,000
EXPENSES		
Salaries and benefits	764,224,000	670,268,000
Supplies	536,208,000	455,716,000
Professional fees	254,525,000	200,835,000
Depreciation and amortization	105,307,000	96,292,000
Interest	6,795,000	6,937,000
Other (Note 1)	275,655,000	225,232,000
Total expenses	1,942,714,000	1,655,280,000
OPERATING INCOME	175,843,000	83,392,000
INVESTMENT INCOME AND OTHER (Note 3)	36,725,000	26,854,000
REVENUES IN EXCESS OF EXPENSES	212,568,000	110,246,000
INCOME ATTRIBUTABLE TO NONCONTROLLING INTEREST	(430,000)	(89,000)
REVENUES IN EXCESS OF EXPENSES ATTRIBUTABLE TO NORTHSIDE HOSPITAL, INC AND SUBSIDIARIES	$ 212,138,000	$ 110,157,000

See notes to consolidated financial statements

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	Unrestricted Net Assets		
	Northside Hospital, Inc. and Subsidiaries	Noncontrolling Interest	Total
UNRESTRICTED NET ASSETS September 30, 2012	$493,060,000	$ 1,034,000	$494,094,000
Revenues in excess of expenses	110,157,000	89,000	110,246,000
Change in unrecognized pension and other postretirement benefit costs	95,103,000	-	95,103,000
Change in unrestricted net assets	205,260,000	89,000	205,349,000
UNRESTRICTED NET ASSETS September 30, 2013	698,320,000	1,123,000	699,443,000
Noncontrolling interest in acquired entities	-	8,130,000	8,130,000
Revenues in excess of expenses	212,138,000	430,000	212,568,000
Other	-	65,000	65,000
Change in unrecognized pension and other postretirement benefit costs	(48,178,000)	-	(48,178,000)
Change in unrestricted net assets	163,960,000	8,625,000	172,585,000
UNRESTRICTED NET ASSETS September 30, 2014	$862,280,000	$ 9,748,000	$872,028,000

See notes to consolidated financial statements.

NORTHSIDE HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in unrestricted net assets	$ 172,585,000	$ 205,349,000
Adjustments to reconcile changes in unrestricted net assets to net cash provided by operating activities		
Depreciation and amortization	105,307,000	96,292,000
Provision for bad debts	77,878,000	22,332,000
Income on equity-method investments	(3,176,000)	(1,238,000)
Distributions from equity-method investments	2,210,000	1,469,000
Net realized and unrealized gains on investments	(25,212,000)	(21,352,000)
Change in unrecognized pension and other postretirement benefit costs	48,178,000	(95,103,000)
Retirement plan funding (in excess of) less than current-year expense	(1,830,000)	6,313,000
Other noncash loss	1,809,000	730,000
Noncontrolling interest in acquired entities	(8,130,000)	-
Changes in assets and liabilities		
Patient accounts receivable	(82,980,000)	(78,531,000)
Inventories	1,733,000	(1,774,000)
Prepaid expenses and other assets	(3,651,000)	(3,738,000)
Trade accounts payable	23,374,000	29,714,000
Accrued liabilities	13,862,000	12,795,000
Accrual for general and professional medical malpractice claims	2,764,000	1,819,000
Total adjustments	152,136,000	(30,272,000)
Net cash provided by operating activities	324,721,000	175,077,000
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of assets whose use is limited	(155,937,000)	(141,914,000)
Proceeds from disposal of assets whose use is limited	146,630,000	137,804,000
Acquisitions (Note 2)	(46,577,000)	(75,124,000)
Proceeds from sale of property and equipment	-	27,000
Purchase of property and equipment	(155,770,000)	(123,850,000)
Net cash used in investing activities	(211,654,000)	(203,057,000)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from real estate financing transactions	15,330,000	-
Proceeds from borrowings on line of credit	-	60,000,000
Repayment of long-term debt and capital lease obligations	(15,497,000)	(12,247,000)
Net cash (used in) provided by financing activities	(167,000)	47,753,000
NET INCREASE IN CASH AND CASH EQUIVALENTS	112,900,000	19,773,000
CASH AND CASH EQUIVALENTS—Beginning of year	158,497,000	138,724,000
CASH AND CASH EQUIVALENTS—End of year	$ 271,397,000	$ 158,497,000

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 an acute care facility licensed for 537 inpatient beds located in Atlanta, Georgia, an acute care facility licensed for 231 inpatient beds located in Cumming, Georgia ("Northside Forsyth"), an acute care facility licensed for 96 inpatient beds 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 and 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 accompanying consolidated 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, 2014 and 2013, are as follows.

	2014	2013
Land and buildings	$ 831,863,000	$ 738,304,000
Moveable and fixed equipment	499,720,000	447,137,000
Leasehold improvements	119,542,000	109,140,000
Construction in progress	48,976,000	53,788,000
Property and equipment—at cost	1,500,101,000	1,348,369,000
Less accumulated depreciation and amortization	(871,431,000)	(786,113,000)
Property and equipment—net	$ 628,670,000	$ 562,256,000

Depreciation expense totaled $97,013,000 and $89,781,000 during the years ended September 30, 2014 and 2013, respectively In April 2014, Northside purchased a medical office building for approximately $18,500,000 The purchase price was allocated to building ($15,870,000) and other intangible assets ($2,630,000)

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, 2014 and 2013 The changes in goodwill for the years ended September 30, 2014 and 2013, are as follows

	2014	2013
Balance—beginning of year	$ 152,597,000	$ 101,135,000
Acquisitions	25,753,000	51,462,000
Balance—end of year	$ 178,350,000	$ 152,597,000

Other 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, 2014 and 2013

The summary of the components of intangible assets as of September 30, 2014 and 2013, is as follows

	2014	2013
Licensing agreements	$ 51,952,000	$37,830,000
Less accumulated amortization	(4,685,000)	(3,244,000)
	47,267,000	34,586,000
Other agreements	12,987,000	6,498,000
Less accumulated amortization	(5,152,000)	(3,547,000)
	7,835,000	2,951,000
Contractual relationships and other intangible assets	32,352,000	24,237,000
Less accumulated amortization	(11,362,000)	(6,114,000)
	20,990,000	18,123,000
Total	$ 76,092,000	$55,660,000

Amortization expense related to intangible assets was approximately $8,294,000 and $6,511,000 for the years ended September 30, 2014 and 2013, respectively Estimated annual aggregate amortization expense for each of the next five years is as follows

Years Ending September 30	
2015	$9,210,000
2016	7,797,000
2017	6,041,000
2018	5,446,000
2019	4,800,000

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

Electronic Health Records (EHR) Incentives—The American Recovery and Reinvestment Act of 2009 established incentive payments under Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified EHR technology The EHR incentive payments to hospitals include a base amount, plus a discharge-related portion, which is calculated by the Centers for Medicare and Medicaid Services based on the hospital's most recently filed cost report and are subject to adjustment upon settlement of the cost report for the hospital's fiscal year that begins after the beginning of the payment year. A hospital may receive incentive payments for up to four years, provided that it successfully demonstrates meaningful use for each applicable EHR reporting period EHR incentive payments are recognized when the specified meaningful use criteria have been satisfied, as all contingencies related to the amount of incentive payments received are resolved and are included in other operating revenues in the consolidated statements of operations Northside recognized EHR incentive revenues of $1,140,000 and $6,707,000 for the years ended September 30, 2014 and 2013, respectively Northside's attestations regarding the meaningful use of EHR technology are subject to audit by the federal government or its designee

Other Operating Expenses—Other operating expenses for the years ended September 30, 2014 and 2013, are as follows

	2014	2013
Purchased services	$ 99,164,000	$ 88,020,000
Rent and leases	68,939,000	58,405,000
Utilities	20,696,000	17,549,000
Insurance	20,410,000	13,515,000
Repairs and maintenance	8,564,000	8,060,000
Travel and education	3,987,000	3,393,000
Printing and mailing	6,371,000	5,689,000
Community related	14,877,000	11,285,000
Other	32,647,000	19,316,000
Total	$275,655,000	$225,232,000

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 $5,715,000 and $6,882,000 for the years ended September 30, 2014 and 2013, respectively

Savings Plan—Northside has a 403(b) plan that provides for voluntary contributions by employees Northside employees may contribute up to 75% of their gross wages, subject to certain Internal Revenue Code limitations Northside matches 50% of the first 4% of each employee's contribution The expense incurred for Northside's matching contributions totaled $4,128,000 and $3,569,000 for the years ended September 30, 2014 and 2013, 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 Health Care 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 continues to assess the potential impact of this reform, but is unable to predict the net impact of this legislation on its future revenues and operations.

Use of Estimates—The preparation of consolidated 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 consolidated 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 accounts and transactions have been eliminated in the accompanying consolidated financial statements.

Recent Accounting Pronouncements—In February 2013, the FASB issued ASU 2013-04, Liabilities (Topic 405) *Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation Is Fixed at the Reporting Date* ("ASU 2013-04"). ASU 2013-04 provides guidance for the recognition, measurement and disclosure of obligations resulting from joint and several liability arrangements. The new guidance requires entities to measure these obligations as the sum of the amount the reporting entity agreed to pay on the basis of its arrangement among its co-obligors and any additional amount the reporting entity expects to pay on behalf of its co-obligors. The new guidance is

effective for fiscal years beginning after December 15, 2013. Northside is currently evaluating the impact to its consolidated financial statements from the adoption of this standard.

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers* (Topic 606) ("ASU 2014-09"). ASU 2014-09 affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets unless those contracts are within the scope of other standards. The core principle of the guidance in ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The guidance provided in ASU 2014-09 is effective for fiscal years beginning after December 15, 2017. Northside is currently evaluating the impact to its consolidated financial statements from the adoption of this standard.

2. ACQUISITIONS

Outpatient Specialty Centers—In January 2014, Northside acquired certain assets and assumed certain liabilities of an outpatient specialty center for cash consideration of $5,324,000. 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:

Accounts receivable	$ 1,535,000
Inventory	129,000
Moveable and fixed equipment	1,236,000
Other agreements	400,000
Other intangible assets	205,000
Current liabilities	347,000
Other liabilities	124,000

The balance of the purchase price, $2,290,000, was recorded as excess cost over identifiable net assets acquired (goodwill).

In July 2014, Northside acquired a controlling interest in an outpatient surgery center for cash consideration of $12,705,000. Prior to July 2014, Northside held an interest in this outpatient surgery center and accounted for this investment under the equity method of accounting. 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:

Accounts receivable	$ 631,000
Other current assets	54,000
Moveable and fixed equipment	251,000
Licensing agreements	260,000
Other agreements	1,140,000
Current liabilities	518,000
Other liabilities	80,000

The balance of the purchase price, $21,361,000, was recorded as excess cost over identifiable net assets acquired (goodwill). In addition, Northside recognized a noncash gain of $1,620,000 for the year ended September 30, 2014. As of September 30, 2014, Northside held a controlling interest in this outpatient specialty center. The remaining interest is held by other investors and is recorded as noncontrolling interest in the accompanying consolidated balance sheets. The noncontrolling interest was valued at $6,930,000 at the date of acquisition. Earnings attributable to this noncontrolling interest were $247,000 for the year ended September 30, 2014.

In May 2014, Northside acquired certain assets and assumed certain liabilities of two related outpatient specialty centers for cash consideration of $14,336,000. 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	$ 10,000
Moveable and fixed equipment	2,238,000
Licensing agreements	8,800,000
Other agreements	2,660,000
Other intangible assets	375,000

The balance of the purchase price, $253,000, was recorded as excess cost over identifiable net assets acquired (goodwill).

Other Acquisitions—During 2014, Northside acquired certain assets and assumed certain liabilities of various outpatient specialty centers for cash consideration of $14,212,000. 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:

Accounts receivable	$ 124,000
Inventory	62,000
Other current assets	20,000
Moveable and fixed equipment	3,782,000
Licensing agreements	5,062,000
Other agreements	2,290,000
Other intangible assets	3,323,000
Current liabilities	84,000
Other liabilities	1,017,000

The balance of the purchase prices, $1,850,000, was recorded as excess cost over identifiable net assets acquired (goodwill). As of September 30, 2014, Northside held a controlling interest in one of the outpatient specialty centers. The remaining interest is held by outside investors and is recorded as noncontrolling interest in the accompanying consolidated balance sheet. The noncontrolling interest was valued at $1,200,000 at the date of acquisition. The impact of these other 2014 acquisitions is not material to Northside's consolidated financial position or results of operations.

Outpatient Specialty Centers—In December 2012, Northside acquired certain assets and assumed certain liabilities of outpatient specialty centers for cash consideration totaling $46,957,000. 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	$ 1,012,000
Inventory	11,949,000
Moveable and fixed equipment	5,468,000
Other intangible assets	2,089,000
Current liabilities	1,192,000
Other liabilities	1,131,000

The balance of the purchase price, $28,762,000, was recorded as excess cost over identifiable net assets acquired (goodwill).

In December 2012, Northside acquired certain assets and assumed certain liabilities of outpatient specialty centers for cash consideration totaling $12,801,000 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

Inventory	$468,000
Moveable and fixed equipment	875,000
Current liabilities	535,000
Other liabilities	80,000

The balance of the purchase price, $12,073,000, was recorded as excess cost over identifiable net assets acquired (goodwill)

In December 2012, Northside acquired certain assets of an outpatient specialty center for cash consideration of $7,393,000. The acquisition was accounted for using the purchase method of accounting Accordingly, the purchase price was allocated to identifiable net assets acquired based on their estimated fair values as follows.

Moveable and fixed equipment	$260,000
Current liabilities	61,000
Other liabilities	669,000

The balance of the purchase price, $7,863,000, was recorded as excess cost over identifiable net assets acquired (goodwill)

Other Acquisitions—During 2013, Northside acquired certain assets of various outpatient specialty centers and physician practices for cash consideration of $7,973,000 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	$ 158,000
Moveable and fixed equipment	1,964,000
Licensing agreements	1,900,000
Other agreement	275,000
Other intangible assets	526,000

The balance of the purchase price, $3,150,000, was recorded as excess cost over identifiable net assets acquired (goodwill) The impact of these other 2013 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, 2014 and 2013, stated at fair value, is as follows

	2014	2013
Cash and cash equivalents	$ 10,455,000	$ 8,906,000
Corporate bonds and securities	20,958,000	40,345,000
Government bonds and securities	41,185,000	22,342,000
Corporate equity securities	165,570,000	132,656,000
Total	$238,168,000	$204,249,000

Components of investment income for the years ended September 30, 2014 and 2013, are as follows.

	2014	2013
Interest and dividends	$ 4,586,000	$ 4,264,000
Realized gains on sales of investments	5,756,000	5,927,000
Net change in unrealized gains in investments	19,456,000	15,425,000
Other	3,185,000	1,238,000
Total	$32,983,000	$26,854,000

Northside has investments of approximately $6,455,000 and $8,954,000 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 sheets as of September 30, 2014 and 2013, respectively The accompanying consolidated statements of operations reflect equity income related to these investments of approximately $3,176,000 and $1,238,000 for the years ended September 30, 2014 and 2013, respectively

Summarized unaudited financial information for Northside's investments accounted for under the equity method of accounting as of and for the years ended September 30, 2014 and 2013, is as follows

	2014	2013
Total assets	$ 6,436,000	$ 6,226,000
Total liabilities	3,230,000	3,334,000
Equity	3,205,000	2,892,000
Revenue	28,672,000	25,474,000
Net income	10,824,000	8,414,000

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 and government bonds and securities, pooled separate accounts (PSAs), and interest rate swaps

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 following is a description of the valuation methodologies used for assets and liabilities measured at fair value, including assets of the Northside Pension Plan (see Note 12)

Money Market Funds—Valued at the daily closing price as reported by the fund

Domestic Bonds, Collateralized Mortgage Obligations, and Federal National Mortgage Securities—Valued using pricing models maximizing the use of observable inputs for similar securities This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings When quoted prices are not available for identical or similar bonds, obligations, or securities, the bond, obligation, or security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields for similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available

International Fixed Income Bonds, U S Treasury Securities, and Common Stocks—Valued at the closing price reported on the active market on which the individual assets are traded

PSA—The PSA is made available to Northside's Pension Plan through a group annuity contract The PSA invests in commercial mortgage-backed securities, collateralized mortgage obligations, corporate bonds, mortgage-backed securities, and cash Shares of the PSA are valued at net unit value, which is based upon the observable market inputs for the underlying securities of the PSA representing fair value, as determined by the plan custodian

Interest Rate Swap—Valued based on information provided by the bank counterparties that is model driven with significant observable inputs

The information about Northside's assets and liabilities measured at fair value on a recurring basis as of September 30, 2014 and 2013, is as follows

2014	Level 1	Level 2	Level 3	Total
Cash and cash equivalents*	$ 80,356,000	$ -	$ -	$ 80,356,000
Corporate bonds and securities				
Domestic bonds	-	11,559,000		11,559,000
Collateralized mortgage obligations	-	6,863,000	-	6,863,000
Foreign bonds	2,536,000	-	-	2,536,000
Total corporate bonds and securities	2,536,000	18,422,000	-	20,958,000
Government bonds and securities				
U S Treasury securities	2,695,000	23,845,000	-	26,540,000
Federal national mortgage securities	-	14,645,000	-	14,645,000
Total government bonds and securities	2,695,000	38,490,000	-	41,185,000
Common stocks				
Domestic securities	116,481,000	-	-	116,481,000
Index fund securities	48,212,000	-	-	48,212,000
Foreign securities	877,000	-	-	877,000
Total common stocks	165,570,000	-	-	165,570,000
Total	$251,157,000	$56,912,000	$ -	$308,069,000
Fair value of interest rate swap	$ -	$ (659,000)	$ -	$ (659,000)
Total liabilities	$ -	$ (659,000)	$ -	$ (659,000)

* Includes $69,901,000 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

2013	Level 1	Level 2	Level 3	Total
Cash and cash equivalents*	$ 73,373,000	$ 400,000	$ -	$ 73,773,000
Corporate bonds and securities				
Domestic bonds	-	27,013,000	-	27,013,000
Collateralized mortgage obligations	-	9,729,000	-	9,729,000
Foreign bonds	3,603,000	-	-	3,603,000
Total corporate bonds and securities	3,603,000	36,742,000	-	40,345,000
Government bonds and securities				
U S Treasury securities	4,280,000	-	-	4,280,000
Federal national mortgage securities	-	18,062,000	-	18,062,000
Total government bonds and securities	4,280,000	18,062,000	-	22,342,000
Common stocks				
Domestic securities	84,278,000	-	-	84,278,000
Index fund securities	40,215,000	-	-	40,215,000
Foreign securities	8,163,000	-	-	8,163,000
Total common stocks	132,656,000	-	-	132,656,000
Total	$213,912,000	$55,204,000	$ -	$269,116,000
Fair value of interest rate swap	$ -	$ (1,037,000)	$ -	$ (1,037,000)
Total liabilities	$ -	$ (1,037,000)	$ -	$ (1,037,000)

* Includes $64,867,000 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 years ended September 30, 2014 and 2013, there were no significant transfers between Level 1 and Level 2 investments

5. NET PATIENT SERVICE REVENUES AND ACCOUNTS RECEIVABLE

Northside has agreements with third-party payors that provide for payments to Northside at amounts different than its established rates Payment arrangements may include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenue and patient accounts receivable are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under

reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period that related services are rendered and adjusted in future periods as final settlements are determined

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 and managed care payors 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 payors Managed care payors accounted for 68% and 70% of net patient service revenues during the years ended September 30, 2014 and 2013, respectively, with one individual payor accounting for 6% and 8% of the net patient service revenues during 2014 and 2013, respectively

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 through fiscal year 2011 with the exception of fiscal year 2010 which remains open Final settlements have been reached on Medicaid cost reports for Northside through fiscal year 2011 Final settlements have been reached on Medicare and Medicaid cost reports for Northside Forsyth through fiscal year 2011 Final settlements have been reached on Medicare cost reports for Northside Cherokee through fiscal year 2011 with the exception of fiscal years 2010 and 2009 which remain open Final settlements have been reached on Medicaid cost reports for Northside Cherokee through fiscal year 2010 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, 2014 and 2013 During the years ended September 30, 2014 and 2013, Medicare and Medicaid reimbursement accounted for 25% and 24% 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 $6,225,000 and $4,595,000 during 2014 and 2013, 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

Patient service revenue, net of contractual allowances and other discounts (but before the provision for bad debts) recognized for the years ended September 30, 2014 and 2013 was, approximately, as follows

	2014	2013
Third-party payors	$1,664,178,000	$1,322,229,000
Self-pay patients	430,018,000	356,516,000
Patient service revenue, net of contractual allowances and other discounts	$2,094,196,000	$1,678,745,000

Northside provides for accounts receivable that could become uncollectible in the future by establishing an allowance for uncollectible accounts to reduce the carrying value of such receivables to their estimated net realizable value Northside estimates the allowance for uncollectible accounts based on historical and expected collections, accounts receivable agings, trends in reimbursement, general business and economic conditions, and other collection indicators During 2013, Northside updated its financial assistance policy in relation to uninsured, underinsured, and medically indigent patients who may qualify for charity care This revision expanded the population of potentially eligible patients by allowing Northside to utilize third parties to assist in identifying patients that may qualify for financial assistance based on publicly available information and resulted in a decrease in the provision for bad debts for the year ended September 30, 2013

Collections are impacted by the ability of patients to pay and the effectiveness of Northside's collection efforts Significant changes in payor mix, business office operations, general economic conditions, or trends in federal and state governmental health care coverage could affect Northside's collection of accounts receivable and the estimates of the collectability of future accounts receivable Northside also periodically reviews its overall reserve adequacy by monitoring historical cash collections as a percentage of gross and net patient service revenue by payor, as well as by analyzing payor classifications, aged accounts receivable by payor, and general business and economic conditions

The mix of net receivables from patients and third-party payors as of September 30, 2014 and 2013, is as follows

	2014	2013
Managed care	64 %	58 %
Self-pay	4	5
Commercial	10	13
Medicaid	4	7
Medicare	18	17
Total	100 %	100 %

6. COMMUNITY BENEFITS AND UNCOMPENSATED CARE

Northside provides care without charge or at amounts less than their established rates to patients who meet certain criteria under their financial assistance policy and other 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 These records include the costs and amounts of charges forgone for services furnished under its financial assistance policy and other charity care policies.

Northside also participates in certain governmental insurance programs, including Medicare and Medicaid Under these programs, Northside provides care to patients at payment rates, which are determined by the federal and state governments, regardless of Northside's actual charges In some cases, these programs pay Northside at amounts that are less than its cost of providing services

Following is the cost to provide care to those patients qualifying for financial assistance and charity care, along with the unreimbursed cost of providing care to Medicare and Medicaid beneficiaries and other patients and the cost of other community programs These costs, with the exception of the Medicare shortfall, are determined using a cost-to-charge ratio as defined by the Internal Revenue Service (IRS). The Medicare shortfall is determined using a cost-to-charge ratio as reported in the Medicare cost report The following summarizes the estimated amounts to be reported in Northside's annual filing with the IRS for the year ended September 30, 2014, and the actual amounts reported in Northside's annual filing with the IRS for the year ended September 30, 2013

	2014	2013 *
Cost of providing charity care	$ 83,088,000	$ 81,472,000
Unreimbursed cost of providing care to Medicaid beneficiaries	71,469,000	77,045,000
Unreimbursed cost of providing care to Medicare beneficiaries	22,048,000	31,642,000
Unreimbursed cost of providing care to other patients	19,533,000	1,586,000
Cost of other community programs	8,436,000	9,306,000
Total	$204,574,000	$201,051,000

* Northside previously estimated $193,372,000 in total and revised such amount based on the actual amounts reported in Northside's annual filing with the IRS for the year ended September 30, 2013

During 2010, the State of Georgia adopted into law the Provider Agreement Act (the "Act") The Act provides that each hospital shall be assessed a provider payment in the amount of 1 45% of net patient service revenue of the hospital based on the annual financial survey filed with the State of Georgia Department of Community Health and such payments be recognized as a community benefit In fiscal years 2014 and 2013, Northside made $15,153,000 and $14,214,000, respectively, in such provider payments

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 Pursuant to the Lease, the Authority relinquished all control over the operation and management of the Medical Center and transferred to Northside sole and exclusive charge of the operation of the Medical Center Since November 1, 1991, Northside has had complete operational control of the Medical Center and has independently operated the Medical Center pursuant to Northside's private mission Under the terms of the Lease, Northside is obligated to operate the Medical Center and related facilities on a not-for-profit basis and in furtherance of Northside's own private purposes, as set forth in its Articles of Incorporation, and to operate the Medical Center as a general acute care hospital for the benefit of the general public 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 agreed to assume all obligations and liabilities of the Authority as of November 1, 1991 Northside also agreed to provide certain levels of uncompensated care and to pay annual rent to fund medical education or other public health services and to pay $100,000 per year to Morehouse Medical School to fund an annual grant which supports the delivery of health services to needy populations in the metropolitan Atlanta area

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, and such failure does not interfere with the ability of Northside to provide care and facilities to the community, (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 release its leasehold interest in certain property to Northside and Northside agrees to assume all obligations and liabilities in association with such property All other terms and provisions in relation to the Lease typically remain unchanged In order to consolidate the Lease and all its amendments, the Authority and Northside consolidated, amended, and restated the Lease as of January 7, 2013 The Lease, as amended, is periodically renewed to extend the term of the Lease for the full 40 years permitted by the law

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) in 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, 2014 and 2013, is as follows

	2014	2013
Line of credit, interest at 1% plus monthly London InterBank Offered Rate (LIBOR) (1 16% as of September 30, 2014), interest payable quarterly and principal due March 2016, secured by net patient service revenue	$ 60,000,000	$ 60,000,000
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	33,200,000	43,680,000
Series 2011B revenue anticipation certificates, interest at 75% of monthly LIBOR, plus 0 85% (0 968% as of September 30, 2014) payable in semiannual installments through October 2016, secured by net patient service revenue	10,980,000	13,140,000
Note payable, interest at a fixed rate (5 307%), payable in monthly installments through July 2015, secured by real property	5,908,000	6,040,000
Note payable, interest at a fixed rate (5 307%), payable in monthly installments through July 2015, secured by real property	8,862,000	9,060,000
Note payable, interest at a fixed rate (5,227%), payable in monthly installments through July 2015, secured by real property	6,070,000	6,207,000
Term loan, interest at monthly LIBOR, plus 0 875% (1 03% as of September 30, 2014), payable in semiannual installments through October 2016, secured by net patient service revenue	5,526,000	7,982,000
Capital lease obligations and other	390,000	323,000
Total	$ 130,936,000	$ 146,432,000

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 (Ventures) (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, 2014

Northside has a line of credit of $125,000,000 available at an interest rate of LIBOR, plus 1% Interest is payable quarterly, and the line of credit matures on March 8, 2016 There was $60,000,000 outstanding under the line of credit as of September 30, 2014

The fair value of Northside's long-term debt was approximately $132,178,000 as of September 30, 2014, and was estimated primarily by discounting the future scheduled principal payments using a current interest rate and assuming the same original issuance spread for similar securities with similar durations This estimation technique is considered Level 2 under the fair value hierarchy (see Note 4)

The aggregate principal maturities of Northside's long-term debt as of September 30, 2014, are as follows

Years Ending September 30	
2015	$ 36,433,000
2016	76,201,000
2017	18,302,000
Total	$ 130,936,000

9. REAL ESTATE FINANCING TRANSACTIONS

In May 2014, Northside sold a medical office building and related land to a third party, in exchange for $12,593,000, including $3,770,000 of cash consideration at closing 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 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

	2014
Property subject to financing—net	$ 12,060,000
Liabilities relating to properties subject to the financing method	3,700,000
Depreciation expense	161,000
Interest expense	130,000

In May 2014, Northside sold a medical office building to a third party, subject to the terms of a ground lease, for $11,473,000. 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 12th anniversary of this transaction. Rental payments under the terms of the ground lease are approximately $25,000 per year with escalations every five years. 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.

	2014
Property subject to financing—net	$ 9,606,000
Liabilities relating to properties subject to the financing method	11,290,000
Depreciation expense	204,000
Interest expense	286,000

In previous years, Northside sold three medical office buildings to third parties, subject to the terms of various ground leases, for $54,225,000. A member of Northside's board of directors is an equity owner in the entity that purchased one of the medical office buildings. 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 each transaction. Rental payments under the terms of the ground leases are approximately $457,000 per year with annual escalations. In accordance with ASC 970, *Real Estate*, the financing method of accounting has been applied. No profit was recognized on these transactions, and proceeds from the sales are included as long-term obligations in the consolidated balance sheets. The properties remain on Northside's consolidated balance sheets and continue to be depreciated. Summary financial information related to these transactions is as follows.

	2014	2013
Property subject to financing—net	$ 29,334,000	$ 32,011,000
Liabilities relating to properties subject to the financing method	55,004,000	55,408,000
Depreciation expense	2,676,000	2,676,000
Interest expense	3,133,000	3,416,000

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 $2,022,000 and $3,158,000 of rental expense related to these transactions with Ventures for the years ended September 30, 2014 and 2013, respectively. Rental expense for leases with various third parties was $30,323,000 and $26,429,000 for the years ended September 30, 2014 and 2013, respectively Future minimum rental payments required under noncancelable leases that have remaining lease terms in excess of one year as of September 30, 2014, are as follows

Years Ending September 30	Nonrelated Party	Related Party
2015	$ 31,059,000	$ 1,778,000
2016	26,385,000	1,808,000
2017	22,238,000	1,838,000
2018	18,901,000	1,869,000
2019	15,700,000	1,901,000
Thereafter	71,511,000	7,717,000
Total	$ 185,794,000	$ 16,911,000

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 $100 million per occurrence and annual aggregate, above a self-insured retention of $5 million per each loss/$25 million annual aggregate plus $5 million per each loss/$5 million annual aggregate) Such coverage is limited to claims made for professional medical malpractice only, rather than claims incurred during its term The accrual for self-insured general and professional medical malpractice losses, including loss-adjustment expenses, is based on undiscounted actuarial estimates using Northside'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, 2014 and 2013

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 limit per claim under a self-insured retention Northside Cherokee also maintains excess coverage, which provides up to $100 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, 2014 and 2013

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 $64,521,000 and $55,692,000 in health insurance expenses during the years ended September 30, 2014 and 2013, respectively. The recorded liabilities were approximately $8,747,000 and $6,401,000 at September 30, 2014 and 2013, 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, 2014 and 2013.

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 2011, Northside amended its postretirement health and welfare benefit plan to eliminate benefits for substantially all participants.

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, 2014 and 2013, is as follows:

	Pension Plan		Other Postretirement Benefit Plan	
	2014	2013	2014	2013
Net periodic benefit cost				
Service cost	$ 16,936,000	$ 20,489,000	$ 61,000	$ 70,000
Interest cost	21,046,000	18,734,000	49,000	46,000
Expected return on plan assets	(25,885,000)	(22,993,000)	-	-
Amortization of actuarial loss	-	7,010,000	48,000	54,000
Amortization of prior service cost	1,073,000	1,073,000	-	-
Net periodic benefit cost	13,170,000	24,313,000	158,000	170,000
Other changes in unrecognized pension and other postretirement benefit costs				
Current-year actuarial loss (gain)	49,417,000	(86,973,000)	(74,000)	(47,000)
Amortization of actuarial loss	-	(7,010,000)	(48,000)	-
Amortization of prior service cost	(1,073,000)	(1,073,000)	-	-
Total other changes	48,344,000	(95,056,000)	(122,000)	(47,000)
Total recognized in consolidated statements of operations and changes in net assets	$ 61,514,000	$(70,743,000)	$ 36,000	$123,000

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, 2014 and 2013, are as follows

	Pension Plan		Other Postretirement Benefit Plan	
	2014	2013	2014	2013
Discount rate	5 11 %	4 08 %	3 53 %	2 58 %
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

The weighted-average actuarial assumptions used to determine the benefit obligations of Northside's pension and other postretirement benefit plans as of September 30, 2014 and 2013, are as follows

	Pension Plan		Other Postretirement Benefit Plan	
	2014	2013	2014	2013
Discount rate	4 46 %	5 11 %	3.44 %	3 53 %
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, 2014, obligations for future postretirement medical benefit costs were forecasted assuming an initial annual increase of 7%, 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	1,000	(1,000)

Benefit Obligations and Fair Value of Plan Assets—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 as of September 30, 2014 and 2013, consists of the following

	Pension Plan		Other Postretirement Benefit Plan	
	2014	2013	2014	2013
Change in benefit obligation				
Benefit obligation—beginning of year	$398,812,000	$442,035,000	$1,457,000	$1,912,000
Service cost	16,936,000	20,489,000	61,000	70,000
Interest cost	21,046,000	18,734,000	49,000	46,000
Actuarial loss (gain)	74,019,000	(75,382,000)	(74,000)	(47,000)
Plan participants' contributions	-	-	262,000	210,000
Gross benefits paid	(8,004,000)	(7,064,000)	(293,000)	(734,000)
Benefit obligation—end of year	$502,809,000	$398,812,000	$1,462,000	$1,457,000
Change in fair value of plan assets				
Fair value of plan assets—beginning of year	$397,679,000	$352,159,000	$ -	$ -
Actual return on plan assets	50,488,000	34,584,000	-	-
Employer contributions	15,000,000	18,000,000	31,000	524,000
Plan participants' contributions	-	-	262,000	210,000
Gross benefits paid	(8,004,000)	(7,064,000)	(293,000)	(734,000)
Fair value of plan assets—end of year	$455,163,000	$397,679,000	$ -	$ -

Funded Status—The funded status of Northside's pension plan and other postretirement benefit plans and the amounts recognized in the consolidated balance sheets as of September 30, 2014 and 2013, consists of the following:

	Pension Plan		Other Postretirement Benefit Plan	
	2014	2013	2014	2013
Funded status				
Fair value of plan assets	$ 455,163,000	$ 397,679,000	$ -	$ -
Benefit obligation	(502,809,000)	(398,812,000)	(1,462,000)	(1,457,000)
Total funded status	$ (47,646,000)	$ (1,133,000)	$(1,462,000)	$(1,457,000)
Amounts not yet recognized in net periodic cost				
Unrecognized net actuarial loss	$ 69,737,000	$ 20,320,000	$ 505,000	$ 626,000
Unrecognized prior service cost	2,193,000	3,266,000	-	-
Total unrecognized costs	$ 71,930,000	$ 23,586,000	$ 505,000	$ 626,000
Amounts recognized in the consolidated balance sheets				
Current liability—salaries and employee benefits	$ -	$ -	$ -	$ -
Accrued pension costs	(47,646,000)	(1,133,000)	-	-
Other postretirement benefit plan obligations	-	-	(1,462,000)	(1,457,000)
Unrestricted net assets	71,930,000	23,586,000	-	-
Net assets (liabilities)	$ 24,284,000	$ 22,453,000	$(1,462,000)	$(1,457,000)

The accumulated benefit obligation for Northside's pension plan as of September 30, 2014 and 2013, was $424,714,000 and $344,303,000, 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 2015 are as follows

	Pension Plan	Other Postretirement Benefit Plan
Actuarial loss	$ 1,946,000	$ 36,000
Prior service cost	1,073,000	-
Total	$ 3,019,000	$ 36,000

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 U S 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	40 %	75 %	60 %
Fixed-income securities and cash equivalents	25	60	40

Northside's pension plan weighted-average asset allocations as of September 30, 2014 and 2013, are as follows.

Asset Category	2014	2013
Equity securities	66 %	67 %
Fixed-income securities and cash equivalents	34	33
Total	100 %	100 %

The fair values of Northside's pension plan assets by assets category as of September 30, 2014 and 2013, are presented below (see Note 4 for further discussion regarding the fair value hierarchy and corresponding valuation techniques)

2014	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 24,850,000	$ 878,000	$ -	$ 25,728,000
Pooled separate account—bond and mortgage fund	-	2,081,000	-	2,081,000
Total pooled separate account	-	2,081,000	-	2,081,000
Corporate bonds and securities				
Domestic bonds	-	52,323,000	-	52,323,000
Collateralized mortgage obligations	-	5,605,000	-	5,605,000
Foreign bonds	464,000	-	-	464,000
Total corporate bonds and securities	464,000	57,928,000		58,392,000
Government bonds and securities				
U S Treasury securities	-	53,938,000	-	53,938,000
Federal national mortgage securities	-	13,130,000	-	13,130,000
Total government bonds and securities	-	67,068,000		67,068,000
Common stocks				
Domestic securities	286,956,000	-	-	286,956,000
Foreign securities	14,938,000	-	-	14,938,000
Total common stocks	301,894,000	-	-	301,894,000
Total	$327,208,000	$127,955,000	$ -	$455,163,000

2013	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 8,570,000	$ 1,042,000	$ -	$ 9,612,000
Pooled separate account—bond and mortgage fund	-	1,919,000	-	1,919,000
Total pooled separate account	-	1,919,000	-	1,919,000
Corporate bonds and securities				
Domestic bonds	-	57,536,000	-	57,536,000
Collateralized mortgage obligations	-	6,409,000	-	6,409,000
Foreign bonds	2,571,000	-		2,571,000
Total corporate bonds and securities	2,571,000	63,945,000	-	66,516,000
Government bonds and securities				
U S Treasury securities	37,780,000	-	-	37,780,000
Federal national mortgage securities	-	14,089,000	-	14,089,000
Total government bonds and securities	37,780,000	14,089,000	-	51,869,000
Common stocks				
Domestic securities	256,886,000	-	-	256,886,000
Foreign securities	10,877,000	-	-	10,877,000
Total common stocks	267,763,000	-	-	267,763,000
Total	$316,684,000	$80,995,000	$ -	$397,679,000

During the years ended September 30, 2014 and 2013, there were no significant transfers between Level 1 and Level 2 investments

Expected Cash Flows—Northside expects to voluntarily contribute approximately $15,000,000 to its pension plan during fiscal year 2015 Northside does not expect to be required to make any contributions to its other postretirement benefit plan during fiscal year 2015, 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
2015	$ 10,627,000	$ 188,000
2016	12,337,000	181,000
2017	14,249,000	176,000
2018	16,300,000	160,000
2019	18,412,000	135,000
2020–2024	126,292,000	479,000
Total	$ 198,217,000	$ 1,319,000

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 its cash flows.

Northside is engaged in continuous construction projects, the costs of which are currently estimated to total $31,475,000 in the fiscal year ending September 30, 2015. 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 $103,000 and $130,000 for the years ended September 30, 2014 and 2013, 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 $2,022,000 and $3,158,000 of rental expense related to these transactions for the years ended September 30, 2014 and 2013, 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 certain medical office buildings.

15. FUNCTIONAL EXPENSES

Northside provides general health care services pursuant to its mission and general purpose. Expenses related to providing these services for the years ended September 30, 2014 and 2013, are as follows:

	2014	2013
Health care services	$1,463,162,000	$1,265,935,000
General and administrative	479,552,000	389,345,000
Total	$1,942,714,000	$1,655,280,000

16. SUBSEQUENT EVENTS

Northside evaluated events and transactions for potential recognition or disclosure through January 21, 2015, the date the consolidated financial statements were issued, and noted no significant events or transactions requiring recognition or disclosure except for the following:

Acquisition—In October 2014, Northside acquired certain assets of five outpatient specialty centers and a related ambulatory surgery center for cash consideration of approximately $32,850,000.

* * * * * *