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A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
NORTHSIDE HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

1000 JOHNSON FERRY ROAD NE

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

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 ▶

D Employer identification number
58-1954432

E Telephone number
(404) 851-8000

G Gross receipts \$ 2,874,233,046

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NORTHSIDE.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile GA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO BE A CENTER OF EXCELLENCE IN PROVIDING HIGH-QUALITY HEALTH CARE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	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 2015 (Part V, line 2a)	5	15,416
	6 Total number of volunteers (estimate if necessary)	6	1,037
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,860,116
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,587,350
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,189,243	2,560,786
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	2,518,339,576	2,834,239,060
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,533,759	14,586,698
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,795,123	22,846,502
		2,571,857,701	2,874,233,046
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,426,359	2,578,526
	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)	890,492,569	1,042,399,044
	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)	1,398,264,647	1,562,509,909
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,291,183,575	2,607,487,479
	19 Revenue less expenses Subtract line 18 from line 12	280,674,126	266,745,567
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,880,045,994	2,162,316,109
	21 Total liabilities (Part X, line 26)	795,787,729	920,432,451
	22 Net assets or fund balances Subtract line 21 from line 20	1,084,258,265	1,241,883,658

Part II Signature Block

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

Sign Here

Signature of officer

2017-08-10
Date

DEBORAH S MITCHAM CFO
Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name
Deborah O Emsberger

Preparer's signature
Deborah O Emsberger

Date

Check ☐ if self-employed

PTIN
P00364912

Firm's name ▶ Pershing Yoakley & Associates P C

Firm's EIN ▶ 62-1517792

Firm's address ▶ 2220 Sutherland Ave
Knoxville, TN 37919

Phone no (865) 673-0844

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form990(2015)

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

Northside Hospital, Inc. ("Northside") is committed to the health and wellness of our community. As such, we dedicate ourselves to being a center of excellence in providing high-quality health care. We pledge compassionate support, personal guidance and uncompromising standards 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.

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

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 \$ 2,036,615,326 including grants of \$ 2,578,526) (Revenue \$ 2,852,753,803)
	See Additional Data

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 ▶	2,036,615,326
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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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	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), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
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		No
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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (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, address, and telephone number of the person who possesses the organization's books and records 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) Anthony J Salvatore Treasurer	1 00 1 00	X						0	0	0
(2) Barbara Pare' Vice Chair	1 00 1 00	X						0	0	0
(3) Dale M Bearman MD Board Member	1 00 1 00	X						0	0	0
(4) Genevieve Fairbrother MD Board Member	1 00 1 00	X						0	0	0
(5) Iqbal Garcha MD Board Member	40 00 1 00	X						68,219	0	0
(6) K Douglas Smith MD Chair	1 00 1 00	X						0	0	0
(7) Mark J Sweeney Secretary	1 00 1 00	X						0	0	0
(8) Robert E Whitley Esq Board Member	1 00 1 00	X						0	0	0
(9) Robert T Quattrocchi President & CEO NSH, Inc	40 00 1 00	X		X				4,242,713	0	10,115
(10) Wayne L Ambroze MD Board Member	1 00 1 00	X						607,654	0	6,122
(11) William G Hasty Jr Board Member	1 00 1 00	X						0	0	0
(12) Deborah S Mitcham VP/CFO NSH, Inc	40 00 1 00			X				831,173	0	7,373
(13) Jorge J Hernandez Vice President/Asst. Secre	40 00 1 00			X				536,285	0	2,542
(14) Janis Dubow Vice President	40 00 1 00				X			455,796	0	4,484

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			
(15) Robert Putnam Vice President	40 00				X			821,731	0	5,828
(16) WILLIAM HAYES CEO of northside hospital-Cherokee	40 00				X			493,535	0	9,743
(17) Tina Wakim Vice President	40 00				X			942,538	0	8,556
(18) Stephen Salmien MD gynecologic oncologist	40 00					X		830,866	0	0
(19) Gerald Feuer MD Gynecologist/Surgeon	40 00					X		932,723	0	13,610
(20) Guilherme h Cantuana MD gynecologic oncologist	40 00					X		906,779	0	7,153
(21) WILLIAM EARLY MD gastroenterology/internal	40 00					X		832,978	0	10,115
(22) Joseph Ricotta MD Vascular Surgeon	40 00					X		1,162,661	0	4,917

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	13,665,651	0	90,558

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 ▶ 1,120

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	45,148,927
AGA LLC 550 Peachtree St Ste 1620 Atlanta, GA 30308	SEE Schedule O	22,655,949
Atlanta Cancer Care 1100 Johnson Ferry Road STE 150 Sandy Springs, GA 30342	SEE Schedule O	19,872,987
Baker Hostetler LLP 1170 Peachtree Street NE Ste 2400 Atlanta, GA 30309	Legal Services	11,947,606
McKenna Long & Aldridge LLP PO Box 116573 Atlanta, GA 30368	Legal Services	10,028,601

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 ▶ 357

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	173,731			
	e	Government grants (contributions)	1e	2,173,599			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	213,456			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,560,786			
Program Service Revenue	2a	Net Patient Revenue	Business Code 621990	2,716,172,515	2,714,622,755	1,549,760	
	b	Pharmacy Revenue	446110	87,707,293		6,519,066	81,188,227
	c	Rental Income	531120	17,827,032	17,827,032		
	d	Parking Revenue	812930	2,974,963			2,974,963
	e	Cafeteria & Vending	722210	2,419,378			2,419,378
	f	All other program service revenue		7,137,879		2,453,018	4,684,861
	g	Total. Add lines 2a-2f		2,834,239,060			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,183,893		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		7,402,805		7,402,805
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	19,697,841	18,514,743	1,183,098		
b	Pass-through investment	621300	3,148,661	1,993,487	1,155,174		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		22,846,502				
12	Total revenue. See Instructions		2,874,233,046	2,752,958,017	12,860,116	105,854,127	

Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,565,989	2,565,989		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	12,537	12,537		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	13,476,267	10,503,983	2,972,284	
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	829,400,143	646,470,207	182,929,936	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,529,620	30,811,089	8,718,531	
9	Other employee benefits	103,134,516	80,387,485	22,747,031	
10	Payroll taxes	56,858,498	44,317,963	12,540,535	
11	Fees for services (non-employees)				
a	Management	22,601,538	22,601,538		
b	Legal	27,466,092	453	27,465,639	
c	Accounting	1,292,601		1,292,601	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,155,635		2,155,635	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	412,534,340	281,488,278	131,046,062	
12	Advertising and promotion	10,709,899	210,319	10,499,580	
13	Office expenses	53,276,918	37,524,763	15,752,155	
14	Information technology	16,371,970	3,555,424	12,816,546	
15	Royalties				
16	Occupancy	73,983,669	45,707,357	28,276,312	
17	Travel	1,975,964	915,264	1,060,700	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,116,262	770,063	346,199	
20	Interest	5,531,158	22,233	5,508,925	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	131,313,089	93,410,162	37,902,927	
23	Insurance	7,516,274	814,074	6,702,200	
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	612,200,031	607,554,076	4,645,955	
b	Bad debt expense	110,302,320	110,302,320		
c	Minor Equipment purchases	20,908,688	7,947,307	12,961,381	
d	Recruitment	5,508,852	214,507	5,294,345	
e	All other expenses	45,744,609	8,507,935	37,236,674	
25	Total functional expenses. Add lines 1 through 24e	2,607,487,479	2,036,615,326	570,872,153	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 SheetCheck 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	49,828	1	53,247
	2 Savings and temporary cash investments	425,854,234	2	458,398,890
	3 Pledges and grants receivable, net	750,285	3	512,953
	4 Accounts receivable, net	153,568,508	4	194,097,835
	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	1,521,169	7	1,053,560
	8 Inventories for sale or use	28,769,418	8	41,893,841
	9 Prepaid expenses and deferred charges	23,785,048	9	32,287,241
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,965,730,284		
	b Less: accumulated depreciation	10b 1,092,922,956	703,031,643	10c 872,807,328
	11 Investments—publicly traded securities	179,697,003	11	205,737,272
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	306,757,551	14	296,876,190
	15 Other assets. See Part IV, line 11	56,261,307	15	58,597,752
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,880,045,994	16	2,162,316,109	
Liabilities	17 Accounts payable and accrued expenses	396,046,850	17	420,466,112
	18 Grants payable		18	
	19 Deferred revenue	422,317	19	1,239,535
	20 Tax-exempt bond liabilities	31,135,000	20	17,670,000
	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	63,070,175	23	60,614,035
	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	305,113,387	25	420,442,769
	26 Total liabilities. Add lines 17 through 25	795,787,729	26	920,432,451
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	1,084,258,265	27	1,241,883,658
	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	1,084,258,265	33	1,241,883,658
34 Total liabilities and net assets/fund balances	1,880,045,994	34	2,162,316,109	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,874,233,046
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,607,487,479
3	Revenue less expenses Subtract line 2 from line 1	3	266,745,567
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,084,258,265
5	Net unrealized gains (losses) on investments	5	18,524,630
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	-127,644,804
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,241,883,658

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:**Software Version:****EIN:** 58-1954432

Name: NORTHSIDE HOSPITAL INC

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 2,036,615,326 including grants of \$ 2,578,526) (Revenue \$ 2,852,753,803)

As noted in its mission, Northside is dedicated to maintaining our position as regional leaders in select medical specialties. These select specialties, or program services, include emergency services, oncology services, radiology services, surgical services, and women's services. In furtherance of its charitable mission, Northside invested in the continued growth, expansion, and increased access to these vital program services. See Schedule O for continuation.

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2014 Schedule A , Part II, line 14	15
16a	33 1/3% support test—2015.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—2014.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—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

☐

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization NORTHSIDE HOSPITAL INC	Employer identification number 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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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)).

<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity</i>		(a)		(b)
		Yes	No	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
j	Total Add lines 1c through 1i			435,033
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			No
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Northside Hospital, Inc pays membership dues to professional and trade associations such as the American Hospital Association, Georgia Hospital Association, and the Georgia Alliance for Community Hospitals A portion of these dues is designated for lobbying activities by these organizations Northside Hospital, Inc does not direct any of these organizations' lobbying activities In addition, Connect South, a service vendor, is retained to monitor legislation in the Georgia General Assembly

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTHSIDE HOSPITAL INC

Employer identification number
58-1954432

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

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

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

1a

If the organization elected, as permitted under 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)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2015

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

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	7,742,074	7,079,636	7,044,190	6,092,371	5,750,449
b Contributions	1,758,394	1,525,651	1,352,241	1,566,045	1,117,389
c Net investment earnings, gains, and losses	128,084	114,920	117,482	112,842	112,483
d Grants or scholarships					
e Other expenditures for facilities and programs	1,012,169	978,133	1,434,277	727,068	887,950
f Administrative expenses					
g End of year balance	8,616,383	7,742,074	7,079,636	7,044,190	6,092,371

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 ▶ 34 610 %

c Temporarily restricted endowment ▶ 65 390 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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)	Accumulated (c) depreciation	(d) Book value
1a Land		216,238,479		216,238,479
b Buildings		874,388,263	581,137,730	293,250,533
c Leasehold improvements				
d Equipment		610,469,775	511,785,226	98,684,549
e Other		264,633,767		264,633,767
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				872,807,328

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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	1,260,782
	Interchange finance liability	66,077,245
	FMV of swap agreement	204,922
	Rent obligation, long-term portion	15,076,781
	other liability	-64,788
	Obligations under capital lease	10,025
	Reserve for malpractice	116,514,065
	Retirement plan obligations	221,363,800
	Net Intercompany	-63

Supplemental Information

Return Reference	Explanation
Part V, Line 4	Northside Hospital, Inc and Northside Hospital Foundation, Inc have endowment funds that consist of 39 donor-restricted individual funds established for a variety of purposes The organizations adopted a policy regarding the endowments whose general purpose is to preserve the capital and purchasing power of the organizations and to produce sufficient investment earnings for current and future spending needs

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Northside Hospital, Inc , and Subsidiaries consolidated financial statements as of and for the years ended September 30, 2016 and 2015, 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

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization NORTHSIDE HOSPITAL INC	Employer identification number 58-1954432
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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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>12500 0000000000</u> %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☒ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible 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)			104,782,252		104,782,252	4 020 %
b Medicaid (from Worksheet 3, column a)			184,891,991	92,440,683	92,451,308	3 550 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			289,674,243	92,440,683	197,233,560	7 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,951,906	434,357	3,517,549	0 130 %
f Health professions education (from Worksheet 5)			229,000	158,409	70,591	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			585,630	198,376	387,254	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,205,063		1,205,063	0 050 %
j Total. Other Benefits			5,971,599	791,142	5,180,457	0 190 %
k Total. Add lines 7d and 7j			295,645,842	93,231,825	202,414,017	7 760 %

Part IICommunity 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		1,057,638		1,057,638	0.040 %
9	Other					
10	Total		1,057,638		1,057,638	0.040 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

24,472,399

Yes

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

281,292,386

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

344,973,502

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-63,681,116

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 IVManagement 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 %		85.000 %
2 2 Midtown Endoscopy Center LLC	Outpatient Center	15.000 %		85.000 %
3 3 North Crescent Endoscopy Suite LLC	Outpatient Center	70.000 %		30.000 %
4 4 Woodstock Endoscopy Center LLC	Outpatient Center	15.000 %		85.000 %
5 5 West Metro Endoscopy Center LLC	Outpatient Center	15.000 %		85.000 %
6 6 Northwest Endoscopy Center LLC	Outpatient Center	15.000 %		85.000 %
7 8 ENT Surgery Center of Atlanta LLC	Ambulatory Surgery	63.330 %		36.670 %
9 Peachtree Orthopaedic Surgery Center at 8 Penmeter LLC	Ambulatory Surgery	15.000 %		71.260 %
9 10 Urology Surgical Partners LLC	ambulatory Surgery	70.000 %		30.000 %
10 11 Southern Crescent Endoscopy Center Suite PC	Outpatient Center	15.000 %		85.000 %
12 The Hand & Upper Extremitry Surgery 11Center of GA LLC	Ambulatory Surgery	51.000 %		19.000 %
1213 Nasa Surgery Center LLC	Ambulatory Surgery	70.000 %		30.000 %
1314 Sovengn Rehabilitation Center LLC	Rehabilitation Center	88.000 %		12.000 %

Schedule H (Form 990) 2015

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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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 letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☒ Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) http //www.northside.com b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) _____ b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	No
		10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group - A			
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 %		
b	☒ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	☒ The FAP was widely available on a website (list url) www northside com		
b	☒ The FAP application form was widely available on a website (list url) www northside com		
c	☒ A plain language summary of the FAP was widely available on a website (list url) www northside com		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☒ 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) f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V

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? 147

Name and address	Type of Facility (describe)
1See 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 proprietary source to determine propensity to pay. These tools are used to determine someone's qualifications for a charity discount or free care in addition to the FPG thresholds stated above.

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 \$110,302,320 has been removed from total expense to compute the percentage in column (f)

Form and Line Reference	Explanation
Part II, Community Building Activities	Biennially, 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 full-time equivalent ("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 NHF's 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 a patient's 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 2016 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	Northside developed a standardized process for conducting its Community Health Needs Assessment ("CHNA") In short, Northside's CHNA process included - Defining the Northside Community - Reviewing Northside internal data - Reviewing publicly available health data - Reviewing proprietary quantitative consumer research data - Performing stakeholder interviews - Summarizing and prioritizing the health needs identified within Northside's Community - Developing an Implementation Strategy to address the identified needs - Presenting the finalized CHNA report and Implementation Strategy to the Board of Directors of Northside Hospital, Inc for adoption - Providing continued public access to Northside's CHNA report via www.Northside.com/Community and providing an opportunity for public feedback via Northside_chna@northside.com Northside utilized an evidence-based model of population health adapted from the Wisconsin Population Health Institute and also utilized by County Health Rankings and Roadmaps This model illustrates the complexity of assessing a community's health status by outlining the factors that act in combination to determine the current status of a community's health The evidence-based model outlines the health determinants (demographics and social environment, healthcare access and quality, health behaviors, and the physical environment) that lead to the health outcomes in a community (morbidity and mortality) The Centers for Disease Control and Prevention ("CDC") performed a systematic literature review to determine a common set of health metrics that should be used to measure both the health determinants and health outcomes Northside used the CDC's list of "Most Frequently Recommended Health Metrics" to determine what variables to consider for Northside's current CHNA Northside utilized the CDC's recommended variables and metrics when they were readily available at the county level

Form and Line Reference	Explanation
Part VI, Line 3	Northside informs and educates patients and persons who are billed for patient care about their eligibility for financial assistance and Northside's Financial Assistance Program in numerous ways Northside conspicuously posts notice of its Financial Assistance Program and how to access its Financial Assistance Policy and Financial Assistance Application at all major points of access to its inpatient and outpatient facilities, these points of access include the hospitals' patient waiting rooms and emergency departments For patients that pre-register over the phone for hospital services, Northside verbally informs patients of its Financial Assistance Program and provides patients with information on how to obtain a copy of Northside's Financial Assistance Policy and Financial Assistance Application via Northside's website or via mail Additionally, upon admission to one of its hospitals for services, Northside provides each patient a registration packet that includes information on its Financial Assistance Program Further, a Financial Counselor will speak with all patients during either the pre-registration process or upon admission and explain Northside's Financial Assistance Program If a patient indicates a need or requests more information regarding Financial Assistance, Northside will refer the patient to a Financial Assistance Counselor who will work directly with the patient to assist the patient in applying for Financial Assistance In order to expedite the Financial Assistance process, Northside uses third party software to help identify patients that qualify for Financial Assistance based on publicly available information (e.g., participation in statefunded prescription programs, participation in the Women, Infants and Children (WIC) program, participation in the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), subsidized school lunch program eligibility, or eligibility for other state or local assistance programs) Patients that are identified by such third-party software as eligible to receive Financial Assistance will not be required to complete the Financial Assistance Application and instead will automatically be deemed to qualify for Financial Assistance Further, Northside's Financial Counselors will assist patients with applying to programs that they are eligible for, but not currently enrolled in, such as state or federal healthcare programs or drug discount programs Northside also includes a summary of its Financial Assistance Program, including how to obtain more information and apply for Financial Assistance, on all patient bills Lastly, Northside works with many community outreach programs to provide Financial Assistance to patients who qualify for free or discounted services through these programs To expedite the Financial Assistance process for such patients, Northside provides a pre-approval process for all patients who are referred for medically necessary services via a community outreach program This process allows patients to qualify for Financial Assistance prior to receiving hospital services, thereby relieving the patients of the stress and burden of the financial aspect of their care, and allowing them to focus on their health, well-being and recovery

Form and Line Reference	Explanation
Part VI, Line 4	Northside began the Community Health Needs Assessment process by defining each hospital's community, which included (i) defining each facility's primary patient catchment area, (ii) mapping the medically underserved areas around each facility to ensure that no medically underserved, low income, or minority populations were excluded within or near the primary catchment areas, and (iii) mapping each facility's distribution of outpatient services across the region. The results of this process revealed significant overlap between the communities served by each Northside Hospital facility. Thus, Northside Hospital-Atlanta, Northside Hospital-Cherokee, and Northside Hospital-Forsyth developed a single community definition in compliance with IRC Section 501(r) Final Rule. The Northside Community consists of Fulton, Forsyth, Cherokee, DeKalb, Cobb, Gwinnett, Dawson, and Pickens Counties. In 2015, the estimated 3.7 million residents of the Northside Community accounted for 37% of Georgia's total population. The Northside Community is slightly younger than Georgia overall, with a median age of 35.6 compared to Georgia's 36.2. Overall, the 2015 Northside Community was comprised of a diverse population. Individual counties, however, have varying racial compositions, including two counties that have 90 percent of their populations belonging to just one racial group. Overall, the Northside Community has a high level of educational attainment and affluence when compared to Georgia as a whole. The median disposable income, household income, household net worth, and housing unit value in the Northside Community are all higher than Georgia's averages. Despite this general picture of affluence, however, disparities do exist, especially along racial and ethnic lines and between counties that Northside's Community Health Needs Assessment and Implementation Strategy aim to address.

Form and Line Reference	Explanation
Part VI, Line 5	Northside Hospital, Inc. is a charitable organization and as such is engaged in numerous activities to provide relief to the poor, the distressed, or the underprivileged. Northside routinely provides financial assistance, health professions education, cash and in-kind donations, community health improvement services, research, and community-building activities. Many of these efforts have been reported throughout this return. In addition to the numerous community benefit activities Northside engages in throughout the year, Northside also invests surplus funds back into expanding access to services for all people throughout its Community. For example, Northside is investing \$280 million in building a new, state-of-the-art replacement hospital, medical office building and parking deck in Cherokee County. The replacement hospital will increase Northside Cherokee's inpatient capacity from 84 inpatient beds to 105 and will provide the Community with a more visible, easy-to-access hospital conveniently located off a major interstate highway. In Forsyth County, Northside has invested \$44.6 million in a three-story medical/surgical tower expansion at Northside Hospital-Forsyth. This expansion will increase Northside Forsyth's inpatient bed capacity from 231 inpatient beds to 247. In Fulton County, the System's largest and oldest hospital campus also is undergoing significant expansion and renovation. Northside is investing \$128.5 million in Northside Atlanta through the construction of a new five-story medical/surgical tower, campus-wide renovations and a new parking deck. Upon completion, Northside Atlanta's inpatient bed capacity will increase from 537 beds to 590 beds.

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 Our mission is to work to positively impact the overall health of the communities we serve Clearly, education, outreach and community service allow us to broaden our impact beyond the walls of our facilities

Form and Line Reference	Explanation
Part VI, Line 7	Northside Hospital, Inc is not required to file a community benefit report under Georgia law. However, we produce an annual report which is made available to the public on our website, www.northside.com

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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
1	Northside Hospital 1000 Johnson Ferry Road Atlanta, GA 30342 060-604	X	X					X			A
2	Northside Hospital - Forsyth 1200 Northside Forsyth Drive Cumming, GA 30041 058-604	X	X					X			A
3	Northside Hospital - Cherokee 450 Northside Cherokee Blvd Canton, GA 30115 028-552	X	X					X			A

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)
1 1 - Northside Hospital Cancer Institute - Maco 308 Coliseum Drive Suite 120 Macon,GA 31217	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
1 2 - Medical Associates of North Georgia - Cant 320 Hospital Road Canton,GA 30114	PHYSICIAN SERVICES
2 3 - Northside Hospital Cancer Institute - Mill 624 Martin Luther King Jr Drive Milledgeville,GA 31061	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
3 4 - ENT of Georgia - Alpharetta Alpharetta 3400-C Old Milton Pkwy Suite Alpharetta,GA 30005	PHYSICIAN SERVICES
4 5 - Laureate Medical Group - Atlanta 6135 Barfield Road Atlanta,GA 30328	PHYSICIAN SERVICES
5 6 - Northside Hospital Cancer Institute - Athe 125 King Avenue Suite 200 Athens,GA 30606	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
6 7 - Northside Hospital Cancer Institute - Blue 101 Riverstone Vista Suite 102 Blue Ridge,GA 30513	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
7 8 - Northside Hospital Cancer Institute - Blai 308 Deep South Farm Road Suite 200 Blairsville,GA 30512	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
8 9 - Northside Hospital Cancer Institute - Grif 747 S 8th Street Suite C Griffin,GA 30224	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
9 10 - Primary Care Physicians of Atlanta 5670 Peachtree Dunwoody Road Suite 1200 Atlanta,GA 30342	PHYSICIAN SERVICES
10 11 - Atlanta Clinical Care 5673 Peachtree Dunwoody Road Suite 330 Atlanta,GA 30342	PHYSICIAN SERVICES
11 12 - Northside Heart - Roswell 1285 Upper Hembree Rd Roswell,GA 30076	PHYSICIAN SERVICES
12 13 - Atlanta Institute for ENT - Atlanta 5670 Peachtree Dunwoody Road Suite 1280 Atlanta,GA 30342	PHYSICIAN SERVICES
13 14 - Northside Total Joint Specialists - Alpha 3400 C-Old Milton Parkway Suite 290 Alpharetta,GA 30005	PHYSICIAN SERVICES
14 15 - Gwinnett Advanced Surgery Center LLC 2131 Fountain Drive Snellville,GA 30078	AMBULATORY SURGERY

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)
16 16 - The Imaging Center of Warner Robins 2706 Watson Boulevard Suite D Warner Robins, GA 31093	OUTPATIENT CENTER
1 17 - Laureate Medical Group - Atlanta 550 Peachtree Street NE Suite 1550 Atlanta, GA 30308	PHYSICIAN SERVICES
2 18 - Northside Hospital Cancer Institute - Gree 1000 Cowles Clinic Way - Magnolia Building Greensboro, GA 30642	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
3 19 - Urology Specialists of Atlanta 5673 Peachtree Dunwoody Road Suite 910 Atlanta, GA 30342	PHYSICIAN SERVICES
4 20 - Pulmonary & Critical Care of Atlanta 960 Johnson Ferry Rd Suite 500 Atlanta, GA 30342	PHYSICIAN SERVICES
5 21 - Internal Medicine Associates of John's Cre 3340 Paddocks Parkway Suwanee, GA 30024	PHYSICIAN SERVICES
6 22 - Premier Care for Women 960 Johnson Ferry Rd Suite 400 Atlanta, GA 30342	PHYSICIAN SERVICES
7 23 - North Atlanta ENT 1400 Northside Forsyth Drive Suite 240 Cumming, GA 30041	PHYSICIAN SERVICES
8 24 - Northside Hospital Cancer Institute - Hawk 214 Perry Highway Hawkinsville, GA 31036	PHYSICIAN SERVICES/ OUTPATIENT SERVICES
9 25 - Northside Heart - Atlanta 5670 Peachtree Dunwoody Rd Suite 880 Atlanta, GA 30342	PHYSICIAN SERVICES
10 26 - MRI & Imaging of Athens 845 Prince Avenue Athens, GA 30606	OUTPATIENT CENTER
11 27 - Endocrine Specialist of Atlanta 975 Johnson Ferry Road Suite 400 Atlanta, GA 30342	PHYSICIAN SERVICES
12 28 - Northside Heart - Woodstock 900 Towne Lake Pkwy Suite 400 Woodstock, GA 30189	PHYSICIAN SERVICES
13 29 - Atlanta Colon and Rectal Surgery - Atlanta 5667 Peachtree Dunwoody Road Suite 330 Atlanta, GA 30342	PHYSICIAN SERVICES
14 30 - Northside Cherokee Orthopedics Sports Med 684 Sixes Road Suite 130 Holly Springs, GA 30142	PHYSICIAN SERVICES

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)
31 31 - Cumming Family Medicine - Cumming 765 Lanier 400 Parkway Cumming, GA 30040	PHYSICIAN SERVICES
1 32 - Northside Family Medicine and Urgent Care 5610 Bethelview Rd Cumming, GA 30040	PHYSICIAN SERVICES
2 33 - Perimeter North Family Medicine - Alpharet 3400-A Old Milton Pkwy Suite 130 Alpharetta, GA 30005	PHYSICIAN SERVICES
3 34 - Northside Family Practice 960 Woodstock Pkwy Suite 300 Woodstock, GA 30188	PHYSICIAN SERVICES
4 35 - Northside Vascular Surgery - Atlanta 980 Johnson Ferry Rd Suite 1040 Atlanta, GA 30342	PHYSICIAN SERVICES
5 36 - Chattahoochee Surgical Group - Cumming 980 Sanders Road Suite 100 Cumming, GA 30042	PHYSICIAN SERVICES
6 37 - Mt Vernon Internal Medicine 755 Mt Vernon Hwy NE Suite 400 Sandy Springs, GA 30328	PHYSICIAN SERVICES
7 38 - Northside Pulmonary and Sleep Medicine - C 1400 Northside Forsyth Dr Suite 280 Cumming, GA 30041	PHYSICIAN SERVICES
8 39 - Laureate Medical Group - Alpharetta 3400-C Old Milton Parkway Suite 500 Alpharetta, GA 30005	PHYSICIAN SERVICES
9 40 - Northside Neurology 1400 Northside Forsyth Dr Suite 250 Cumming, GA 30041	PHYSICIAN SERVICES
10 41 - Georgia Pulmonary and Critical Care Consul 1505 Northside Blvd Suite 3000 Cumming, GA 30041	PHYSICIAN SERVICES
11 42 - Perimeter North Family Medicine - Woodstoc 900 Towne Lake Pkwy Suite 210 Woodstock, GA 30189	PHYSICIAN SERVICES
12 43 - Northside Heart - Cumming 1505 Northside Blvd Suite 3600 Cumming, GA 30040	PHYSICIAN SERVICES
13 44 - Cumming Family Medicine - Cumming 303 Pirkle Ferry Road Cumming, GA 30040	PHYSICIAN SERVICES
14 45 - Windermere Medical Clinic - Cumming 3850 Windermere Parkway Suite 105 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)
46 46 - Atlanta Colon and Rectal Surgery - Canton 15 Reinhardt College Parkway Suite 105 Canton,GA 30114	PHYSICIAN SERVICES
1 47 - Northside Vascular Surgery - Cumming 1505 Northside Forsyth Drive Suite 2400 Cumming,GA 30041	PHYSICIAN SERVICES
2 48 - Dunwoody Dermatology LLC 4360 Chamblee Dunwoody Road Suite 260 Atlanta,GA 30341	PHYSICIAN SERVICES
3 49 - Perimeter North Family Medicine - Atlanta 960 Johnson Ferry Rd NE Suite 300 Atlanta,GA 30342	PHYSICIAN SERVICES
4 50 - Laureate Medical Group - Jonesboro 7823 Spivey Station Boulevard Suite 310 Jonesboro,GA 30236	PHYSICIAN SERVICES
5 51 - University Gynecologic Oncology 960 Johnson Ferry RoadSuite 130 Atlanta,GA 30342	PHYSICIAN SERVICES
6 52 - Northside Family Medicine and Urgent Care 4800 Old Towne Pkwy Suite 150 Marietta,GA 30068	PHYSICIAN SERVICES
7 53 - North Georgia OBGYN Specialist 900 Towne Lake Pkwy Suite 404 Woodstock,GA 30188	PHYSICIAN SERVICES
8 54 - Northside Family Medicine and Urgent Care 684 Sixes Rd Suite 125 Holly Springs,GA 30115	PHYSICIAN SERVICES
9 55 - Georgia Colon and Rectal Surgeons - Atlant 5445 Meridian Mark Suite 180 Atlanta,GA 30342	PHYSICIAN SERVICES
10 56 - Northside Hospital Cardiovascular Care 980 Johnson Ferry Road Suite 520 Atlanta,GA 30342	PHYSICIAN SERVICES
11 57 - Atlanta Cardiac & Thoracic Surgical Associ 960 Johnson Ferry Road Suite 100 Atlanta,GA 30342	PHYSICIAN SERVICES
12 58 - Northside Cherokee Pediatrics - Holly Spri 684 Sixes Rd Suite 220 Holly Springs,GA 30115	PHYSICIAN SERVICES
13 59 - Peachtree Dunwoody Internal Medicine and R 875 Johnson Ferry Rd NE Suite 200 Atlanta,GA 30342	PHYSICIAN SERVICES
14 60 - Ravry Medical Group 5505 Peachtree Dunwoody Rd Suite 650 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)
61 61 - MRI & Imaging of Habersham 638 Historic Highway 441 North Suite D Demorest, GA 30535	OUTPATIENT CENTER
1 62 - Midtown Medical Associates 550 Peachtree St Ne Suite 1230 Atlanta, GA 30308	PHYSICIAN SERVICES
2 63 - North Point Pulmonary Associates - Cumming 1505 Northside Forsyth Blvd Suite 3400 Cumming, GA 30041	PHYSICIAN SERVICES
3 64 - North Georgia Diabetes and Endocrinology - 1505 Northside Blvd Suite 2800 Cumming, GA 30041	PHYSICIAN SERVICES
4 65 - Georgia Gynecologic Oncology - Lawrencevil 759 Old Norcross Road Lawrenceville, GA 30046	PHYSICIAN SERVICES
5 66 - Cherokee Lung and Sleep - Canton 460 Northside Cherokee Blvd Suite 130 Canton, GA 30114	PHYSICIAN SERVICES
6 67 - Northside Family Medicine and Urgent Care 81 Northside Dawson Dr Dawsonville, GA 30534	PHYSICIAN SERVICES
7 68 - North Atlanta Pulmonary and Sleep 993 Johnson Ferry Rd 300 Building C Atlanta, GA 30342	PHYSICIAN SERVICES
8 69 - Town Lake Primary Care 900 Towne Lake Pkwy Suite 410 Woodstock, GA 30189	PHYSICIAN SERVICES
9 70 - Goyco Internal Medicine 900 Sanders Rd Suite B Cumming, GA 30041	PHYSICIAN SERVICES
10 71 - Perimeter North Family Medicine - Cumming 1505 Northside Blvd Suite 4400 Cumming, GA 30041	PHYSICIAN SERVICES
11 72 - Perimeter North Family Medicine - Suwanee 3890 Johns Creek Pky Suite 230 Suwanee, GA 30024	PHYSICIAN SERVICES
12 73 - Georgia Colon and Rectal Surgeons - Fayette 1260 Hwy 54 W Suite 100 Fayetteville, GA 30214	PHYSICIAN SERVICES
13 74 - Atlanta Gynecologic Oncology - Atlanta 980 Johnson Ferry Rd NE Suite 900 Atlanta, GA 30342	PHYSICIAN SERVICES
14 75 - Melanoma Specialists of Georgia 980 Johnson Ferry Road Suite 940 Atlanta, GA 30342	PHYSICIAN SERVICES

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)
76 76 - Laureate Medical Group - Holly Springs 684 Sixes Road Suite 265 Holly Springs, GA 30115	PHYSICIAN SERVICES
1 77 - Northside Vascular Surgery - Canton 145 Riverstone Terrace Suite 101 Canton, GA 30114	PHYSICIAN SERVICES
2 78 - Laureate Medical Group - Marietta 1121 Johnson Ferry Road Building One Suit Marietta, GA 30068	PHYSICIAN SERVICES
3 79 - Alpharetta Foot and Ankle Specialists 3400-A Old Milton Parkway Suite 500 Alpharetta, GA 30005	PHYSICIAN SERVICES
4 80 - Atlanta Colon and Rectal Surgery - Cumming 1505 Northside Boulevard Suite 1900 Cumming, GA 30041	PHYSICIAN SERVICES
5 81 - Georgia Colon and Rectal Surgeons - Lawren 721 Wellness Way Suite 200 Lawrenceville, GA 30045	PHYSICIAN SERVICES
6 82 - Internal Medicine Practice of Northside 10745 Westside Way Suite 125 Alpharetta, GA 30009	PHYSICIAN SERVICES
7 83 - Northside Atlanta Orthopedics and Sports M 5555 Peachtree Dunwoody Road NE Suite 101 Atlanta, GA 30342	PHYSICIAN SERVICES
8 84 - Cumming Family Medicine - Dawsonville 133 Prominence Court Suite 230 Dawsonville, GA 30535	PHYSICIAN SERVICES
9 85 - Northside Cherokee Pediatrics - Woodstock 900 Towne Lake Parkway Suite 306 Woodstock, GA 30189	PHYSICIAN SERVICES
10 86 - Georgia Colon and Rectal Surgeons - Cummin 1505 Northside Blvd Suite 2900 Cumming, GA 30041	PHYSICIAN SERVICES
11 87 - Cumming Family Medicine - Marble Hill 25 Foothills Parkway Marble Hill, GA 30149	PHYSICIAN SERVICES
12 88 - North Georgia Diabetes and Endocrinology - 4310 Johns Creek Pkwy Suite 100 Suwanee, GA 30024	PHYSICIAN SERVICES
13 89 - Premier Neurological Care - Canton 145 Riverstone Terrace Suite 102 Canton, GA 30114	PHYSICIAN SERVICES
14 90 - Roswell Internal Medicine Specialists 11785 Northfall Lane Suite 505 Alpharetta, GA 30004	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)
91 91 - Bariatric Innovations of Atlanta 6135 Barfield Road Suite 150 Sandy Springs, GA 30328	PHYSICIAN SERVICES
1 92 - Northside Heart - Sandy Springs 6135 Barfield Road Suite 100 Sandy Springs, GA 30328	PHYSICIAN SERVICES
2 93 - Georgia Gynecologic Oncology - Atlanta Timeshare 2001 Peachtree Road Suite 650 Atlanta, GA 30309	PHYSICIAN SERVICES
3 94 - Ellijay Women's Specialists 433 Highland Pkwy Suite 203 East Ellijay, GA 30540	PHYSICIAN SERVICES
4 95 - Northside Cherokee Surgical Associates 900 Towne Lake Pkwy Suite 412 Woodstock, GA 30189	PHYSICIAN SERVICES
5 96 - Newtown Medical 3400-A Old Milton Pkwy Suite 200 Alpharetta, GA 30005	PHYSICIAN SERVICES
6 97 - Medical Associates of North Georgia - Ball 470 Valley Street Suite 200 Ball Ground, GA 30107	PHYSICIAN SERVICES
7 98 - Georgia Colon and Rectal Surgeons - Decatu 2801 North Decatur Road Suite 120 Decatur, GA 30033	PHYSICIAN SERVICES
8 99 - Lanier Family Practice 1080 Sanders Road Suite 100 Cumming, GA 30041	PHYSICIAN SERVICES
9 100 - Georgia Colon and Rectal Surgeons - Atlant 1 Baltimore Place Suite 290 Atlanta, GA 30308	PHYSICIAN SERVICES
10 101 - Reproductive Surgical Specialists 1800 Northside Forysth Drive Suite 380 Cumming, GA 30041	PHYSICIAN SERVICES
11 102 - Georgia Colon and Rectal Surgeons - Alphas 3400 C Old Milton Pkwy Suite 185 Alpharetta, GA 30005	PHYSICIAN SERVICES
12 103 - Northside Heart - Alpharetta 3400-C Old Milton Pkwy Suite 360 Alpharetta, GA 30005	PHYSICIAN SERVICES
13 104 - Windermere Medical Clinic - Canton 200 Eagles Nest Dr Suite 300D Canton, GA 30115	PHYSICIAN SERVICES
14 105 - Anderson Family Medicine 81 Northside Dawson Drive Suite 205 Dawsonville, GA 30534	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)
106 106 - Sleep Disorders Center of Georgia 993-C Johnson Ferry Rd Suite 301 Atlanta,GA 30342	PHYSICIAN SERVICES
1 107 - Gordon J Azar Sr MD Internal Medicine 960 Johnson Ferry Road Suite 235 Atlanta,GA 30342	PHYSICIAN SERVICES
2 108 - Ankle & Foot Centers of North Georgia - Da 133 Prominence Court Suite 210 Dawsonville,GA 30534	PHYSICIAN SERVICES
3 109 - Atlanta Cardiac & Thoracic Surgical Associ 1100 Northside Forsyth Drive Suite 410 Cumming,GA 30041	PHYSICIAN SERVICES
4 110 - Atlanta Gynecologic Oncology - Marietta 780 Canton Rd Suite 405 Marietta,GA 30060	PHYSICIAN SERVICES
5 111 - Randy Rudderman MD- Plastic Surgeon 3400-C Old Milton Pkwy Suite 450 Alpharetta,GA 30005	PHYSICIAN SERVICES
6 112 - Perimeter Advanced Surgery Center 4553 North Shallowford Road Atlanta,GA 30338	AMBULATORY SURGERY
7 113 - Glenridge Northside Gynecology 5445 Meridian Mark Suite 120 Atlanta,GA 30342	PHYSICIAN SERVICES
8 114 - North Atlanta Breast Care 1100 Norside Forsyth Drive Suite 450 Cumming,GA 30041	PHYSICIAN SERVICES
9 115 - Northside East Cobb Orthopedics and Sports 1163 Johnson Ferry Rd Suite 250 Marietta,GA 30068	PHYSICIAN SERVICES
10 116 - Ankle & Foot Centers of North Georgia - Al 3180 North Point Parkway Building 300 Su Alpharetta,GA 30005	PHYSICIAN SERVICES
11 117 - Ankle & Foot Centers of North Georgia - Cu 3275 Market Place Blvd LakePoint Prof Bl Cumming,GA 30041	PHYSICIAN SERVICES
12 118 - Atlanta Cardiac & Thoracic Surgical Associ 308 Deep South Farm Road Blairsville,GA 30512	PHYSICIAN SERVICES
13 119 - Atlanta Colon and Rectal Surgery - Mariett 780 Canton Road NE Suite 315 Marietta,GA 30060	PHYSICIAN SERVICES
14 120 - Atlanta Colon and Rectal Surgery - Roswell 1380 Upper Hembree Road Roswell,GA 30076	PHYSICIAN SERVICES

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)
121	121 - Atlanta Institute for ENT - Sandy Springs 5730 Glenridge Dr Suite T-200 Sandy Springs, GA 30328	PHYSICIAN SERVICES
1	122 - Chattahoochee Surgical Group - Alpharetta 3400-A Old Milton Pkwy Suite 210 Alpharetta, GA 30005	PHYSICIAN SERVICES
2	123 - Chattahoochee Surgical Group - Dawsonville 200 Dawson Commons Circle Suite 210 Dawsonville, GA 30534	PHYSICIAN SERVICES
3	124 - Cherokee Lung and Sleep - Blairsville 308 Deep South Farm Rd Blairsville, GA 30512	PHYSICIAN SERVICES
4	125 - North Point Pulmonary Associates - Alphare 3400-C Old Milton Pkwy Suite 425 Alpharetta, GA 30005	PHYSICIAN SERVICES
5	126 - Northside Cherokee Orthopedics Sports Med 900 Towne Lake Pkwy Suite 320 Woodstock, GA 30189	PHYSICIAN SERVICES
6	127 - Northside Pulmonary and Sleep Medicine - B 4700 Nelson Brogden Blvd NE Suite 125 Buford, GA 30518	PHYSICIAN SERVICES
7	128 - Northside Pulmonary and Sleep Medicine - D 200 Dawson Commons Circle Suite 210 Dawsonville, GA 30534	PHYSICIAN SERVICES
8	129 - Northside Total Joint Specialists - Alpha 3400 C-Old Milton Parkway Suite 190 Alpharetta, GA 30005	PHYSICIAN SERVICES
9	130 - Northside Total Joint Specialists - Cummi 1505 Northside Blvd Suite 3500 Cumming, GA 30041	PHYSICIAN SERVICES
10	131 - Northside Total Joint Specialists - Cummi 1100 Northside Forsyth Drive Suite 250 Cumming, GA 30041	PHYSICIAN SERVICES
11	132 - Perimeter North Family Medicine - Atlanta 960 Johnson Ferry Rd NE Suite 340 Atlanta, GA 30342	PHYSICIAN SERVICES
12	133 - Perimeter North Family Medicine - Canton 460 Northside Cherokee Blvd Suite 170 Canton, GA 30115	PHYSICIAN SERVICES
13	134 - Premier Neurological Care - Alpharetta 11820 Northfall Lane Suite 1103 Alpharetta, GA 30009	PHYSICIAN SERVICES
14	135 - Premier Neurological Care - Cartersville 100 Market Place Blvd Suite 307 Cartersville, GA 30121	PHYSICIAN SERVICES

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)
136 136 - ENT of Georgia - Peachtree 550 Peachtree Street Suite 1640 Atlanta, GA 30308	PHYSICIAN SERVICES
1 137 - ENT of Georgia - Peachtree Dunwoody 5673 Peachtree Dunwoody Road Suite 150 Atlanta, GA 30342	PHYSICIAN SERVICES
2 138 - ENT of Georgia - Decatur 484 Irvin Ct Suite 140 Decatur, GA 30030	PHYSICIAN SERVICES
3 139 - ENT of Georgia - Lawrenceville 748 Old Norcross Rd Suite 100 Lawrenceville, GA 30045	PHYSICIAN SERVICES
4 140 - ENT of Georgia - Marietta 3901 Roswell Road Suite 225 Marietta, GA 30062	PHYSICIAN SERVICES
5 141 - ENT of Georgia - Marietta 2550 Windy Hill Road Suite 307 Marietta, GA 30067	PHYSICIAN SERVICES
6 142 - ENT of Georgia - Sandy Springs 755 Mt Vernon Hwy NE Suite 370 Sandy Springs, GA 30328	PHYSICIAN SERVICES
7 143 - ENT of Georgia - Snellville 1700 Tree Lane Suite 470 Snellville, GA 30078	PHYSICIAN SERVICES
8 144 - ENT of Georgia - Suwanee 4320 Suwanee Dam Road Suite 200 Suwanee, GA 30024	PHYSICIAN SERVICES
9 145 - ENT of Georgia - Suwanee 4245 Johns Crk Pkwy Suite D Suwanee, GA 30024	PHYSICIAN SERVICES
10 146 - Georgia Gynecologic Oncology - Atlanta 980 Johnson Ferry Road Suite 910 Atlanta, GA 30342	PHYSICIAN SERVICES
11 147 - Georgia Gynecologic Oncology - Cumming Timeshare 1505 Northside Blvd Suite 380 Cumming, GA 30041	PHYSICIAN SERVICES

2015

Open to Public Inspection

58-1954432

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarship / Educational Assistance	2	12,537			

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

Return Reference	Explanation
Part I, Line 2	The organization has guidelines in place that are to be used in reviewing the eligibility of grantees. All grants require written documentation and appropriate levels of approval.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 56566 ATLANTA,GA 30343	13-1788491	501(c)(3)	98,500				general support
AMERICAN HEART ASSOCIATION 1101 NORTHCHASE PKWY SUITE 1 MARIETTA,GA 30067	13-5613797	501(c)(3)	160,000				general support
AMERICAN RED CROSS 1955 MONROE DRIVE NE ATLANTA,GA 30324	53-0196605	501(c)(3)	35,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION GEORGIA PO BOX 78423 ATLANTA, GA 30357	58-1341679	501(c)(3)	90,675				general support
ATLANTA TRACK CLUB INC 3097 E Shadowlawn Ave Ne Atlanta, GA 30305	58-1367422	501(c)(3)	75,000				general support
BICYCLE RIDE ACROSS GEORGIA PO BOX 871111 STONE MOUNTAIN, GA 30087	58-1576748	501(c)(4)	75,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SUPPORT COMMUNITY OF ATLANTA (PREVIOUSLY WELLNESS COMMUNITY) 5775 PEACHTREE DUNWOODY RD SUITE C-225 ATLANTA, GA 30342	58-2142151	501(c)(3)	557,264				general support
COBB CHAMBER OF COMMERCE PO BOX 671868 MARIETTA, GA 300060032	58-0198114	501(c)(6)	28,500				general support
DAWSON COUNTY CHAMBER OF COMMERCE PO BOX 299 DAWSONVILLE, GA 30534	58-1950100	501(c)(6)	24,350				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA CENTER FOR ONCOLOGY RESEARCH AND EDUCATION 50 HURT PLAZA SUITE 704 ATLANTA,GA 30303	57-1159979	501(c)(3)	20,000				general support
GEORGIA CHAMBER OF COMMERCE 233 PEACHTREE STREET SUITE 2000 ATLANTA,GA 30303	58-1537370	501(c)(6)	40,000				general support
GEORGIA OVARIAN CANCER ALLIANCE 6065 Roswell Road Suite 512 ATLANTA,GA 30328	58-2424106	501(c)(3)	40,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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)	93,200				general support
LEUKEMIA AND LYMPHOMA SOCIETY 3715 NORTHSIDE PARKWAY NW NORTHCREE 400 SUITE 300 ATLANTA, GA 30327	13-5644916	501(c)(3)	25,000				general support
MARCH OF DIMES 1275 MAMORONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(c)(3)	510,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY CARE FOUNDATION 1100 JOHNSON FERRY RD NE BUILDING 2 SUITE LL80 ATLANTA,GA 30342	58-1448522	501(c)(3)	50,000				general support
MOREHOUSE SCHOOL OF MEDICINE 720 Westview Drive SW ATLANTA,GA 303101495	58-1438873	501(c)(3)	100,000				general support
MUSCULAR DYSTROPHY ASSOCIATION 2310 PARKLANE DRIVE SUITE 375 ATLANTA,GA 30345	13-1665552	501(c)(3)	21,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD ROSWELL,GA 30076	58-1521088	501(c)(3)	25,000				general support
OVARIAN CANCER INSTITUTE 960 JOHNSON FERRY RD STE 130 ATLANTA,GA 30342	58-2445245	501(c)(3)	160,000				general support
PARTNERSHIP AGAINST DOMESTIC VIOLENCE 315 W PONCE DE LEON STE 735 ATLANTA,GA 30030	58-1314556	501(c)(3)	22,500				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTAL DE SALUD INC PO BOX 921605 PEACHTREE CORNERS, GA 30092	47-2672341	501(c)(3)	30,000				general support
SANDY SPRINGS SOCIETY PO BOX 720074 ATLANTA, GA 30358	58-1868282	501(c)(3)	20,000				general support
SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS 12100 SUNSET HILLS ROAD SUITE 130 RESTON, VA 201903221	58-1431500	501(c)(6)	40,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAVELER'S AID OF METRO ATLANTA 75 MARIETTA STREET SUITE 400 ATLANTA, GA 30303	58-0566247	501(c)(3)	25,000				general support
VISITING NURSE HEALTH SYSTEM 5775 GLENRIDGE DRIVE NE SUITE E200 ATLANTA, GA 30328	58-0566250	501(c)(3)	200,000				general support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☒ Tax indemnification 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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 thirteen years as CEO and for seventeen 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 ("SERP") Agreement which is designed to provide him supplemental 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 2015 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 as established by the Board. The compensation committee determines the incentive plan and approves the payments/calculations in accordance with the plan annually. In addition, Joseph Ricotta, M.D. (included in the top five highest paid employees) received a contractual payment of \$768,865 during 2015, which is reported in Part II, column B(iii).

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Robert T Quattrocchi President & CEO NSH, Inc	(i)	1,523,793	1,448,819	1,270,101	0	10,115	4,252,828	0
	(ii)	0	0	0	0	0	0	0
1Wayne L Ambroze MD Board Member	(i)	468,418	137,092	2,144	0	6,122	613,776	0
	(ii)	0	0	0	0	0	0	0
2Deborah S Mitcham VP/CFO NSH, Inc	(i)	576,629	248,064	6,480	0	7,373	838,546	0
	(ii)	0	0	0	0	0	0	0
3Jorge J Hernandez Vice President/Asst Secre	(i)	372,585	154,186	9,514	0	2,542	538,827	0
	(ii)	0	0	0	0	0	0	0
4Janis DubowVice President	(i)	343,756	97,823	14,217	0	4,484	460,280	0
	(ii)	0	0	0	0	0	0	0
5Robert Putnam Vice President	(i)	580,109	217,487	24,135	0	5,828	827,559	0
	(ii)	0	0	0	0	0	0	0
6WILLIAM HAYES CEO of northside hospital- Cherokee	(i)	408,760	74,927	9,848	0	9,743	503,278	0
	(ii)	0	0	0	0	0	0	0
7Tina WakimVice President	(i)	651,717	276,046	14,775	0	8,556	951,094	0
	(ii)	0	0	0	0	0	0	0
8Stephen Salmien MD gynecologic oncologist	(i)	718,677	110,469	1,720	0	0	830,866	0
	(ii)	0	0	0	0	0	0	0
9Gerald Feuer MD Gynecologist/Surgeon	(i)	772,875	154,913	4,935	0	13,610	946,333	0
	(ii)	0	0	0	0	0	0	0
10Guilherme h Cantuana MD gynecologic oncologist	(i)	784,619	121,038	1,122	0	7,153	913,932	0
	(ii)	0	0	0	0	0	0	0
11WILLIAM EARLY MD gastroenterology/internal	(i)	816,376	11,667	4,935	0	10,115	843,093	0
	(ii)	0	0	0	0	0	0	0
12Joseph Ricotta MD Vascular Surgeon	(i)	393,371	0	769,290	0	4,917	1,167,578	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

NORTHSIDE HOSPITAL INC

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

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					
		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 ▶								
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 ▶								
6	Total of lines 4 and 5								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	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 "Yes" to 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			475 0000000000 %					
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

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) Northside Anesthesiology Consultants LLC	K Douglas Smith, M D , board member & NS Anesthesiology Cons off /owner	3,969,098	K 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 Northside serves		No
(1) J Bryan Whitley	Robert E Whitley, board member & J Bryan Whitley family member	126,468	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 Amount represents fair market value compensation paid during calendar year 2015 to J Bryan Whitley for services rendered to the organization		No
(2) Medlock Medical LLC	Dale M Bearman, M D , board member & Medlock Medical, LLC owner	372,301	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

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
(4) RACHEL BEARMAN	Dale M Bearman, M D , board member & Rachel Bearman family member	70,853	Dale M Bearman, M D , member of the Northside Hospital, Inc Board of Directors, has a family relationship with RACHEL BEARMAN, an employee of Northside Hospital, Inc Amount represents fair market value compensation paid during calendar year 2015 to Rachel Bearman for services rendered to the organization		No
(1) Jennifer Whitley	Robert E Whitley, board member & Jennifer Whitley family member	35,795	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 Amount represents fair market value compensation paid during calendar year 2015 to Jennifer Whitley for services rendered to the organization		No

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 990-EZ 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.**2015****Open to Public
Inspection**Name of the organization
NORTHSIDE HOSPITAL INC**Employer identification number**

58-1954432

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Program Service Accomplishments (cont'd)	Emergency Services In FY2016, total emergency room visits increased 4.8% across the Northside system, surpassing 169,000. Due to continued volume growth and in order to serve patients in a timely manner, Northside initiated several projects in FY2016 with the goals of reducing patient wait times and improving operational efficiencies. These projects included - "Team Triage" at the Forsyth ER which expanded triage capacity and enables patients to be seen by a provider in the triage area that can examine, treat and discharge the patient without having to place the patient in an Emergency Department bed. This concept allows patients to be seen faster and cuts door-to-triage and door-to-provider times. Given its success, this concept is being implemented at the Atlanta campus in FY 2017. - The Atlanta campus ER initiated a process improvement project dubbed "Decision-to-Discharge - Actual Discharge". This initiative's goal was to improve operational efficiency and improve ER throughput. At the project's conclusion, Atlanta's ER experienced a 6-7 minute reduction in the timeframe to deliver care. Oncology Services In 2016, the Northside Hospital Cancer Institute ("NHCI") continued to strengthen its services and infrastructure to better support the growing cancer care needs of the communities served. Below is a summary of the major successes in 2016 - Successfully completed Year 2 of the National Cancer Institute (NCI) Oncology Research Program grant and ranked No. 2 NCI Community Oncology Research Program (N-CORP) community site in the U.S. for accruals to NRG Oncology research protocols - Continued to be ranked nationally by NCI as a top accrual site to high-priority Precision Medicine trials - Received three-year Commission on Cancer (CoC) reaccreditation with commendation - Awarded Outstanding Achievement Award for the 5th consecutive survey cycle by CoC - Received three-year National Accreditation Program for Breast Centers reaccreditation - First hospital in Georgia to be awarded the Lung Cancer Disease Specific Care Certification by Joint Commission, making NHCI one of only six hospitals in the U.S. with this certification - NHCI's affiliated partners, Georgia Cancer Specialists (GCS) and Atlanta Cancer Care (ACC), continue active participation in the Quality Oncology Practice Initiative (QOPI) program - Enrolled in the National Quality Measures for Breast Centers (NQMBC) data submission and benchmarking initiative - Successfully completed Foundation for the Accreditation of Cellular Therapy (FACT) reaccreditation for Blood and Marrow Transplant clinical program - Chosen to partner with Cancer Support Community Atlanta (CSCA) for the Cancer Moonshot 2020 Initiative. Radiology Services - In late FY2015 Northside increased its imaging network from 36 locations to nearly 60 locations. The expanded geographic coverage enables Northside to provide complimentary services to Oncology and Primary Care providers, as well as to provide expanded

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Program Service Accomplishments (cont'd)	access to imaging services to its patients - In FY2016 Northside's radiology network experienced a volume of over 535,000 patient encounters - In furtherance of its charitable mission, Northside developed an Imaging Charity Referral Program which aims to connect uninsured/underinsured patients in need of imaging services with one of Northside's fifteen charitable imaging locations ("Charitable Imaging Location") (While all Northside locations accept patients regardless of their ability to pay and provide financial assistance to those who qualify for such assistance under Northside's Financial Assistance Program, Northside's Charitable Imaging Locations have specific and separate indigent/charity care commitments resulting from Georgia's Certificate of Need program) Initiated in July 2015, the Imaging Charity Referral Program received nearly 300 patient referrals in the first three (3) months - In FY2016, Northside's Imaging Charity Referral Program received over 800 referrals from its safety net clinic and federal qualified health center referral partners - Below is a testimonial from one of Northside's Imaging Charity Referral Program partners, demonstrating the effectiveness of this valuable outreach program "Good Samaritan Health Center (Atlanta) is a non-profit medical clinic serving uninsured and underserved families throughout the Atlanta metro region Without Northside's program, our patients would not have access to ultrasounds, CT scans, or MRIs The team at Northside demonstrates compassion and caring for our patients They process referrals in a timely manner They contact every patient, often multiple times The team also contacts our providers with updates and insures all reports are delivered immediately We had an uninsured 32 year-old mother present She was concerned about pelvic pain Her provider scheduled a pelvic ultrasound which was scheduled within two weeks The radiology report was promptly sent to us and the radiologist reported a possible mass on her ovary and recommended a follow up CT scan Northside's team scheduled the CT scan immediately The results indicated a highly suspicious ovarian mass We then reached out to one of Northside's patient navigators who scheduled her with gynecology oncology The patient has since underwent surgery which revealed ovarian cancer Fortunately, her tumor has now been removed and the cancer was detected before metastasizing She went from presenting as a new patient to having life-saving surgery within two months due entirely to Northside's exceptional program" [Medical Services Director - Good Samaritan Health Center] Surgical Services - In FY2016, total surgeries increased 8.4% across the Northside system, surpassing 53,000 - Northside hosted the Southeastern Society for Plastic and Reconstructive Surgeons' Annual Breast Symposium The symposium attracted over 400 attendees with international participation from over 20 countries - In June 2016, Northside Atlanta implemented

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Program Service Accomplishments (cont'd)	nted a colorectal surgical site infection bundle. The bundle is a series of strategies/int erventions aimed at decreasing surgical site infections in colorectal surgery patients. Th e effort included surgeon, anesthesia and nurse-led initiatives that are aimed at infectio n prevention. In June 2016, Northside Atlanta, Forsyth and Cherokee had zero colon surgical site infections. - In addition to the financial assistance services provided to patients w ho qualify for such services under Northside's Financial Assistance Program, in furthera nce of its charitable mission and in response to an identified community need, Northside c reated the Financial Access Surgery Program ("FASP"). The FASP was established and designe d to provide medically-necessary, non-emergent surgical services and all related ancillary services at no cost, to uninsured/underinsured patients. Northside entered into formal re ferral agreements w ith several community organizations including Federally Qualified Healt h Centers and safety net clinics located across Georgia. Demand for the program was so gre at that Northside subsequently created the FASP Overflow Program and expanded the number o f locations to four (4). In FY2016, the FASP received over 700 referrals from its communit y partners. - Below is a testimonial from one of Northside's FASP referral partners, demon strating the effectiveness of this valuable outreach program. "We are the busiest safety-n et clinic in Gwinnett County, w e provided more than 17,000 patient encounters during 2015. We have been a FASP partner since Spring 2012. FASP has been the most important hospital- based charitable program w e work w ith. When w e see patients back in our office after a FAS P referral, they are alw ays highly complementary of the excellent care they received. Many patients have had years of medical uncertainty and discomfort before FASP and are so relie ved and grateful after FASP they are reduced to tears w hen thanking us for the services t hey received."

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Too often we find that low cost diagnostic and surgical services are in	limited supply and available only at limited times Too often we find that, even after discounting, many organizations and providers' fees remain unaffordable for our patients In contrast, FASP accepts our referrals year round and is always striving to help us be responsive to patients' various medical needs If not for FASP, we could not have been as impactful in the lives of so many patients in recent years " [Executive Director - Good Samaritan Health Center - Lawrenceville] Women's Services - In FY2016, delivery volume remains strong across the Northside system with deliveries surpassing 20,000 - Northside Hospital Atlanta ("NHA") is consistently ranked as the nation's leader in maternity services, delivering more babies than any other hospital In CY2015, the most recent data available, Northside Hospital-Atlanta again was the national leader in maternity services with just over 16,100 births while the next closest provider had just over 14,800 births - In Georgia, NHA is the leader in maternity services including high-risk perinatal services In 2015, the most recent data available, NHA cared for nearly 780 high-risk perinatal patients with the next closest provider caring for approximately 530 patients - NHA's expertise in caring for the most fragile neonates also is unsurpassed In 2015, the most recent data available, NHA cared for more than 5,100 neonates (excluding normal new borns) with the next closest provider caring for more than 2,000 neonates (excluding normal new borns) - Georgia ranks "at or near the bottom" in maternal deaths in the US, which is a serious public health concern within the state Currently, the number of deaths and causes of maternal deaths are not properly documented As such, the Centers for Disease Control determined that a review committee should be convened to investigate maternal mortality in the state The Georgia Maternal Mortality Review Committee aims to develop prevention recommendations for maternal death and disseminate their findings throughout Georgia to policy makers, healthcare providers, healthcare facilities, and the general public In furtherance of its charitable mission and to enhance public health, Northside's Clinical Outcomes Manager joined this committee and actively participates in the committee's activities with the full monetary support of Northside

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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

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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

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Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Northside Health Services, the parent entity, must approve bylaw revisions and revisions of the Articles of Incorporation for Northside Hospital, Inc

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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 additionally, Outside Counsel reviews several sections of the form at Northside's request

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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 in compliance with specific laws and regulations

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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.

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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, how ever, 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, w e evaluate disclosure on a case by case basis

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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.

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Return Reference	Explanation
Form 990, Part VII, Section B	To serve the patients within Northside's geographic region, Northside entered into a professional services agreement ("PSA") based upon personally performed and modifier adjusted productivity with Georgia Cancer Specialists I, P.C. ("GCS") to ensure oncology and hematology services are provided to all patients within the community regardless of the patients' ability to pay. Northside has provided a broad range of cancer care services through its cancer care program at The Northside Hospital Cancer Institute ("NHCI"). The NHCI, which is recognized nationally as a leader in oncology diagnosis, treatment and research, offers clinical excellence on par with academic-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 footprint through development of an affiliation with additional locations, as well as having an integrated cancer care program that facilitates collaboration between Northside and clinicians specializing in oncology services. GCS has a large complement of clinicians to assist Northside in developing an outpatient oncology services program, specializing in medical oncology and hematology and the provision of infusion therapy services and medical and clinical research services. In accordance with the PSA, GCS remains a privately-held organization without ownership or management by Northside. GCS maintains responsibility for providing all administrative operations of the practice (e.g., staff benefits, malpractice insurance, etc.). Northside makes payments to GCS at fair market value rates for 1) personally performed and modifier adjusted professional services 2) management oversight responsibilities and 3) billing arrangements. GCS employs approximately 87 clinicians and 105 staff to maintain oncology, hematology, management and billing services at Northside's facilities and throughout the communities served by Northside. To serve the patients within Northside's geographic region, Northside entered into a professional services agreement ("PSA") based upon personally performed and modifier adjusted productivity with AGA, LLC to ensure gastroenterology ("GI") services are provided to all patients within the community, regardless of the patients' ability to pay. As such, this arrangement allows Northside to establish Centers of Excellence in GI services, especially related to endoscopic ultrasound and endoscopic retrograde cholangiopancreatography. GI services also have a significant tie-in to oncology services for which Northside is a leader in the Atlanta service area in terms of diagnosis and treatment. AGA, LLC has a large complement of clinicians that provide GI services including GI oncology. In accordance with the PSA, AGA, LLC remains a privately-held organization without ownership or management by Northside. AGA, LLC maintains res

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Form 990, Part VII, Section B	possibility for all expenses typically found in a GI clinicians practice (e g , staff, bil ling, medical supplies, medical records, occupancy, malpractice insurance, etc) Under th e PSA, Northside pays AGA a fair market value rate based on personally performed and modif ier adjusted w RVUs AGA, LLC provides approximately 125 clinicians to ensure GI services a t Northside's facilities and throughout the communities served by Northside The compensat ion reflected on Form 990, Part VII, Section B, Column (c), represents professional servic es under the PSA to include related compensation and benefits To serve the patients w ith n Northside's geographic region, Northside entered into a professional services agreement ("PSA") based upon personally performed and modifier adjusted productivity w ith Atlanta Ca ncer Care ("ACC") to ensure oncology and hematology services are provided to all patients w ithin the community regardless of the patients' ability to pay Northside has provided a broad range of cancer care services through its cancer care program at The Northside Hospi tal Cancer Institute ("NHCI") The NHCI, w hich is recognized nationally as a leader in onc ology diagnosis, treatment and research, offers clinical excellence on par w ith academic-b ased programs along w ith the personalized and attentive care typically associated w ith a c ommunity hospital Northside has committed to becoming a regional and national leader that redefines cancer care, w hich in part requires the expansion of its geographic footprint t hrough development of an affiliation w ith additional locations, as w ell as having an integ rated cancer care program that facilitates collaboration betw een Northside and clinicians specializing in oncology services ACC has a large complement of clinicians to assist Nort hside in developing an outpatient oncology services program, specializing in medical oncology and hematology and the provision of infusion therapy services and medical and clinical research services In accordance w ith the PSA, ACC remains a privately-held organization w ithout ownership by Northside ACC maintains responsibility for providing all administrat ive operations of the practice (e g , staff benefits, malpractice insurance, etc) Norths ide makes payments to ACC at fair market value rates for 1) personally performed and modif ier adjusted professional services 2) management oversight responsibilities and 3) billing arrangements ACC employs approximately 28 clinicians and 64 staff to maintain oncology, hematology, management and billing services at northside's facilities and throughout the c ommunities served by Northside

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Return Reference	Explanation
Form 990, Part IX, line 11g	other fees Program service expenses 281,488,278 Management and general expenses 131,046,062 Fundraising expenses 0 Total expenses 412,534,340

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Form 990, Part XI, line 9	change in pension -122,987,267 equity transfer -792,389 income from joint venture -3,150,590 Other Changes in Net Assets -714,558

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Return Reference	Explanation
Community Benefits Report - Fiscal Year 2016	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 health care of the highest quality. We pledge compassionate support, personal guidance and uncompromising standards to our patients in their individual journeys toward health of body and mind. To ensure innovative 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 community, we commit ourselves to providing a diverse array of educational and outreach programs. Our Community Benefit Philosophy In addition to providing high quality hospital-based medical services, Northside Hospital provides a number of community-based services, designed to improve the health of individuals who live, work and play in the areas we serve. Working with various organizations, hospital employees and medical staff, Northside participates in health education and screenings and provides support activities for individuals in the community, including vulnerable populations. Because Northside Hospital Inc. is not -for-profit and is not required to return profits to shareholders like taxable organizations, we reinvest our revenues, in excess of expenses, in order to enhance our capacity to deliver high-quality health care to the communities we serve. These resources provide for a long-term focus on the recruitment and retention of outstanding medical professionals, enhanced research and technologies, and new facilities and services. In addition, such resources enable us to provide numerous programs and activities that provide treatment or promote health and healing as a response to identified community needs. "Community Benefit" Defined Community Benefit applies to activities or programs that respond to identified community health needs and that seek to achieve one or more of the following objectives - improving access to health services - enhancing public health - advancing increased general knowledge - relieving or reducing government's burden to improve health. The information presented in this report demonstrates the level of community service and benefits that we have provided to the community during fiscal year 2016 - October 1, 2015 through September 30, 2016. FINANCIAL ASSISTANCE/ CHARITY CARE Northside Hospital treats all patients, regardless of age, sex, creed, race, national origin or source of payment. All patients are treated equally in respect to charges, bed assignments and medical care, regardless of ability to pay. We provide care without charge, or at discounted rates, to patients who meet certain criteria. Such cases are not reported as revenue or listed as accounts receivable. We maintain records to identify and monitor the indigent and charity care we provide. These records include the amount of charges forgone for services and supplies provided under the charity care policy. In FY2016,

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Community Benefits Report - Fiscal Year 2016	Northside Hospital provided \$390,784,537 in indigent and charity care. Uncompensated care including indigent and charity care and uncollected accounts represented \$501,088,105. COMMUNITY HEALTH IMPROVEMENT SERVICES Corporate & Community Health Education In response to requests from the community, Northside Hospital physicians and employees regularly provide free lectures through the hospital's Speakers Bureau. Health-related topics include exercise, nutrition & weight control, women & heart disease, breast health, sleep disorders, and more. In FY2016, 807 people were served at 16 events, involving 64 staff hours. Northside's Smoking Cessation Program offers participants tips on how to quit, manage stress, avoid weight gain, cope with withdrawal symptoms and much more. The seven-week sessions use a combination of group discussion and interaction, with nicotine replacement therapy, to provide the support needed to quit smoking. All classes are facilitated by trained Northside Hospital staff. Additional resources including online support services and referrals to telephone counseling also are available. In FY2016, the program enrolled 36 participants. The Northside Hospital Cancer Institute's community outreach staff provide community education and outreach programs throughout the year about breast cancer, prostate cancer, lung cancer, cancer prevention, the importance of screening and other cancer-related topics. In FY 2016, 2,241 Northside staff hours served 32,466 people. Approximately 79,000 people attended events where Northside was present. Check It Out! is a collaborative effort between Northside and 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 importance of early detection and understanding risk factors. Schools in Cobb, Fulton and DeKalb counties have accepted the program as part of their health curriculum. In FY2016, the program was presented to 12 high schools, reaching 1,266 girls. Northside Hospital Website / Online Education Northside Hospital's official website, northside.com, features a health encyclopedia and video library of general health content about surgeries and procedures including dedicated online educational centers for cancer, weight loss surgery and pregnancy. More than 735,515 people visited this content in FY2016, including - 11,455 unique page views of weight loss surgery content - 11,475 page views of online cancer center - 35,464 page views of maternity and women's center content. Northside's Lifetime of Care Magazine, available online and in print, is a free health magazine geared toward women ages 30-65. The magazine is published three times a year and mailed to 490,000 individuals. The editorial staff dedicates approximately 220 hours of work per year. Maternal and Infant Health Education The Northside Hospital MothersFirst Program is a valuable resource to women who are already pregnant or consid

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Community Benefits Report - Fiscal Year 2016	ering becoming pregnant MothersFirst offers pertinent education, classes, support groups, hospital tours and other services for women throughout the many stages of their childbearing years, from early pregnancy through the early childhood of their baby MothersFirst offers four classes that qualify as community benefit - Labor & Birth, CPR, Baby Essentials and Breastfeeding In FY2016, 7,164 people attended these classes (657 class sessions) At Northside Hospital, we want to support the decision to breastfeed The American Academy of Pediatrics recommends exclusive breastfeeding for baby's first six months of life Northside's "Warm Line" lactation telephone hotline is available to anyone in the community and offers breastfeeding advice from certified lactation consultants The Warm Line is available 7 days a week, from 8 30 a m to 4 30 p m , and served 15,312 people (with 3,186 staff hours) in FY2016 Northside also offers a free Breastfeeding eLearning Program on northside.com, which allows 24/7 access to information, videos, PDFs and animations about breastfeeding Approximately 809 people accessed the eLearning Program in FY2016

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Support Groups	Support Groups offer patients and the community a way to cope with the issues they face with the comfort of knowing that others are willing to help. Northside offers various support groups, conducted at the hospitals and led by Northside staff who organize, lecture and facilitate. These support groups are open to the community, regardless of where medical care was received. - Mom-Me Connection offers breastfeeding support for new moms. Three groups meet each week in Dunwoody, Alpharetta, Cumming, and Canton. Each group is facilitated by a certified lactation consultant. Approximately 2,038 people attended in FY2016. - Two monthly Bariatric Support Groups are held (in Atlanta and Cumming) for any bariatric patient, pre or post-surgery. A third group is held in Atlanta for patients who are more than one year past surgery. Approximately 518 people attend the support groups in FY2016. - Two Stroke Support Groups for stroke survivors and their families meet monthly at Northside's Atlanta and Alpharetta campuses. The groups host speakers and provide networking and social support for stroke survivors and their families. Approximately 15-20 people attended the groups each month in FY2016. - Northside's Outpatient Behavioral Health Department offers a Women's Empowerment Therapeutic Group for women, age 40+, who are undergoing cancer treatment or are in remission from cancer. Two licensed social workers lead and moderate the group. Topics include self-care/health and wellness, intimacy/sexuality, grief and loss, relationships, and new factors in your life since diagnosis. In FY2016, 15-20 people attended this group. - Caring and Coping is a support group for parents and grandparents who have lost a baby due to miscarriage, ectopic pregnancy, stillbirth or newborn death. Meetings are held once a month and are facilitated by two staff members. Approximately 20 people attended each meeting in FY2016, with approximately 25% of attendees coming from other hospitals. - Rainbow PALS (Pregnancy 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 staff member of Northside's HEART strings Perinatal Bereavement & Palliative Care Office, with a memorial event being held in October. Approximately 14 people attended each meeting in FY2016, with approximately 4 attendees coming from other hospitals. - ANEW is a social support group for parents, who are raising surviving multiple(s) following the loss of one or more multiple(s). The group meets twice a month and is facilitated by a HEART strings staff member. A memorial event is held once per year. Approximately 10 people attended each meeting in FY2016, with approximately 2-4 of attendees coming from other hospitals. Partnering with Schools: Northside Hospital's Partners In Education program sponsors 111 schools in seven north metro Atlanta counties: Cherokee, Cobb, DeKalb, Douglas, Gwinnett, Henry, and Spalding.

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Support Groups	w son, DeKalb, Forsyth, Fulton and Gw innett Through these partnerships, Northside provides clinic supplies, participates in fundraisers, supports Career Days and invests in other s tudent programs that promote health and wellness, science, safety and anti-bullying, spons ors teacher appreciation/recognition events, and much more In FY2016, 320 staff hours w er e spent serving approximately 150,000 people Through Northside Hospital-Cherokee's Junior Health Advocates, medical professionals speak to an array of healthy living topics, tailo red to children grades PK-8 Topics include Nutrition Nation, Buddy Not Bully, Happy Hands , House Rules, Drug Free Me, Fitness Fun, Squeaky Clean Hygiene, Tooth Truth, Summer Safet y, and Net Safe Navigator Each class offers a 45-minute interactive presentation Student s receive an activity book and gift to reinforce each subject In FY2016, the program arra nged 622 classes (624 classroom hours), reaching 18,040 students Northside also partners w ith the Learning for Life Healthcare Exploring Program, w hich offers local high school st udents (grades 9-12) w ho are considering a career in health care a unique, insider's view of the hospital and its many careers Throughout the seven-month program, w hich is affilia ted w ith the Boy Scouts of America, the students visit many areas of the hospital, perform ing exercises and participating during lectures by healthcare professionals Each class fo cuses on a different area of health care - cardiology, robotic surgery, radiology, oncolog y, pharmacy, w omen's services and other specialties During the 2015-16 session, 18 studen ts participated in the program, facilitated by 120 staff hours For outstanding high schoo l students interested in pursuing a career in health care, Northside Hospital-Cherokee par ticipates in the Cherokee County Schools' Work Based Learning Program - Youth Apprenticesh ip The unpaid internship offers an observation-only experience for students, w ho rotate t hrough eleven different departments of the hospital including surgery, radiology and the e mergency department for an hour each weekday during the school year Students also receive American Heart Association HeartSaver/AED training In FY2016, 35 students participated i n the program at the hospital Tw o employees managed the program, spending approximately 2 0 hours The Northside Hospital-Forsyth Laboratory participates in Lambert High School's H ealth Sciences Program to help prepare students for advanced health care education and ind ustry placement The high school provides the content, skills and safety procedures as it relates to clinical laboratory and healthcare diagnostics Students job shadow at Northsid e for a total of 30 w eeks, rotating through six departments w ithin the Laboratory includin g Chemistry, Hematology, Blood and Tissue Bank, Phlebotomy, Microbiology and Histology/Pat hology Students get hands-on experience, review ing and analyzing data and w orking w ith re al equipment Diagnostic Phleb

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Support Groups	otomy and Internship Students were able to interact first hand with patients, nurses and physicians in a clinical setting In FY2016, 109 students participated for a total of 1,200 hours More than ten Northside staff members spent 400 hours organizing and supervising the program The Northside Hospital-Atlanta Auxiliary's Puppet Program travels to schools in DeKalb, Cobb and North Fulton counties, educating children in grades PK-4 about medical check-ups, peer pressure, and drug and alcohol abuse In FY2016, the program conducted 25 puppet shows, reaching 2,746 students Volunteers provided more than 100 hours and drove more than 780 miles Northside's call center handles the scheduling of the puppet shows In FY2016, the department spent approximately 8 -16 hours fielding calls from schools and scheduling SUBSIDIZED HEALTH SERVICES Corporate & Community Health Fairs Northside provides free on-site health screenings at corporate and community locations throughout the year to raise health care awareness and to promote prevention and early detection of diseases Health screenings include cholesterol/glucose testing, blood pressure screening, body composition analysis, osteoporosis screening, pulmonary function testing, sleep quality screening, cancer risk assessment, diabetes assessment, coronary risk profile and audiology screening In FY2016, Northside offered health screenings at 27 community and 16 corporate events, reaching 3,759 people More than 3,025 staff hours were spent on the planning and implementation of the events

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Community Screenings	Throughout the year, Northside also offers disease-specific health screenings at the hospital's campuses in Atlanta, Alpharetta, Cherokee and Forsyth. Screenings are offered at low cost or completely free to those who qualify. - Four Prostate Cancer Screenings took place, reaching 349 men. - Five free Skin Cancer Screenings were held, with 521 participants, 117 people were recommended for follow-up treatment because of abnormal findings. - 2 free Stroke Screenings were held, with 130 participants. - 15 people were recommended for follow-up treatment because of abnormal findings. - In recognition of Better Hearing and Speech Month in May, the Audiology Department offered free Hearing Screenings to 64 individuals, and 23 were referred for further evaluation. The Audiology Department also provided free Hearing Screenings through the Cherokee County School District's "Give a Kid a Chance" Program. Screenings were provided to 123 school children. 6 children were referred for further testing. Northside's Financial Access Surgery Program (FASP) is designed to eliminate financial obstacles faced by the uninsured or underinsured in obtaining non-emergent, yet medically-necessary, outpatient surgical and endoscopy services including Screening and Diagnostic Colonoscopies. The services are provided at no cost to qualified participants. This program serves 12 counties - Bartow, Cherokee, Cobb, Dawson, DeKalb, Forsyth, Fulton, Gilmer, Gwinnett, Hall, Lumpkin, and Pickens Counties. In FY2016, 50 screening colonoscopies were performed as well as 270 colonoscopies for diagnostic workups. RESEARCH The Northside Hospital Research Program works to provide patients with the latest treatments and prevention methods being tested through clinical trials. Staff organize and manage all aspects of the clinical trials offered, with the goal of providing access to cutting-edge clinical trials in a community setting and ensuring that the safety of trial participants is the top priority. In FY2016, 34,057 staff hours were spent on research, 487 people were served, and 274 research projects were performed. Specialties include blood and marrow transplant, cardiology, critical care, endocrinology, oncology, orthopedics, pulmonology, rheumatology, and vascular surgery. HEALTH PROFESSIONS EDUCATION The FY2016 Atlanta Cancer Symposium. Engaging the Experts focused on malignant hematology, breast cancer, and gynecologic cancer. Approximately 50 staff hours (4 people) coordinated the event, 186 attended. In May 2016, the hospital hosted the 4th Annual Women and Stroke Symposium. This activity is designed to provide educational content for neurologists and physicians in related fields regarding the unique challenges for women and stroke risk. Risks include hormone treatment, pregnancy, and cardiovascular health. Information about the advances in practice, treatment, prevention, and care of the stroke patient, including women experiencing stroke, will be presented. This education for th

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Return Reference	Explanation
Community Screenings	e stroke professional is a vital component to providing quality patient care and achieving excellent patient outcomes long-term Approximately 25 staff hours coordinated the event, 100 attended CASH AND IN-KIND DONATIONS Cancer Institute Through the Northside Hospital Cancer Institute, approximately 500 hours were allocated to community benefit planning, operational support and fundraising Another 225 staff hours were spent preparing and writing grants to allow Northside to increase access to cancer care Northside was awarded four grants related to breast cancer in FY2016, totaling \$239,641 Approximately 200 staff hours were spent preparing and writing these grants to provide the following services free of charge to vulnerable populations through the hospital's Breast Care Program Fund - 602 screening mammograms - 296 diagnostic mammograms - 214 ultrasounds - 70 breast biopsies - 34 cyst aspirations - Genetic counseling and testing for uninsured/underserved women 710 women screened using B-RST tool, of which 120 had a moderate or positive screen result, 12 patients counseled, eight women tested, one woman tested positive for the BRCA2 genetic mutation Two colon cancer grants were received (\$30,045), one from Colon Cancer Alliance that provided \$25 gasoline cards or taxi vouchers to patients unable to drive to screening or cancer treatment appointments, and the other from the Colon Cancer Coalition that provided colon prep kits for patients preparing for a colonoscopy Sponsorships In addition to the excellent medical care and educational programs, Northside provides financial assistance to more than 241 charitable organizations each year The hospital's four-member Sponsorship Committee reviews all requests received and determines whether or not each organization complements the hospital's Mission and Values and meets geographic and demographic parameters that the hospital has established throughout its primary and secondary service areas More than 1,000 hours were spent compiling, reviewing and approving sponsorship requests in FY2016 Picture and A Promise Northside collaborates with the American Heart Association to provide awareness and education of cardiovascular disease The Picture and A Promise Booth is offered at the hospital's community screenings and other community events It allows participants the opportunity to make a "promise" to their hearts to make lifestyle changes to be more heart healthy In FY2016, Northside contributed \$30,000 for the sponsorship of this program Tennis Against Breast Cancer In October 2015, Northside Hospital organized the 12th annual "Tennis Against Breast Cancer" event, luncheon and fashion show at multiple locations in North Fulton and Forsyth counties to raise community awareness of breast cancer prevention and education, and 1,118 women participated in the event, which raised \$201,700 for the hospital's Breast Care Program Fund Approximately 320 hours were spent coordinating the event Miracle

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Community Screenings	e Babies In November 2015, Northside hosted the third annual Miracle Babies, a Northside Hospital fundraising event to raise financial assistance and support for families facing a financial hardship due to having a new born in the hospital's neonatal intensive care unit (NICU) More than \$101,140 was raised for the Miracle Babies fund, and 145 people attended the event Charity Golf Classic The Northside Hospital Charity Golf Classic is a corporate fundraiser for the Northside Hospital Blood & Marrow Transplant Program (BMT) and General Research Program The FY2016 event raised \$499,575 - 50 percent for the BMT Program and 50 percent for the Cancer Research Fund The event was attended by 272 people and coordinated by 110 staff hours Wine, Women and Shoes Approximately 415 people attended Northside's Wine, Women and Shoes event, benefitting the Ovarian and Gynecology Cancer Research Fund More than \$231,580 was raised Approximately 120 staff hours were spent coordinating the event Blood Drives Northside Hospital is a partner with the Metro Atlanta Red Cross and hosts blood drives for hospital staff and the community In FY2016, 90.5 staff hours were spent coordinating 25 blood drives, at which 1,258 pints of blood were donated Baby Alumni Birthday Party The 2016 Northside Hospital Baby Alumni Birthday Party at Zoo Atlanta was Atlanta's largest birthday party More than 6,000 children and their families celebrated and enjoyed face painters, crafts, birthday cookies as well as an evening visit of the animal exhibits Approximately 3,600 pounds of non-perishable foods, diapers and baby wipes were brought by guests and donated to the Atlanta Community Food Bank

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COMMUNITY BENEFIT OPERATIONS	Northside Hospital's Planning Department performs the health system's Community Health Needs Assessment once every three years. Approximately 77 staff hours were spent on this activity in FY2016. Northside's Community Connection Employee Volunteer Program is coordinated by one staff member, who spent 2,080 staff hours coordinating volunteers participating in community benefit activities / programs throughout the community in FY2016. The hospital's sponsorship activities are coordinated by a Community Development Specialist in the Marketing Department, who worked more than 1,000 hours in FY2016 assessing and coordinating sponsorships that meet community benefit guidelines. COMMUNITY-BUILDING ACTIVITIES The Georgia Maternal Mortality Review Committee aims to identify pregnancy-associated deaths and their causes and review contributing factors and interventions that may reduce these deaths. Northside's Clinical Outcomes Manager joined the committee. The hospital offers full monetary support of her time/costs associated with going to the committee's meetings - three meetings, 32 hours in FY2016. BROAD-BASED COMMUNITY OUTREACH (Non Community Benefit) Employee Volunteerism (The Community Connection) Northside Hospital promotes and encourages community volunteerism among its physicians, employees, Auxiliaries and their families and friends. Each year, staff and physicians volunteer their time, talents and resources to make a positive impact and build strong and healthy communities. In FY2016, more than 4,250 Community Connection volunteers donated more than 29,660 hours of their time to more than 100 community service projects in the hospital's service areas. Employees help strengthen their communities by supporting the following Atlanta Region 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 Association - Atlanta Mission - Back on My Feet - Boys and Girls Club of Metro Atlanta - Brookhaven Acute Nursing Home - Children's Restoration Network - City of Alpharetta - Colon Cancer Alliance - Drake House - Georgia Ovarian Cancer Alliance - Gwinnett Children's Shelter - Jesse's House - MedShare International - MUST Ministries - No One Alone Shelter - OneSight - Open Hand - Partnership Against Domestic Violence - Project Turn Around - Second Wind Dreams - The Place of Forsyth County - Toys for Tots - TurnAround Ministries - United Way of Forsyth County - United Way of Metropolitan Atlanta Program Highlights - Cell phones are collected throughout the year for the Partnership Against Domestic Violence to support women and their children in their effort to live violence free - In celebration of the 14th Annual Absolutely Incredible Kid Day, Northside employees wrote hand-written letters of encouragement to every student at High Point Elementary, a Title I school. These

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Return Reference	Explanation
COMMUNITY BENEFIT OPERATIONS	e letters showed support of the student's dreams and goals for success - Employees provided healthy snacks for children at No One Alone Shelter who have been affected by domestic violence These snacks are essential to the children's weekly support group, where through snacks and activities children increase their self-esteem, learn safety skills and improve their behavior - Northside's annual "Operation Book Bag," a book bag and school supply drive benefiting Children's Restoration Network, was by far Northside's biggest year ever More than 1,000 new book bags filled with school supplies were collected and distributed to homeless children in the metro Atlanta area - Every month, more than fifteen employees 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 quality time together The seniors love children, so several employees bring their children and families with them to visit The bonds between volunteers and the seniors has steadily grown Employees also adopt the more than 150 residents to provide them with a personal care package during the holiday season - Northside's March of Dimes - March for Babies campaign was a big success Northside and its family partners were the No 1 health care fundraising team and the No 2 team overall in the state of Georgia for 2016 - Northside employees, families, and friends filled the wish lists of homeless children in the Metro Atlanta Area Northside partnered with Children's Restoration Network to ensure that more than 4,000 homeless children in Metro Atlanta had a memorable and meaningful Christmas - Departments, individuals and their families helped employees who have received assistance from the Northside Shares 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 - Northside Hospital-Cherokee's Holiday Toy Drive provided toys to the Boys & Girls Club of Cherokee County - 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 invited family and friends to deliver gifts to seniors on Christmas Eve or Christmas Day - Throughout the year, employees donated basic needs items 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 - Through Open Hand, staff members pack meals for delivery to persons with HIV/AIDS, the sick and shut-ins and the elderly Open Hand prepares and delivers two freshly cooked meals, every day, seven days a week, to people with AIDS or HIV-related illnesses who need them This project depends on the participation of more than 100 volunteers each day to cook, pack and deliver the meals - Employees a

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Return Reference	Explanation
COMMUNITY BENEFIT OPERATIONS	t the Northside Hospital-Forsyth campus volunteer annually at Hands on Forsyth, Taste of F orsyth, the Cumming Country Fair and Festival, United Way of Forsyth, The Place, and the D rake House - Employees at Northside Hospital-Cherokee participated in various community p rojects including the Taste of Canton, Cherokee Family Violence Center and MUST Ministries Northside Hospital's Health Resource Center/medical library is open to the community and is home to a vast collection of medical information, including books, journals and online resources The Library offers electronic access to more than 400 medical journals, as w el l as print subscriptions to more than 150 journals Internet access to health information databases is also available Staff is available to provide literature searches We also pr ovide proctoring services to distance learners The Health Resource Center's highly traine d staff is available to assist patrons w ith finding w hat they w ant and/or need OUR COMMIT MENT We measure the success of our efforts by the number of residents w e reach w ith our me ssages related to health and w ellness Our mission is to w ork to positively impact the ove rall health of the communities w e serve Clearly, education, outreach and community servic e allow us to broaden our impact beyond the w alls of our facilities

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NORTHSIDE HOSPITAL INC	Employer identification number 58-1954432
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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	No
(1)Northside Foundation Inc 1000 Johnson Ferry Road Atlanta, GA 30342 58-1653541	Raise & collect funds in furtherance of Northside Hospital's exempt purpose	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	Parent Holding Company	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 Chanty, 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?		(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	
(1) ENT Surgery Center of Atlanta 5673 Peachtree Dunwoody Rd Suite 94 atlanta, GA 30342 20-0075229	Ambulatory surgery	GA	Northside Hospital inc	related	501,837	1,633,205		No			No	63 330 %
Hand and Upper Extremitry Surgery (2) Center 980 Johnson Ferry Rd NE Ste 1020 atlanta, GA 30342 20-0147862	outpatient Surgery	GA	northside Hospital inc	related	130,805	3,349,990		No			No	51 000 %
(3) Sovereign Rehabilitation of Georgia LLC 5555 Peachtree Dunwoody Rd NE 225 Atlanta, GA 30342 20-5084665	Rehabilitation Center	GA	Northside Hospital inc	related				No			No	88 000 %
(4) NASA Surgery Center LLC 1100 Johnson Ferry Rd Ste 180 Sandy Springs, GA 30342 58-1954432	Ambulatory Surgery	GA	Northside Hospital inc	related	-10,303	987,296		No			No	70 000 %
(5) Northern Crescent Endoscopy Suite LLC 550 Peachtree Street Suite 1620 Atlanta, GA 30308 58-2453504	Outpatient Surgery	GA	northside Hospital inc	related	1,586,721	13,973,254		No			No	69 990 %
(6) Urology Surgical Partners LLC 5673 Peachtree Dunwoody Rd Suite 91 atlanta, GA 30342 58-2622573	ambulatory surgery	GA	northside Hospital inc	related	161,956	2,752,472		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	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.

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Part I, Column D	In most instances where (D) total income is zero, entities were established for billing identification only and no assets, income or employees 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	1,926,585	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	0	252,050	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	2,765,486	3,963,496	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	5,380,840	4,570,159	Northside Hospital Inc
(13) LMG at Northside LLC 1000 Johnson Ferry Road Atlanta, GA 30342 58-1436087	Professional Services	GA	34,141,330	11,245,710	Northside Hospital Inc
(14) Northside 993 LLC 1000 Johnson Ferry Road Atlanta, GA 30342 46-6251430	Real Estate Services	GA	4,104,511	30,441,650	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) Forrest Park Preserve Holdings LLC 1000 Johnson Ferry Road Atlanta, GA 30342 47-4363731	professional Services	GA	0	0	northside hospital Inc
(4) Advanced Joint Surgery Specialists LLC 1000 Johnson Ferry Road Atlanta, GA 30342 47-4793694	surgery Center	GA	0	0	northside hospital Inc
(5) Urology Specialists of Atlanta North LLC 1000 Johnson Ferry Road Atlanta, GA 30342 47-2619158	Professional Services	GA	0	0	northside hospital Inc
(6) Northside Imaging LLC 1000 Johnson Ferry Road Atlanta, GA 30342 47-3958809	radiology services	GA	0	0	northside hospital Inc
(7) Advanced Surgery Center Perimeter LLC 1000 Johnson Ferry Road Atlanta, GA 30342 47-3080613	surgery Center	GA	319,229	37,898	northside hospital Inc
(8) AGA Clinical Services LLC 1000 Johnson Ferry Road Atlanta, GA 30342 81-1319493	Professional Services	GA	0	0	Northside Hospital Inc
(9) Urology Clinical Services LLC 1000 Johnson Ferry Road Atlanta, GA 30342 81-3281163	Professional Services	GA	0	0	Northside Hospital Inc