

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

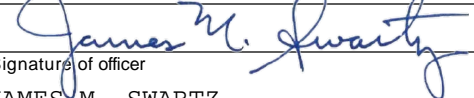

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WEST GEORGIA MEDICAL CENTER, INC.			D Employer identification number 20-5497506		
	Doing Business As			E Telephone number (770) 956-7827		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 793 SAWYER ROAD					
	City or town, state or province, country, and ZIP or foreign postal code MARIETTA, GA 30062-2222			G Gross receipts \$ 224,051,404.		
F Name and address of principal officer: CANDICE L. SAUNDERS 793 SAWYER ROAD, MARIETTA, GA 30062-2222			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ WWW.WELLSTAR.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2006			M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,644.
	6 Total number of volunteers (estimate if necessary)	6	92.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	805.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	146,872.	16,502,268.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213,261,144.	195,778,651.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,258,220.	9,713,301.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,305,821.	1,581,063.
		213,360,415.	223,575,283.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,375.	124,631.
	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)	115,523,320.	117,930,692.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 764,302.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,032,686.	70,725,717.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	182,745,381.	188,781,040.	
19 Revenue less expenses. Subtract line 18 from line 12	30,615,034.	34,794,243.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	193,712,432.	211,244,202.
	22 Net assets or fund balances. Subtract line 21 from line 20	201,538,926.	205,571,881.
	-7,826,494.	5,672,321.	

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		05/14/2021			
	Signature of officer JAMES M. SWARTZ Type or print name and title VP ACCOUNTING	Date			
Paid Preparer Use Only	Print/Type preparer's name JOANNE KRUEGER	Preparer's signature 	Date 05/14/2021	Check <input type="checkbox"/> if self-employed	PTIN P01235586
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324		Phone no. 267-330-3000	
	Firm's address ▶ 2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 162,370,555. including grants of \$ 124,631.) (Revenue \$ 195,778,651.)

SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 162,370,555.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,644		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
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?		X
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?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	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 10a _____		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a _____		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a _____ 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 13b _____		
c	Enter the amount of reserves on hand 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a _____		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b _____		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 _____ If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 _____		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

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

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 X

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) CANDICE L. SAUNDERS PRESIDENT & CEO	1.00 51.00			X				0.	2,470,527.	81,334.
(2) ANTHONY J. BUDZINSKI EVP & CFO	1.00 49.00			X				0.	1,316,813.	80,725.
(3) JOHN A. BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	1.00 49.00			X				0.	1,152,200.	85,658.
(4) CARRIE O. PLIETZ EVP & COO HOSPITAL DIVISION	1.00 49.00			X				0.	958,040.	72,283.
(5) LEO E. REICHERT EVP & GENERAL COUNSEL	1.00 49.00			X				0.	827,805.	78,484.
(6) ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	1.00 49.00			X				0.	744,399.	40,297.
(7) KEM M. MULLINS EVP AMBULATORY & BUS. DEV.	1.00 49.00			X				0.	722,112.	57,728.
(8) ALAN R. MUSTER, MD SVP SPECIALTY DIVISION WMG	1.00 51.00			X				0.	668,022.	84,899.
(9) DAVID JONES EVP CHIEF HR OFFICER	1.00 49.00			X				0.	701,279.	28,471.
(10) VALERY A. AKOPOV, MD SVP HOSPITAL DIVISION WMG	1.00 49.00			X				0.	646,474.	58,863.
(11) PAUL DOUGLASS, MD TRUSTEE & PHYSICIAN	1.00 49.00	X						0.	661,178.	43,597.
(12) STEPHEN L. BADGER FORMER VP STRATEGIC SERVICES	0. 50.00						X	0.	588,669.	86,070.
(13) JILL M. CASE-WIRTH SVP NURSING SERVICES	1.00 49.00			X				0.	583,296.	62,394.
(14) JOSEPH L. BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	1.00 49.00			X				0.	492,843.	74,240.

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) BETH KOST SVP, CHIEF COMPLIANCE OFFICER	1.00 49.00			X				0	492,253.	57,487.
(16) REMINGTON FOSS SVP HOSPITAL PRESIDENT	48.00 2.00			X				485,149.	0.	52,086.
(17) PETER R. JUNGBLUT, MD, MBA FORMER SVP & MEDICAL DIRECTOR	1.00 49.00						X	0	450,613.	81,450.
(18) PAUL D. MURPHREE VP MEDICAL OUTCOMES	1.00 49.00			X				0	448,944.	82,648.
(19) BARBARA B. COREY SVP MANAGED CARE	1.00 49.00			X				0	477,581.	45,174.
(20) ROD DURASKI VP MEDICAL AFFAIRS	50.00 0.			X				432,193.	0.	83,218.
(21) AVRIL P. BECKFORD, MD TRUSTEE & CHIEF PEDIATRIC OFF.	1.00 49.00	X		X				0	481,985.	31,447.
(22) DOUGLAS ARVIN, CPA, MBA SVP FINANCE (END. 2/20)	1.00 49.00			X				0	471,706.	35,798.
(23) KIMBERLY J. RYAN SENIOR VICE PRESIDENT	1.00 49.00			X				0	448,905.	52,987.
(24) SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	1.00 49.00			X				0	460,276.	31,296.
(25) RICHARD S. SIEGEL VP CARDIO.&CVM ADMN(END. 1/20)	1.00 49.00			X				0	396,222.	81,281.
1b Sub-total								917,342.	16,662,142.	1,569,915.
c Total from continuation sheets to Part VII, Section A								2,001,790.	13,278,142.	2,187,230.
d Total (add lines 1b and 1c)								2,919,132.	29,940,284.	3,757,145.

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 **113**

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(26) DAVID W. PRESTON SVP BRAND EXP. & COMMUNICATION	1.00 49.00			X				0	431,352.	44,407.
(27) ELIZABETH H. LOUDERMILK VP FINANCIAL PLANNING	1.00 49.00			X				0	419,394.	54,633.
(28) MICHAEL T. MCCULLOUGH SVP SUPPLY CHAIN	1.00 49.00			X				0	409,522.	52,085.
(29) JASON D. STEVENS SVP DEPUTY GENERAL COUNSEL	1.00 49.00			X				0	392,420.	67,372.
(30) ANDREW LEE VP CHIEF DIVERSITY OFFICER	1.00 49.00			X				0	406,354.	45,501.
(31) JENNIFER J. GIUSTI VP CLINICAL OUTCOMES	1.00 49.00			X				0	398,519.	53,140.
(32) JAMES L. HORNSBY, JR, MD TRUSTEE & PHYSICIAN	1.00 51.00	X						0	373,914.	74,050.
(33) CHARIS ACREE VICE PRESIDENT & COO	50.00 0.			X				383,809.	0.	56,153.
(34) SEAN P. TURNER VP REVENUE CYCLE MANAGEMENT	1.00 49.00			X				0	390,811.	37,929.
(35) MARY L. TAVERNARO VP HUMAN RESOURCES OPERATIONS	1.00 49.00			X				0	350,907.	56,108.
(36) MAXWELL S. KAGAN VP FINANCE & CFO	1.00 49.00			X				0	327,577.	41,300.
1b Sub-total								383,809.	3,900,770.	582,678.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 113

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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			
(37) FREDA LYON ----- VP SYSTEM EMERGENCY SERVICES	1.00 49.00			X				0.	300,559.	56,758.
(38) SANDRA LUCIUS ----- VP INFO. TECHNOLOGY APPS	1.00 49.00			X				0.	306,237.	49,809.
(39) SNEHAL H. DOSHI ----- VP SYSTEM PHARMACIST	1.00 49.00			X				0.	296,483.	58,986.
(40) TIMOTHY HANEY ----- SVP RE FAC&DVLP SVC (END.1/20)	1.00 49.00			X				0.	286,214.	57,126.
(41) BRADFORD B. NEWTON ----- VP INFO. TECHNOLOGY ADMIN.	1.00 49.00			X				0.	289,266.	51,425.
(42) ELIZABETH H. PAPETTI ----- VP OPS. HOSPITAL DIVISION	1.00 49.00			X				0.	284,999.	53,295.
(43) JONATHAN D. MAURER ----- VP INFORMATION SECURITY & CISO	1.00 49.00			X				0.	273,385.	54,987.
(44) ANDREW W. COX ----- VP CHIEF OF STAFF&LEADER. DEV.	1.00 49.00			X				0.	282,060.	40,633.
(45) KIMBERLY TAACA ----- VP OPS SPECIALTY DIVISION	1.00 49.00			X				0.	271,710.	47,647.
(46) ROBERT J. DECOUX ----- VP CORPORATE MED. STAFF SVCS.	1.00 49.00			X				0.	259,843.	57,448.
(47) VARMA RAMESWAR, MD ----- VP PEDIATRIC OPERATIONS	1.00 49.00			X				0.	251,504.	60,578.
1b Sub-total								0.	3,102,260.	588,692.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 113

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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			
(48) JAMES M. SWARTZ ----- VP ACCOUNTING	1.00 49.00			X				0	277,027.	32,048.
(49) SONYA E. ALDY ----- VP TALENT ACQUISITION	1.00 49.00			X				0	275,400.	33,218.
(50) MARCUS P. CHARLSON, MD ----- VP SURGERY	1.00 49.00			X				0	264,441.	42,244.
(51) JASON L. KELSEY ----- VP REHAB. & SPORTS MED. SRVCS.	1.00 49.00			X				0	240,840.	57,789.
(52) IVY SPENCER ----- VP CNO	1.00 49.00			X				0	254,378.	41,577.
(53) DANYALE ZIGLOR ----- VP HUMAN RESOURCES (BEG.12/19)	1.00 49.00			X				0	240,986.	52,827.
(54) CAROL TODD ----- VP ASST. GENERAL COUNSEL	1.00 49.00			X				0	247,822.	41,104.
(55) LIZA FRITCHLEY ----- VP SENIOR CARE SERVICES	50.00 0.			X				235,458.	0.	50,780.
(56) SOPHIA MARSHALL ----- VP ORGANIZATION COMMUNICATIONS	1.00 49.00			X				0	256,207.	28,073.
(57) KRISTEN S. TRICE ----- VP DIAGNOSTIC OUTREACH	1.00 49.00			X				0	238,621.	43,882.
(58) KEITH BOWERMASTER ----- FORMER VP COMMUNICATIONS	0. 0.						X	0	280,619.	1,267.
1b Sub-total								235,458.	2,576,341.	424,809.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 113

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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			
(59) DANIEL ABAD ----- VP TOTAL REWARDS	1.00 49.00			X				0 256,961.	24,460.	
(60) STEVEN HUNT ----- VP HUMAN RESOURCES	1.00 49.00			X				0 231,668.	49,685.	
(61) AVIRAL SINGH ----- VP BRAND & MARKET STRATEGY	1.00 49.00			X				0 245,822.	31,144.	
(62) ANDREW S. ALBERRY ----- VP INFO TECH OPS. (END. 11/19)	1.00 49.00			X				0 251,645.	23,900.	
(63) KIMBERLY W. MENELEE ----- FORMER SVP STRATEGIC COMM. DEV	0. 0.						X	0 275,126.	0.	
(64) STEPHEN VAULT ----- VP STRATEGIC COMMUNITY DEV.	1.00 49.00			X				0 238,106.	34,840.	
(65) ELLEN WRIGHT ----- VP HIM CDI & POLICIES	1.00 49.00			X				0 234,370.	38,568.	
(66) TRACY GYNTER ----- VICE PRESIDENT, CNO	50.00 0.			X				220,667. 0.	40,392.	
(67) TOMMY BRITT ----- VICE PRESIDENT HUMAN RESOURCES	50.00 0.			X				227,221. 0.	26,651.	
(68) JUDITH WHITE ----- VP LABORATORY SERVICES SYSTEM	1.00 49.00			X				0 215,854.	29,743.	
(69) REBECCA L. RUHL ----- VP FACILITY COMPLIANCE OPS.	1.00 49.00			X				0 209,269.	30,575.	
1b Sub-total								447,888.	2,158,821.	329,958.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 113

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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			
(70) ELLEN LANGFORD ----- FORMER SVP WMG AMB. TRANS.	0. ----- 0.						X	0.	236,783.	0.
(71) DON DAVIS ----- DIRECTOR PHARMACY	50.00 ----- 0.					X		228,109.	0.	2,725.
(72) DAVID W. ANDERSON ----- FORMER EVP/HR/OL/CCO	0. ----- 0.						X	0.	176,481.	50,980.
(73) TANYA MADDOX ----- RN CLIN. NURSE MEDSURG III	50.00 ----- 0.					X		196,180.	0.	25,839.
(74) LAURA DANNELS ----- VP & CHIEF LEARNING OFFICER	1.00 ----- 49.00			X				0.	192,305.	26,444.
(75) LEANNE COOK ----- VP CONSUMER ENGAGEMENT	1.00 ----- 49.00			X				0.	173,953.	40,414.
(76) JANICE PAGE ----- CLINICAL PHARMACIST	50.00 ----- 0.					X		171,061.	0.	41,574.
(77) KAREN BROWN ----- DIRECTOR NURSING	50.00 ----- 0.					X		169,744.	0.	38,260.
(78) MARY CALHOUN ----- DIRECTOR NURSING	50.00 ----- 0.					X		169,541.	0.	19,321.
(79) SHYROLL MORRIS ----- VP ONC.&DIG.HEALTH (BEG. 9/19)	1.00 ----- 49.00			X				0.	161,753.	5,490.
(80) JESSICA KOVALESKY ----- VP CARE COORDINATOR (BEG.10/19)	1.00 ----- 49.00			X				0.	107,841.	3,813.
1b Sub-total								934,635.	1,049,116.	254,860.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 113

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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			
(81) LINDA HUFFER VP POST ACUTE SRVC.(BEG.10/19)	1.00 49.00			X				0 100,348.	6,233.	
(82) ARIF AZIZ, MD TRUSTEE	1.00 12.00	X						0 51,758.	0.	
(83) STEVEN OWEIDA, MD FORMER TRUSTEE	0. 0.					X		0 49,802.	0.	
(84) OTIS A. BRUMBY, III TRUSTEE	1.00 12.00	X						0 48,188.	0.	
(85) T. FITZ JOHNSON TRUSTEE	1.00 12.00	X						0 47,229.	0.	
(86) R. RANDALL BENTLEY, SR, ESQ TRUSTEE	1.00 12.00	X						0 41,602.	0.	
(87) W. CHARLES BROCK TRUSTEE	1.00 12.00	X						0 41,553.	0.	
(88) DAVID HAFNER FORMER TRUSTEE	0. 0.					X		0 20,311.	0.	
(89) T.E. "RUSTY" DURHAM FORMER TRUSTEE	0. 0.					X		0 15,319.	0.	
(90) MITZI MOORE TRUSTEE	1.00 12.00	X						0 11,203.	0.	
(91) CHARLES J. JONES TRUSTEE	1.00 12.00	X						0 10,891.	0.	
1b Sub-total								0.	438,204.	6,233.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶ 113**

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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			
(92) ROBERT N. CROSS, MD ----- TRUSTEE (END. 7/19)	1.00 ----- 12.00	X					0.	8,132.	0.	
(93) FRANK ROS ----- TRUSTEE	1.00 ----- 12.00	X					0.	7,085.	0.	
(94) O. SCOTT SWAYZE, MD ----- TRUSTEE	1.00 ----- 12.00	X					0.	7,074.	0.	
(95) AMBICA YADAV ----- TRUSTEE	1.00 ----- 12.00	X					0.	5,692.	0.	
(96) GARY A. MILLER ----- TRUSTEE	1.00 ----- 12.00	X					0.	5,447.	0.	
(97) GREG MORGAN ----- TRUSTEE	1.00 ----- 12.00	X					0.	5,218.	0.	
(98) EDWARD RICHARDSON ----- TRUSTEE	1.00 ----- 12.00	X					0.	4,547.	0.	
(99) JAMES HOLMES ----- TRUSTEE	1.00 ----- 12.00	X					0.	4,401.	0.	
(100) H. SPEER BURDETTE, III ----- TRUSTEE	1.00 ----- 12.00	X					0.	4,391.	0.	
(101) JOHN MCKIBBEN ----- TRUSTEE (BEG. 8/19)	1.00 ----- 12.00	X					0.	643.	0.	
(102) HARRIS GRIFFITH ----- VP FINANCE&HOSP. CFO(BEG. 2/20)	50.00 ----- 0.			X			0.	0.	0.	
1b Sub-total							0.	52,630.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 113

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for JOSEPH BRAUD and KATHARINE LEONARD.

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 113

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

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					
	e	Government grants (contributions) . .	1e	16,330,268.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	172,000.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 82,000.				
	h	Total. Add lines 1a-1f		16,502,268.				
	Program Service Revenue	2a	PATIENT REVENUE	Business Code	622110	195,768,446.	195,768,446.	
b		INDEPENDENT/ASSISTED LIVING REVENUE		623110	10,205.	10,205.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			195,778,651.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			866,555.		866,555.
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
	6a	Gross rents	(i) Real	496,935.				
			(ii) Personal					
			6b	Less: rental expenses	159,136.			
	c	Rental income or (loss)	6c	337,799.				
	d	Net rental income or (loss)			337,799.		337,799.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other	8,846,746.				
			b	Less: cost or other basis and sales expenses . .	7b			
	c	Gain or (loss)	7c	8,846,746.				
	d	Net gain or (loss)			8,846,746.		8,846,746.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0.				
			b	Less: direct expenses	8b	0.		
c			Net income or (loss) from fundraising events.		0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
		b	Less: direct expenses	9b	0.			
		c	Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less returns and allowances	10a	473,411.					
		b	Less: cost of goods sold	10b	316,985.			
		c	Net income or (loss) from sales of inventory.		156,426.		805.	
Miscellaneous Revenue	11a	CAFETERIA REVENUE	Business Code	722514	764,073.		764,073.	
	b	BEAUTY SALON REVENUE		713990	25,170.		25,170.	
	c	LAUNDRY REVENUE		812300	24,611.		24,611.	
	d	All other revenue			272,984.		272,984.	
	e	Total. Add lines 11a-11d			1,086,838.			
12	Total revenue. See instructions			223,575,283.	195,778,651.	805.	11,293,559.	

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 X

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	124,631.	124,631.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,427,309.	1,941,847.	485,462.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	89,589,774.	75,147,692.	14,164,597.	277,485.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,086,272.	2,086,272.		
9 Other employee benefits	18,345,871.	14,646,856.	3,685,708.	13,307.
10 Payroll taxes	5,481,466.	5,481,466.		
11 Fees for services (nonemployees):				
a Management	4,273,496.	4,273,448.		48.
b Legal	-44,737.	-44,737.		
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 1	19,526,537.	10,195,114.	9,283,980.	47,443.
12 Advertising and promotion	314,172.	314,172.		
13 Office expenses	771,272.	771,272.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,198,119.	2,195,433.	360.	2,326.
17 Travel	621,548.	260,653.	360,895.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	2,407,225.	2,380,716.	26,509.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	12,076,963.	8,643,646.	3,425,317.	8,000.
23 Insurance	-120,656.	-120,656.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	26,312,362.	26,304,696.	7,666.	
b NON-MEDICAL SUPPLIES	4,174,217.	3,646,524.	527,693.	
c REPAIRS AND MAINTENANCE	3,990,606.	3,990,606.		
d OTHER EXPENSES	-5,775,407.	207,948.	-6,322,004.	338,649.
e All other expenses		-77,044.		77,044.
25 Total functional expenses. Add lines 1 through 24e	188,781,040.	162,370,555.	25,646,183.	764,302.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,755,649.	1	2,602,955.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	32,251,366.	4	26,685,150.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,776,536.	8	4,558,775.
	9 Prepaid expenses and deferred charges	689,694.	9	546,899.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 125,092,740.		
	b Less: accumulated depreciation	10b 40,787,021.	65,014,957.	10c 84,305,719.
	11 Investments - publicly traded securities	84,660,743.	11	89,017,711.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,563,487.	15	3,526,993.
16 Total assets. Add lines 1 through 15 (must equal line 33)	193,712,432.	16	211,244,202.	
Liabilities	17 Accounts payable and accrued expenses	13,251,421.	17	28,752,407.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	92,508.	21	94,158.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	188,194,997.	25	176,725,316.
	26 Total liabilities. Add lines 17 through 25.	201,538,926.	26	205,571,881.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-13,005,567.	27	796,571.
	28 Net assets with donor restrictions	5,179,073.	28	4,875,750.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-7,826,494.	32	5,672,321.
33 Total liabilities and net assets/fund balances	193,712,432.	33	211,244,202.	

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	223,575,283.
2	Total expenses (must equal Part IX, column (A), line 25)	2	188,781,040.
3	Revenue less expenses. Subtract line 2 from line 1	3	34,794,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-7,826,494.
5	Net unrealized gains (losses) on investments	5	-6,999,557.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-14,295,871.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,672,321.

Part XII Financial Statements and Reporting

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

- 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
- b** 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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

20-5497506

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 I of Schedule L (Form 990 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described 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>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described 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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

Schedule of Contributors

2019

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

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **WEST GEORGIA MEDICAL CENTER, INC.**

Employer identification number
20-5497506

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 16,330,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **WEST GEORGIA MEDICAL CENTER, INC.**

Employer identification number

20-5497506

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	VEHICLE DONATION	\$ 32,000.	01/31/2020
2	FLOORING	\$ 50,000.	04/30/2020
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number
20-5497506

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

20-5497506

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2019

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c Beginning balance	92,508.
1d Additions during the year	43,615.
1e Distributions during the year	41,965.
1f Ending balance	94,158.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,179,074.	5,490,366.	6,939,491.	6,939,491.	7,109,298.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	303,324.	311,292.	1,449,125.		169,807.
f Administrative expenses					
g End of year balance	4,875,750.	5,179,074.	5,490,366.	6,939,491.	6,939,491.

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 100.0000 %
- c** Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,720,000.		1,720,000.
b Buildings		72,473,436.	11,887,812.	60,585,624.
c Leasehold improvements		4,586,940.	2,064,012.	2,522,928.
d Equipment		34,565,831.	24,814,599.	9,751,232.
e Other		11,746,533.	2,020,598.	9,725,935.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				84,305,719.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAX EXEMPT BOND LIAB. DUE TO WHS	119,256,530.
(3) ACCRUED PENSION LIABILITY	55,726,830.
(4) SELF-INSURANCE RESERVES	1,720,122.
(5) OTHER LONG-TERM LIABILITIES	21,834.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	176,725,316.

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF ORGANIZATION'S COLLECTIONS:

WEST GEORGIA MEDICAL CENTER ("WGMC") HOLDS ART COLLECTIONS AND EXHIBITS THEM IN PUBLIC AREAS OF THE FACILITIES. THE EXHIBITS FURTHER WGMC'S EXEMPT PURPOSE BY ENHANCING THE HEALTH CARE EXPERIENCES FOR PATIENTS, PATIENT FAMILIES, AND VISITORS.

SCHEDULE D, PART IV, LINE 1B

CUSTODIAL ACCOUNT ARRANGEMENT:

WEST GEORGIA MEDICAL CENTER SERVED IN A CUSTODIAL ROLE FOR FUNDS HELD FOR ITS NURSING HOME RESIDENTS.

SCHEDULE D, PART V, LINE 4

USE OF ORGANIZATION'S ENDOWMENT FUNDS:

PERMANENT ENDOWMENT FUNDS ARE TO BE USED FOR PROPERTY AND IMPROVEMENTS FOR HOSPITAL PURPOSES.

SCHEDULE D, PART X, LINE 2

THE FOLLOWING FOOTNOTE IS RELATED TO THE ORGANIZATION'S APPLICATION OF FIN 48 (ASC 740):

"WELLSTAR AND ITS AFFILIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), AND THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES.

WELLSTAR APPLIES FASB ASC 740, INCOME TAXES, WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS. IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND

Part XIII Supplemental Information *(continued)*

HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS NO IMPACT ON WELLSTAR'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF THE APPLICATION OF ASC 740."

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

20-5497506

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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)			21,465,206.		21,465,206.	11.37
b Medicaid (from Worksheet 3, column a)			20,100,175.	18,734,371.	1,365,804.	.72
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			41,565,381.	18,734,371.	22,831,010.	12.09
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			168,300.		168,300.	.09
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			168,300.		168,300.	.09
k Total. Add lines 7d and 7j			41,733,681.	18,734,371.	22,999,310.	12.18

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

Schedule H (Form 990) 2019

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	69,952,164.
6 Enter Medicare allowable costs of care relating to payments on line 5	85,273,303.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-15,321,139.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 WEST GEORGIA MEDICAL CENTER, INC.
 1514 VERNON ROAD
 LAGRANGE GA 30240
 WWW.WELLSTAR.ORG
 141-661

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
X	X					X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group WEST GEORGIA MEDICAL CENTER, INC.

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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	X	
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		X
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		X
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):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group WEST GEORGIA MEDICAL CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group WEST GEORGIA MEDICAL CENTER, INC.

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group WEST GEORGIA MEDICAL CENTER, INC.

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

Schedule H (Form 990) 2019

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 3J

OTHER DESCRIPTIONS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA):

ON APRIL 1, 2016 WEST GEORGIA HEALTH MERGED WITH THE MARIETTA, GEORGIA BASED WELLSTAR HEALTH SYSTEM AND BECAME KNOWN AS WELLSTAR WEST GEORGIA MEDICAL CENTER ("WGMC" OR "WELLSTAR WGMC").

BECAUSE OF WELLSTAR HEALTH SYSTEM'S MERGER WITH WELLSTAR WGMC AND FIVE ADDITIONAL, NEWLY CONVERTED NOT-FOR-PROFIT HOSPITALS ON APRIL 1, 2016, WELLSTAR PLANS TO CONDUCT ITS NEXT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY REPORTING TO ALIGN WITH THE REQUIREMENTS OF THE NEWLY CONVERTED HOSPITALS BY JUNE 30, 2019.

THIS MEANS THAT ALL HOSPITALS WITHIN WELLSTAR HEALTH SYSTEM WILL SUBMIT CHNA REPORTS AND IMPLEMENTATION STRATEGIES TO MEET THE 501(R) REQUIREMENTS BY YEAR ENDING JUNE 30, 2019.

LOCATED IN LAGRANGE, GEORGIA, WELLSTAR WEST GEORGIA MEDICAL CENTER HAS SERVED TROUP COUNTY FOR NEARLY 80 YEARS. THIS 276-BED FACILITY HAS FOCUSED ON DELIVERING HIGH-QUALITY HEALTHCARE TO ITS COMMUNITY THROUGH TOP RATED SERVICES, RECENTLY BEING NAMED TOP LARGE HOSPITAL IN GEORGIA BY GEORGIA TREND MAGAZINE.

PROUD TO BE PART OF WELLSTAR, THE LARGEST HEALTH SYSTEM IN GEORGIA, KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR ALSO INCLUDES WELLSTAR MEDICAL GROUP,

Part V Facility Information (continued)

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

240 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A
 PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS
 ADDITIONAL INPATIENT HOSPITALS: WELLSTAR DOUGLAS, WELLSTAR ATLANTA
 MEDICAL CENTER, WELLSTAR ATLANTA MEDICAL CENTER SOUTH, WELLSTAR COBB,
 WELLSTAR NORTH FULTON, WELLSTAR PAULDING, WELLSTAR SPALDING REGIONAL,
 WELLSTAR SYLVAN GROVE AND WELLSTAR WINDY HILL HOSPITALS.

THE 2010 AFFORDABLE CARE ACT (ACA) REQUIRES ALL NOT-FOR-PROFIT HOSPITALS
 TO COMPLETE A COMMUNITY HEALTH NEED ASSESSMENT (CHNA) AND IMPLEMENTATION
 STRATEGY EVERY THREE YEARS TO BETTER MEET THE HEALTH NEEDS OF
 UNDER-RESOURCED POPULATIONS LIVING IN THE COMMUNITIES THEY SERVE. A CHNA
 THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION
 501(R) ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS" CAN BE
 ACCESSED HERE:

[HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.wellstar.org/community/community-health-needs-assessment)

SCHEDULE H, PART V, SECTION B, LINE 5

INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES:

SECONDARY PUBLIC HEALTH DATA ON DISEASE INCIDENCE AND MORTALITY, AS WELL
 BEHAVIORAL HEALTH RISK FACTORS, WERE GATHERED FROM NUMEROUS SOURCES,
 INCLUDING:

- GEORGIA DEPARTMENT OF HEALTH
- HEALTHY COMMUNITIES INSTITUTE
- CENTERS FOR DISEASE CONTROL AND PREVENTION
- HEALTHY PEOPLE 2020

Part V Facility Information (continued)

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

-COUNTY HEALTH RANKINGS

-GEORGIA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), PUBLIC
HEALTH DISTRICT 4

-NIELSON/CLARITAS DEMOGRAPHIC DATABASE

DATA WAS COLLECTED FROM NATIONAL, LOCAL AND REGIONAL SOURCES, AS
AVAILABLE.

MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AVAILABLE AT THE COUNTY
LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS
ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE
COMPREHENSIVE UNDERSTANDING OF COMMUNITY NEEDS.

TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE
TWO HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE
DATA USED IN THIS ASSESSMENT INCLUDED A FOCUS GROUP WITH RESIDENTS,
ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS, LISTENING SESSIONS WITH THE
HOSPITALS' REGIONAL HEALTH BOARDS, AND A HEALTH SUMMIT WITH HOSPITAL AND
COMMUNITY LEADERS. AN IN-DEPTH DESCRIPTION OF THE PARTICIPANTS, METHODS
USED AND COLLECTION PERIOD FOR EACH QUALITATIVE PROCESS IS IN THE PRIMARY
DATA.

QUALITATIVE DATA INCLUDED:

1. FOCUS GROUPS WITH RESIDENTS

GHPC RECRUITED AND CONDUCTED FOUR FOCUS GROUPS AMONG RESIDENTS LIVING IN
THE COMMUNITY SERVED BY WELLSTAR WEST GEORGIA MEDICAL CENTER. GHPC

Part V Facility Information (continued)

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

DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS WHO HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITIES IN THE SERVICE AREA, SPECIFICALLY COMMUNITIES THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED NINE PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITIES, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUP WAS CONDUCTED BY GHPC IN OCTOBER 2018:

- WELLSTAR WEST GEORGIA MEDICAL CENTER SERVICE AREA RESIDENTS - LAGRANGE, GA (SEPTEMBER 26, 2018)

2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS

KEY INFORMANT SUMMARY

(AUGUST 2018 - JANUARY 2019)

GHPC CONDUCTED INTERVIEWS WITH COMMUNITY LEADERS. LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS, INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA.

Part V Facility Information (continued)

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

THERE WAS A DIVERSE REPRESENTATION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE NINE STAKEHOLDERS INTERVIEWED, INCLUDING:

- TROUP CARES, TROUP COUNTY SCHOOLS, GEORGIA DEPARTMENT OF PUBLIC HEALTH
- DISTRICT 4, CONIFER HEALTH SERVICES - WEST GEORGIA, TROUP FAMILY CONNECTION AUTHORITY, LAGRANGE POLICE DEPARTMENT, UNITED WAY OF WEST GEORGIA, TWIN CEDARS YOUTH AND FAMILY SERVICES INC., CIRCLES OF TROUP COUNTY

3. A LISTENING SESSION WITH THE WEST GEORGIA REGIONAL HEALTH BOARD.

4. WELLSTAR WEST GEORGIA MEDICAL CENTER HEALTH SUMMIT WAS HELD ON DECEMBER 4, 2018, AT THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE IN LAGRANGE, GA. THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS. THE 16 ATTENDEES INCLUDED EMPLOYEES OF WELLSTAR HEALTH SYSTEM AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN COMMUNITIES INCLUDED IN THE PRIMARY SERVICE AREA OF WELLSTAR WEST GEORGIA MEDICAL CENTER. THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: BUILD THE CROWD, CIRCLES OF TROUP COUNTY, CITY OF HOGANSVILLE, EMORY HEALTHCARE, GEORGIA DEPARTMENT OF LABOR, LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE MACKAY-WILSON-JENNINGS FUNERAL HOME INC., TROUP CARES, TWIN CEDARS YOUTH AND FAMILY SERVICES, UNITED WAY OF WEST GEORGIA, AND WELLSTAR WEST GEORGIA MEDICAL CENTER.

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 7A

WELLSTAR WEST GEORGIA MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: WWW.WELLSTAR.ORG/CHNA AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE WEST GEORGIA HEADER.

SCHEDULE H, PART V, SECTION B, LINE 10A

WELLSTAR WEST GEORGIA MEDICAL CENTER'S IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: WWW.WELLSTAR.ORG/CHNA AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE WEST GEORGIA HEADER.

SCHEDULE H, PART V, SECTION B, LINE 11

PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY:

THE FOLLOWING IS A SUMMARY OF THE WELLSTAR WEST GEORGIA MEDICAL CENTER HEALTH SUMMIT THAT WAS HELD ON DECEMBER 4, 2018, AT THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE IN LAGRANGE, GA. THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS. THE 16 ATTENDEES INCLUDED EMPLOYEES OF WELLSTAR HEALTH SYSTEM AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN COMMUNITIES INCLUDED IN THE PRIMARY SERVICE AREA OF WELLSTAR WEST GEORGIA MEDICAL CENTER.

Part V Facility Information (continued)

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

THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: BUILD THE CROWD, CIRCLES OF TROUP COUNTY, CITY OF HOGANSVILLE, EMORY HEALTHCARE, GEORGIA DEPARTMENT OF LABOR, LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE MACKAY-WILSON-JENNINGS FUNERAL HOME INC., TROUP CARES, TWIN CEDARS YOUTH AND FAMILY SERVICES, UNITED WAY OF WEST GEORGIA, AND WELLSTAR WEST GEORGIA MEDICAL CENTER.

GHPC PRESENTED TO COMMUNITY LEADERS THE FINDINGS FROM THE CHNA GENERATED FROM ANALYSIS OF SECONDARY DATA, KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND LISTENING SESSIONS. COMMUNITY LEADERS WERE THEN ASKED TO DISCUSS THE HEALTH NEEDS OF THE COMMUNITY THEY SERVE AND ENCOURAGED TO ADD ANY NEEDS THAT MAY HAVE BEEN ABSENT FROM THE DATA PRESENTED. PARTICIPANTS WERE THEN ASKED TO IDENTIFY THE TOP FIVE HEALTH NEEDS THAT THEY BELIEVED, WHEN COLLABORATIVELY ADDRESSED, WILL MAKE THE GREATEST DIFFERENCE IN CARE ACCESS, CARE QUALITY AND COSTS TO IMPROVE THE HEALTH OF THE COMMUNITY, ESPECIALLY THE MOST UNDER-RESOURCED POPULATIONS. THE NEEDS IDENTIFIED BY INDIVIDUAL GROUPS WERE CONSOLIDATED INTO MUTUALLY EXCLUSIVE HEALTH PRIORITIES AND VOTED UPON TO SURFACE COMMUNITY HEALTH PRIORITIES.

GROUP RECOMMENDATIONS AND PROBLEM IDENTIFICATION:

DURING THE HEALTH SUMMIT, PARTICIPANTS PRIORITIZED FIVE COMMUNITY HEALTH NEEDS OF RESIDENTS WITHIN THE PRIMARY SERVICE AREA SERVED BY BOTH HOSPITALS:

ACCESS TO APPROPRIATE CARE, EDUCATION AND HEALTH LITERACY, HEALTHY LIFESTYLES AND POVERTY.

Part V Facility Information (continued)

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

KEY INFORMANT SUMMARY

(AUGUST 2018 - JANUARY 2019)

GHPC CONDUCTED INTERVIEWS WITH COMMUNITY LEADERS. LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS, INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA.

THERE WAS A DIVERSE REPRESENTATION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE NINE STAKEHOLDERS INTERVIEWED, INCLUDING:

TROUP CARES, TROUP COUNTY SCHOOLS, GEORGIA DEPARTMENT OF PUBLIC HEALTH - DISTRICT 4, CONIFER HEALTH SERVICES - WEST GEORGIA, TROUP FAMILY CONNECTION AUTHORITY, LAGRANGE POLICE DEPARTMENT, UNITED WAY OF WEST GEORGIA, TWIN CEDARS YOUTH AND FAMILY SERVICES INC., AND CIRCLES OF TROUP COUNTY.

IMPLEMENTATION STRATEGIES FOR EACH NEED WERE RECOMMENDED DURING GROUP EXERCISES. THE STRATEGIES WERE LATER REVIEWED BY THE WELLSTAR POPULATION HEALTH AND COMMUNITY EDUCATION & OUTREACH TEAM AND VETTED BY THE WELLSTAR HEALTH SYSTEM'S COMMUNITY ADVOCACY AND ENGAGEMENT COMMITTEE AND THE WCHC TASK FORCE, THE CONDUITS FOR SYSTEMWIDE DELIVERY OF COMMUNITY HEALTH

Part V Facility Information *(continued)*

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

IMPROVEMENT SERVICES AND EDUCATION.

WELLSTAR SPALDING AND SYLVAN GROVE ARE DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY WE SERVE. WITH THE UNIQUE NEEDS IDENTIFIED BY OUR COMMUNITY PARTNERS, WELLSTAR CREATED THE CENTER FOR HEALTH EQUITY IN 2019.

THE WELLSTAR CENTER FOR HEALTH EQUITY:

THE PURPOSE OF THE WELLSTAR CENTER FOR HEALTH EQUITY IS TO ACCELERATE OUR STRATEGIC EFFORTS TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITIES WE SERVE. WE WILL IMPLEMENT OUR STRATEGY THROUGH COMMUNITY ENGAGEMENT, PARTNERSHIP, INTERNAL TRANSFORMATION, CAPACITY BUILDING, HEALTH POLICY AND SYSTEM ADVOCACY.

THERE ARE SIX STRATEGIC DOMAINS FOR THE CENTER FOR HEALTH EQUITY:

1. ACCESS TO CARE
2. WOMEN'S HEALTH
3. SUBSTANCE ABUSE
4. SUICIDE
5. FOOD INSECURITY
6. CANCER

WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE:

WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE (WCHEC) IS A CROSS-FUNCTIONAL COMMITTEE THAT REPRESENTS MULTIPLE FACETS OF WELLSTAR HEALTH SYSTEM.

Part V Facility Information (continued)

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

- IN RESPONSE TO CHNA FINDINGS AND THE DIVERSITY OF WELLSTAR COMMUNITIES, WCHEC WAS EXPANDED TO INCREASE WELLSTAR'S CAPACITY TO SUPPORT THE CENTER FOR HEALTH EQUITY'S STRATEGIES.

- BY ENGAGING A MORE DIVERSE SELECTION OF WELLSTAR LEADERSHIP AND SUBJECT MATTER EXPERTS, THE CENTER'S PRIORITIES AND INITIATIVES CAN BEST REFLECT THE CAPACITY OF THE ORGANIZATION TO IMPACT AND MEET THE COMMUNITY'S NEEDS.

- THIS EXPANSION ALSO HELPS THE CENTER INCREASE COORDINATION OF EFFORTS, LEVERAGE PARTNERSHIPS AND MAXIMIZE EFFICIENCY AND STRATEGIC ALIGNMENT, WITHIN AND ACROSS WELLSTAR HEALTH SYSTEM.

- THIS IS DONE BY WCHEC MEMBERS GUIDING AND INFORMING THE STRATEGIC PLANNING AND IMPLEMENTATION PROCESS FOR GREATER INSTITUTIONAL ALIGNMENT AND IMPACT.

THE CENTER FOR HEALTH EQUITY'S IMPLEMENTATION STRATEGY FOCUSES ON SIX STRATEGIC DOMAINS:

1. FOOD INSECURITY

- CONTEXT: FOOD INSECURITY IS AN IMPORTANT BUT OFTEN OVERLOOKED FACTOR AFFECTING THE HEALTH OF A SIGNIFICANT SEGMENT OF GEORGIA RESIDENTS. 16.2% OF THE PEOPLE LIVING IN GEORGIA ARE FOOD INSECURE AND 23.2% OF GEORGIA CHILDREN LIVE IN FOOD INSECURE HOUSEHOLDS. THIS IS ONE IN EVERY FOUR GEORGIA CHILDREN.

- EXAMPLE WELLSTAR INTERVENTIONS:

- WELLSTAR DAY OF SERVICE: CREATES VOLUNTEER OPPORTUNITIES FOR WELLSTAR EMPLOYEES TO SUPPORT GEORGIA'S FOOD SUPPORT SYSTEM FOR VULNERABLE AND

Part V Facility Information (continued)

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

UNDERSERVED POPULATIONS.

- FOOD AS MEDICINE PROGRAM: INTEGRATES HEALTH AND NUTRITION EDUCATION INTO THE COMMUNITY SETTING, WHILE ALSO PROVIDING ACCESS TO HEALTHY FOODS AND MEDICALLY TAILORED COOKING CLASSES.

- FOOD INSECURITY SCREENING: IMPLEMENTING THE PROCESS TO SCREEN PATIENTS FOR FOOD INSECURITY AND CONNECTING PATIENTS TO AVAILABLE RESOURCES AND INTERVENTIONS.

2. OPIOIDS

- CONTEXT: DEVASTATING CONSEQUENCES OF THE OPIOID EPIDEMIC INCLUDE INCREASES IN OPIOID MISUSE AND RELATED OVERDOSES, AS WELL AS THE RISING INCIDENCE OF NEWBORNS EXPERIENCING WITHDRAWAL SYNDROME DUE TO OPIOID USE AND MISUSE DURING PREGNANCY.

- EXAMPLE WELLSTAR INTERVENTIONS:

- GEORGIA SUPREME COURT PARTNERSHIP: PROVIDES ACCESS TO SUBSTANCE USE TREATMENT, PEER SUPPORT, MEDICAL TREATMENT AND OTHER SERVICES THROUGH COLLABORATIVE COMMUNITY PARTNERSHIPS FOR FAMILIES TO ASSURE HEALTHY PREGNANCIES AND HEALTHY DEVELOPMENT FOR YOUNG CHILDREN WITH SUBSTANCE USE EXPOSURE. THESE PARTNERS INCLUDE WELLSTAR WOMEN'S HEALTH SERVICE NETWORK, GEORGIA DEPARTMENT OF PUBLIC HEALTH, GEORGIA DEPARTMENT OF HUMAN SERVICES AND SUPREME COURT OF GEORGIA.

- OPIOID TASKFORCE: THREE PHYSICIAN-LED WORK GROUPS COMMITTED TO PREVENTION, TREATMENT AND RECOVERY, TARGET VARIOUS POPULATIONS INTERNALLY (TEAM-BASED) AND EXTERNALLY (COMMUNITY-BASED): (1) PROVIDER AND PATIENT EDUCATION, (2) CLINICAL INITIATIVES AND (3) COMMUNITY AWARENESS AND

Part V Facility Information (continued)

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

ENGAGEMENT.

3. WOMEN'S HEALTH

- CONTEXT: THE PREGNANCY-RELATED MATERNAL MORTALITY RATIO IN GEORGIA WAS 40.8 PER 100,000 LIVE BIRTHS. THE MATERNAL DEATH RATE FOR BLACK WOMEN IN GEORGIA IS TWICE THAT FOR WHITE WOMEN IN GEORGIA AND 6 TIMES THE RATE FOR WHITE WOMEN, NATIONALLY.

- EXAMPLE WELLSTAR INTERVENTIONS:

- CLINICAL PRACTICE STANDARDS: SYSTEM-LEVEL COUNCILS MONITOR CLINICAL PRACTICES THROUGHOUT WELLSTAR HEALTH SYSTEM AND IMPLEMENT CARE MODELS WITH EVIDENCE-BASED POLICIES, PROCEDURES, PROTOCOLS AND PATHWAYS, WHILE LOCAL INTERDISCIPLINARY COUNCILS MONITOR WOMEN'S HEALTH PRACTICES ON-SITE IN INDIVIDUAL WELLSTAR HOSPITALS.

- WOMEN AND CHILDREN RESOURCE CENTER: OFFERS PERINATAL EDUCATION AND SUPPORT SERVICES THROUGH THE WOMEN AND CHILDREN RESOURCE CENTER TO REACH MORE THAN 15,000 FAMILIES ANNUALLY

- GME COMMUNITY CLINIC & BABIES BORN HEALTHY (BBH): PROVIDES PRENATAL SERVICES AT A REDUCED RATE FOR VULNERABLE AND UNDERSERVED WOMEN. BBH SERVICES ARE LIMITED AND COVER ROUTINE PRENATAL VISITS AND SOME LAB

4. CANCER

- CONTEXT: LUNG, COLORECTAL, BREAST, AND PROSTATE CANCER ACCOUNT FOR 51 PERCENT OF ALL CANCER DEATHS IN GEORGIA.

- EXAMPLE WELLSTAR INTERVENTIONS:

- CANCER PREVENTION SCREENING PROGRAM: PROACTIVE, PREVENTATIVE CANCER

Part V Facility Information (continued)

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

SCREENING PROGRAM TO SUPPORT THE COMMUNITIES WELLSTAR SERVES:

- ESTABLISHED A NEW PROGRAM THAT SUPPORTS THE PATIENTS AND PHYSICIANS THROUGH THE SCREENING AND NAVIGATION PROCESS WITH AN EXTENDED CARE MODEL THAT ENSURES THAT CARE IS CONTINUOUS AND WELL-COORDINATED.

- PARTNERSHIP WITH THE WELLSTAR FOUNDATION, SUSAN G. KOMEN GREATER ATLANTA AND IT'S THE JOURNEY, INC. PROVIDES FREE MAMMOGRAMS FOR UNDERSERVED WOMEN WITH A FOCUS ON OUTREACH TO AFRICAN AMERICAN AND HISPANIC WOMEN.

- CONGREGATIONAL HEALTH NETWORK: SERVES AS A BRIDGE BETWEEN OUR HEALTHCARE SYSTEM AND FAITH COMMUNITIES, OFFERING HELP WITH LIFESTYLE CHANGES, PERSONAL HABITS, ATTITUDES, FAITH AND WELL-BEING.

5. SUICIDE

- CONTEXT: SUICIDE IS A PUBLIC HEALTH ISSUE THAT AFFECTS PEOPLE OF ALL AGES, RACES AND ETHNICITIES. SUICIDE RATES IN THE GENERAL POPULATION CLIMBED 21% FROM 2005 TO 2016.

- EXAMPLE WELLSTAR INTERVENTIONS:

- WELLSTAR ZERO SUICIDES INITIATIVE: EQUIPS MENTAL HEALTH PROFESSIONALS AND DIRECT CARE STAFF WITH KNOWLEDGE OF SUICIDALITY SIGNS AND THE NECESSARY NEXT STEPS, IN THE EVENT OF AN UNEXPECTED MENTAL HEALTH EPISODE TO ENSURE PATIENTS ARE SAFE AND PROPERLY SUPPORTED IN CARE AND COMMUNITY.

- WELLSTAR SCHOOL HEALTH PROGRAM: SHIFTING TO FOCUS ON BEHAVIORAL HEALTH EDUCATION, SUBSTANCE ABUSE PREVENTION AND RESILIENCY.

Part V Facility Information (continued)

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

6. ACCESS TO PRIMARY CARE

- CONTEXT: ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE SERVICES IS IMPORTANT FOR PROMOTING AND MAINTAINING HEALTH, PREVENTING AND MANAGING DISEASE, REDUCING UNNECESSARY DISABILITY AND PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY.

- EXAMPLE WELLSTAR INTERVENTIONS:

- WELLSTAR COMMUNITY SAFETY-NET CLINICS: PROVIDES WELLSTAR'S MOST UNDER-RESOURCED AND VULNERABLE COMMUNITY MEMBERS WITH MEDICAL SERVICES LIKE CHRONIC DISEASE MANAGEMENT, WELLNESS EXAMS, VACCINATIONS AND MEDICATION COUNSELING. THESE SERVICES ARE PROVIDED IN PARTNERSHIP WITH PHYSICIAN LEADERSHIP AND GRADUATE MEDICAL EDUCATION (GME) RESIDENTS.

- WELLSTAR 4-1 CARE: INCREASE ACCESS TO CARE AND THE CAPACITY OF PARTNERING COMMUNITY CLINICS BY PROVIDING REDUCED-COST OUTPATIENT MEDICAL SERVICES.

- THE COMMUNITY TRANSFORMATION GRANTS PROGRAM WILL BE A NEW COMMUNITY BENEFIT INITIATIVE. THIS ANNUAL COMPETITIVE GRANT PROGRAM ALLOWS WELLSTAR HEALTH SYSTEM HOSPITALS TO FURTHER THE MISSION BY ADDRESSING CRITICAL HEALTH ISSUES IN THE COMMUNITY SERVED. WELLSTAR WILL ACHIEVE THIS BY PARTNERING WITH COMMUNITY BASED AGENCIES THAT ARE SUCCESSFULLY IMPROVING AND MEASURING HEALTH OUTCOMES THROUGH INITIATIVES THAT ADDRESS PSE POLICY SYSTEMS AND ENVIRONMENTAL CHANGE.

HOSPITAL ROLE AND RESPONSIBILITIES:

ALTHOUGH THE MAJORITY OF WELLSTAR'S COMMUNITY BENEFIT SERVICES ARE DELIVERED SYSTEMWIDE, EACH OF WELLSTAR'S 11 NOT-FOR-PROFIT HOSPITALS PLAY

Part V Facility Information (continued)

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

A ROLE IN ADDRESSING THE PRIORITY HEALTH NEEDS IDENTIFIED FROM ITS CHNA. HOSPITAL PRESIDENTS AND COMMUNITY BENEFIT LIAISONS ARE VITAL TO TRACKING AND ASSISTING IN THE IMPLEMENTATION OF WELLSTAR'S COMMUNITY BENEFIT PROGRAMS, MOST NOTABLY FOR THE CLINICAL ENGAGEMENT AND CARE COORDINATION NEEDED TO OPTIMIZE COMMUNITY PARTNERSHIPS AND IDENTIFYING POPULATIONS FOR LIVE WELL COMMUNITY-BASED PREVENTIVE EDUCATION AND SCREENINGS.

TO ACCOMPLISH THIS, WELLSTAR HEALTH SYSTEM HOSPITALS WILL BUILD A SUSTAINABLE AND OUTCOMES-DRIVEN COMMUNITY BENEFIT PROGRAM THAT DEMONSTRATES COMMITMENT TO COMMUNITY HEALTH IMPROVEMENT AND HEALTH EQUITY. THROUGH DEDICATED LEADERSHIP, ACCOUNTABILITY, COLLABORATIVE PARTNERSHIPS, AND STEWARDSHIP OF FISCAL AND HUMAN RESOURCES, WE WILL CREATE A MORE HEALTHY COMMUNITY THROUGH OUTREACH, EDUCATION AND ADVOCACY FOCUSED ON PRIORITY HEALTH NEEDS.

AS OUTLINED IN THE JOINT 2018 CHNA, HEALTH NEEDS NOT IDENTIFIED AS PRIORITY TO THE HOSPITALS FALL INTO ONE OF THREE CATEGORIES:

1. BEYOND THE SCOPE OF WELLSTAR SERVICES
2. NEEDS FURTHER INTERVENTION, BUT NO PLANS FOR EXPANDING CURRENT COMMUNITY BENEFIT SERVICES AT THIS TIME
3. RELYING ON COMMUNITY PARTNERS TO LEAD EFFORTS WITH EXPERTISE IN THESE AREAS WITH WELLSTAR IN A SUPPORTIVE ROLE

BASELINE DATA PROVIDES A MEASURE THE OUTPUTS AND OUTCOMES OF THE WELLSTAR LIVE WELL AND TRANSFORMATIVE GRANT PROGRAMS TO MEET OBJECTIVES OF

Part V Facility Information (continued)

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

PRIORITY HEALTH NEEDS AND TRACK PROGRESS. SUCCESS IS MEASURED BY THE HOSPITALS' ABILITY TO:

1. REDUCE HEALTH DISPARITIES BY INCREASING CARE ACCESS AND SUPPORT SERVICES TO UNDER-RESOURCED, AT-RISK COMMUNITY MEMBERS
2. STRENGTHEN COMMUNITY CAPACITY AND COLLABORATION FOR SHARED RESPONSIBILITY TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITY THE HOSPITALS SERVES

IN ADDITION, DID THE PROGRAM:

1. IMPROVE THE OVERALL HEALTH OF THE COMMUNITY THROUGH IMPROVED ACCESS TO CARE AND A REDUCTION OF THE INCIDENCE AND PREVALENCE OF CHRONIC DISEASE?
2. SERVE AND ADVOCATE FOR THE MEDICALLY UNDERSERVED AND UNDER-RESOURCED POPULATIONS WITH THE GOAL OF PROVIDING THE RIGHT CARE AT THE RIGHT SERVICES TO BETTER DEMONSTRATE WELLSTAR HEALTH SYSTEM HOSPITALS' COMMITMENT TO IMPROVE OVERALL COMMUNITY HEALTH?
4. IMPLEMENT IMPROVED FINANCIAL ASSISTANCE, BILLING AND COLLECTION POLICIES THAT PROTECT PATIENTS AND REDUCE THE NUMBER OF PATIENTS RELYING ON CHARITY CARE?
5. COLLABORATE WITH MULTI-SECTOR COMMUNITY PARTNERS TO RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT?

COVID-19 RESPONSE

MANY OF THE WELLSTAR COMMUNITY-BASED EFFORTS HAD TO BE PLACED ON HOLD

Part V Facility Information (continued)

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

BECAUSE OF COVID-19 RESTRICTIONS. HOWEVER, WELLSTAR HEALTH SYSTEM DID IDENTIFY MECHANISMS TO SUPPORT OUR COMMUNITY PARTNERS.

LONG-STANDING SYSTEMIC HEALTH AND SOCIAL INEQUITIES HAVE PUT MANY PEOPLE FROM RACIAL AND ETHNIC MINORITY GROUPS AT INCREASED RISK OF GETTING SICK AND DYING FROM COVID-19. THE TERM "RACIAL AND ETHNIC MINORITY GROUPS" INCLUDES PEOPLE OF COLOR WITH A WIDE VARIETY OF BACKGROUNDS AND EXPERIENCES. BUT SOME EXPERIENCES ARE COMMON TO MANY PEOPLE WITHIN THESE GROUPS, AND SOCIAL DETERMINANTS OF HEALTH HAVE HISTORICALLY PREVENTED THEM FROM HAVING FAIR OPPORTUNITIES FOR ECONOMIC, PHYSICAL, AND EMOTIONAL HEALTH. FROM THE START, WELLSTAR WAS CONSIDERING HEALTH EQUITY IN COVID-19 RESPONSE AND RELIEF EFFORTS AND HEALTH CARE MORE BROADLY, AND, IN PARTICULAR, IMPROVING ACCESS TO TESTING BEFORE INDIVIDUALS DEVELOP SEVERE ILLNESS IN ORDER TO SLOW THE SPREAD OF INFECTIONS. WE ALSO CONSIDERED A WIDE ARRAY OF FACTORS BOTH WITHIN AND BEYOND THE HEALTH CARE SYSTEM AS ROOT CAUSES AS PART OF EFFORTS TO ADDRESS HEALTH DISPARITIES. THESE EFFORTS WILL BE KEY FOR NARROWING THE DISPARATE EFFECTS OF COVID-19, ENSURING EQUITABLE DISTRIBUTION OF TREATMENTS AND A VACCINE AS THEY ARE DEVELOPED, AND PREVENTING WIDENING DISPARITIES IN HEALTH CARE MORE BROADLY LOOKING FORWARD.

INCREASING TESTING ACCESSIBILITY

WELLSTAR ACTIVATED A PARTNER NETWORK ROOTED IN FAITH COMMUNITY NURSING TO REACH HIGH-RISK COMMUNITIES. THESE COMMUNITIES WERE UNDERREPRESENTED IN TESTING AT FIXED-FACILITY SITES. AN MOU ACCELERATED OUR ABILITY TO

Part V Facility Information (continued)

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

IMPLEMENT AND MAINTAIN A PROCESS OF MOBILIZING PARTNER NETWORKS TO IDENTIFY AND TARGET COVID-19 TESTING FOR UNDERSERVED COMMUNITIES. WE REACHED OUT TO OUR CONGREGATIONAL HEALTH NETWORK, A CONSORTIUM OF OVER 70 CONGREGATIONS TRADITIONALLY SOUGHT FOR PLACE-BASED IMPACT INVESTMENTS FOR CHRONIC DISEASE PREVENTION. STAFF - COMPRISED OF COMMUNITY HEALTH REGISTERED NURSES AND PROJECT MANAGERS - INITIALLY FACILITATED ADAPTABLE POP-UP VIRAL TESTING EVENTS AT CHURCHES WITH FOOD DISTRIBUTIONS LOCATED AWAY FROM FIXED-FACILITY SITES BUT WITHIN HOTSPOTS IDENTIFIED BY REVIEW OF LOCAL COVID-19 TRANSMISSION DATA. AS MORE FAITH COMMUNITIES LEARNED OF TESTING AVAILABILITY, WE FIELDDED REQUESTS FROM CONGREGATION LEADERS. DURING TESTING EVENTS, WE DISTRIBUTED "SAFETY BUNDLES" COMPOSED OF PREVENTION EDUCATION, CLOTH MASKS, HAND SANITIZER, AND HYGIENE PRODUCTS TO PATIENTS AS AN INCENTIVE PROVIDING INTERVENTION CONTROL FOR INFECTION SPREAD. THE DESCRIBED APPROACH CAN BE APPLIED TO INCREASE COVID-19 TESTING AND TREATMENT ACCESSIBILITY FOR DISPARATE COMMUNITIES.

TO SUPPORT COVID EDUCATION, WE ALSO HOSTED MONTHLY BRIEFINGS WITH PARTNERS AND WELLSTAR SUBJECT MATTER EXPERTS. DURING THESE BRIEFINGS, PARTICIPANTS LEARNED MORE ABOUT COVID-19 PREVENTION AND HOW TO ACCESS TESTING.

INCREASING ACCESS TO HEALTH FOOD IN NOVEMBER 2020, WELLSTAR LAUNCHED A NEW "MOBILE MARKET" COLLABORATION WITH GOODR, A COMMUNITY-BASED ORGANIZATION THAT PROVIDES RE-DISTRIBUTION OF FOOD RESOURCES FOR PEOPLE IN NEED. THE JOINT INITIATIVE WILL HELP

Part V Facility Information (continued)

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

ADDRESS FOOD ACCESS FOR VULNERABLE COMMUNITIES IN WELLSTAR'S SERVICE AREAS. FUNDED BY THE WELLSTAR FOUNDATION, THIS PROGRAM ENABLES THE HEALTH SYSTEM TO PROVIDE FOR VITAL COMMUNITY NEEDS THAT IMPACT HEALTH AND WELL-BEING, OFFERING "PEOPLECARE. MORE THAN HEALTHCARE." THE OVERALL GOAL OF THE NEW WELLSTAR ON WHEELS: MOBILE MARKET IS TO ADDRESS FOOD INSECURITY WITH A ROUTINE AND RELIABLE FOOD SOURCE IN THE COMMUNITIES SERVED BY WELLSTAR. TO THAT END, THE MOBILE MARKET PROGRAM WILL PROVIDE POP-UP FARMERS MARKETS TO ADDRESS FOOD ACCESS AND PROVIDE A DIGNIFIED SHOPPING EXPERIENCE THAT OFFERS HEALTHY, FAMILY-FRIENDLY FOOD OPTIONS.

CLIENTS PRE-REGISTER FOR THIS PROGRAM AND ARE ABLE TO CHOOSE ITEMS THAT ARE CULTURALLY SENSITIVE AND APPEALING TO THEIR HOUSEHOLDS. TO ADHERE TO THE CDC'S SOCIAL DISTANCING MEASURES, GOODR HAS REVAMPED ITS TRADITIONAL POP-UP EXPERIENCE TO PROVIDE A QUICK, SAFE WAY FOR FAMILIES TO WALK OR DRIVE THROUGH THE EVENT AND RECEIVE FREE GROCERIES, BEVERAGES, AND OTHER ITEMS.

THE MOBILE MARKET PROGRAM, WILL EXPAND IN FEBRUARY 2021 TO SEVEN PILOT COMMUNITY-BASED LOCATIONS WILL BE IDENTIFIED THROUGH AN APPLICATION PROCESS. EACH SITE WILL PROVIDE FREE, FRESH, AND HEALTHY FOOD OPTIONS MONTHLY TO 100 FAMILIES IN NEED.

INCREASING ACCESS TO CARE AND SOCIAL SUPPORT THROUGH TECHNOLOGY WELLSTAR COMMUNITY HEALTH AND CENTER FOR HEALTH EQUITY, WITH SUPPORT FROM THE WELLSTAR FOUNDATION, HAS FUNDED ITS FIRST COHORT OF PROGRAM PARTNERS

Part V Facility Information (continued)

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

TO LEVERAGE TECHNOLOGY TO PRODUCE LONG-TERM, SUSTAINABLE CHANGES IN COMMUNITIES WE SERVE. INITIATIVES ARE TAILORED TO A COMMUNITY NEED AND IN ALIGNMENT WITH EACH PARTNER'S MISSION. AT THE END OF 12 MONTHS, PARTNERS ARE EXPECTED TO DEMONSTRATE IMPROVEMENTS IN:

- ACCESS TO HEALTH CARE SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY, AND CULTURALLY-APPROPRIATE MEDICAL CARE WHEN THEY NEED IT; OR,
- ACCESS TO SOCIAL DETERMINANTS OF HEALTH SUPPORT SERVICES SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY FOOD, EMPLOYMENT, HOUSING, TRANSPORTATION, EDUCATION, AND LEGAL RESOURCES TO IMPROVE DAILY LIVING WHEN THEY NEED IT.

BETHESDA COMMUNITY CLINIC (CHEROKEE COUNTY) PROVIDES LOW COST AND FREE HEALTHCARE TO ANYONE WHO IS UNINSURED OR UNDER-INSURED IN CHEROKEE COUNTY AND THE SURROUNDING AREAS. WITH WELLSTAR FUNDING, BCC WILL PURCHASE IMAGE RECOGNITION TECHNOLOGY TO ASSESS PATIENT MEALS USING SMARTPHONES. THIS DATA WOULD BE SENT DIRECTLY TO BCC'S HEALTH EDUCATOR WHO CAN FOLLOW UP WITH PATIENTS TO ASSIST THEM IN ADJUSTING THEIR DIET AND IMPLEMENTING EXERCISE TO IMPROVE THEIR HEALTH AND MANAGE CHRONIC ILLNESSES.

HEALTHY MOTHERS, HEALTHY BABIES COALITION OF GA (STATEWIDE, WITH INITIATIVE EMPHASIS ON FULTON, DEKALB, CLAYTON, SPALDING AND TROUP COUNTIES) HAS BEEN THE STRONGEST STATEWIDE VOICE FOR IMPROVED ACCESS TO HEALTHCARE AND HEALTH OUTCOMES FOR GEORGIA'S MOTHERS AND BABIES SINCE 1974. WITH SUPPORT FROM WELLSTAR, HMBGA WILL INCREASE ACCESS TO PICKLES & ICE CREAM GEORGIA - A PERINATAL EDUCATION PROGRAM FOR WOMEN WHO ARE AT

Part V Facility Information (continued)

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

RISK FOR POOR BIRTH OUTCOMES. THE FUNDS WILL PAY FOR COSTS ASSOCIATED WITH SEARCH ENGINE OPTIMIZATION (SEO), CONTENT CREATION (VIDEO ANIMATION AND INTERACTIVE QUIZ CREATION), AND TO ENSURE THE NECESSARY TECHNOLOGY IS IN PLACE TO ALLOW MOMS TO INTERACT ON MESSAGE BOARDS, REQUEST FOLLOW-UPS AND INTERACT DURING PERINATAL EDUCATION CLASSES ONLINE.

GOOD SAMARITAN HEALTH CENTER OF COBB (COBB COUNTY) SERVES AS A MEDICAL AND DENTAL HEALTHCARE HOME IN THE COMMUNITY BY PROVIDING, ON A SLIDING FEE SCALE, HIGH QUALITY, ACCESSIBLE, AFFORDABLE, AND COMPREHENSIVE MEDICAL AND DENTAL HEALTHCARE FOR THE UNINSURED AND UNDER-INSURED, WORKING POOR AND INDIGENT IN THEIR SERVICE COMMUNITY. WELLSTAR FUNDING WILL SUPPORT IMPLEMENTATION OF THE PATIENT PORTAL TECHNOLOGY WHICH ALLOWS PATIENTS TO ACCESS THEIR MEDICAL RECORDS, CHECK ON TEST RESULTS, REVIEW MEDICATIONS, AND MESSAGE THEIR PROVIDERS.

MUST MINISTRIES (COBB COUNTY) IS THE LEADING RESOURCE FOR COBB COUNTY'S MOST VULNERABLE AT-RISK POPULATION - INDIVIDUALS WHO ARE HOMELESS AND THOSE WHO LIVE IN POVERTY WITHOUT HEALTH INSURANCE TO ACCESS PRIMARY AND BEHAVIORAL HEALTHCARE. WELLSTAR FUNDING WILL MAKE IT POSSIBLE FOR MUST MINISTRIES TO IMPLEMENT REMOTE ACCESS TO BEHAVIORAL HEALTH FOR CLIENTS IN THE PERMANENT SUPPORTIVE HOUSING PROGRAM AND THOSE LIVING AT ELIZABETH INN EMERGENCY SHELTER.

EMPOWERMENT RESOURCE CENTER INC. (FULTON COUNTY) PROVIDES HIV AND SEXUALLY TRANSMITTED INFECTION PREVENTION EDUCATION; TESTING, REFERRAL,

Part V Facility Information (continued)

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

AND TREATMENT SERVICES; SUBSTANCE ABUSE TREATMENT AND RECOVERY SERVICES;
 MENTAL HEALTH THERAPY; AND SOCIAL SERVICE AND PRIMARY MEDICAL CASE
 MANAGEMENT TO CLIENTS. ERC WILL IMPLEMENT THE LIFESTRIDES PROGRAM TO
 EXPAND ITS BEHAVIORAL HEALTH SERVICE OFFERINGS VIA TELEHEALTH, PROVIDING
 IMMEDIATE ACCESS TO RECOVERY SUPPORT SERVICES FOR AT-RISK INDIVIDUALS
 LIVING WITH HIV, WITH A PRIORITY FOCUS ON MEMBERS OF RACIAL AND ETHNIC
 MINORITY GROUPS.

SCHEDULE H, PART V, SECTION B, LINE 13B

FAP ELIGIBILITY CRITERIA - INCOME LEVEL OTHER THAN FPG:

THE HOSPITAL ABIDES BY THE FINANCIAL ASSISTANCE REQUIREMENTS UNDER IRC
 501(R)(5). IRC 501(R)(5) REQUIRES HEALTH CARE FACILITIES TO LIMIT THE
 AMOUNTS CHARGED FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE THAT IS
 PROVIDED TO INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER THE HEALTH CARE
 FACILITIES FINANCIAL ASSISTANCE POLICY TO NOT MORE THAN THE AMOUNTS
 GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE. THE HOSPITAL EXTENDS
 ITS SLIDING SCALE FOR FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBILITY WELL
 BEYOND THE MINIMUM GOVERNMENT LEVELS TO 300% OF FPG. WELLSTAR HAS CHOSEN
 TO USE THE AVERAGE OF THE THREE BEST NEGOTIATED COMMERCIAL RATES AS THE
 TRIGGER TO NOT EXCEED IN THE APPLICATION OF THE DISCOUNTS/AMOUNTS CHARGED
 TO PATIENTS, ON OUR SLIDING SCALE.

SCHEDULE H, PART V, SECTION B, LINE 13H

FAP ELIGIBILITY CRITERIA - OTHER CRITERIA:

OTHER SPECIAL CIRCUMSTANCES MAY QUALIFY A PATIENT FOR FULL INDIGENT OR

Part V Facility Information (continued)

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

SLIDING SCALE CHARITY BENEFITS. SPECIAL CIRCUMSTANCES MAY INCLUDE BUT NOT

LIMITED TO:

- PATIENT DECEASED, WITH VERIFICATION THAT THERE IS NO ESTATE.
- UNABLE TO CONTACT PATIENT BUT PROPENSITY TO PAY SOFTWARE RETURNS A LOW ABILITY/LOW PROPENSITY DESIGNATION.

SCHEDULE H, PART V, SECTION B, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:

IN ORDER TO QUALIFY FOR FINANCIAL ASSISTANCE, COOPERATION WITH WELLSTAR HEALTH SYSTEM HOSPITAL FINANCIAL ASSISTANCE STAFF IS NECESSARY IN IDENTIFYING AND DETERMINING ALTERNATIVE SOURCES OF PAYMENT OR COVERAGE FROM PUBLIC AND PRIVATE PAYMENT PROGRAMS. IN PARTICULAR, ALL APPLICANTS FILING A FAP APPLICATION FOR FINANCIAL ASSISTANCE MUST PROVIDE PROOF OF HOUSEHOLD INCOME AND HOUSEHOLD ASSETS BY PROVIDING ANY OR ALL OF THE FOLLOWING THAT ARE APPLICABLE:

- PROVIDE THREE (3) MONTHS OF THE MOST RECENT PAYCHECK STUBS OR A STATEMENT FROM EMPLOYER VERIFYING GROSS WAGES
- IRS W-2 ISSUED DURING THE PAST YEAR
- MOST RECENT IRS FORM 1040
- MOST RECENT TWO (2) MONTHS OF BANK STATEMENTS FOR EACH CHECKING, SAVINGS, MONEY MARKET OR OTHER BANK OR INVESTMENT ACCOUNT
- WRITTEN STATEMENTS FOR THE MOST RECENT TWO (2) MONTHS FOR ALL OTHER INCOME (E.G., UNEMPLOYMENT COMPENSATION, DISABILITY, RETIREMENT, STUDENT LOANS, AWARD LETTER FROM SOCIAL SECURITY OFFICE, CURRENT PROFIT AND LOSS REPORT FOR ALL SELF-EMPLOYED APPLICANTS, ALIMONY DOCUMENTATION, CHILD

Part V Facility Information (continued)

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

SUPPORT DOCUMENTATION, ETC.)

- UNEMPLOYMENT COMPENSATION DENIAL LETTER

- DOCUMENTATION OF ASSET VALUES, INCLUDING, WITHOUT LIMITATION, PROPERTY

TAX STATEMENTS, CERTIFICATES OF DEPOSIT, 401K, 403B, IRA AND OTHER

INVESTMENT STATEMENTS

- CONTRIBUTION STATEMENTS FROM INDIVIDUALS WHO CONTRIBUTE INCOME OR

IN-KIND ASSISTANCE TO THE PATIENT. FINANCIAL ASSISTANCE POLICY

ELIGIBILITY WILL BE DETERMINED BASED ON A THOROUGH REVIEW OF THE

SUBMITTED INFORMATION.

SCHEDULE H, PART V, SECTION B, LINE 16A

THE WELLSTAR HEALTH SYSTEM COMMUNITY FINANCIAL ASSISTANCE POLICY CAN BE

FOUND ON ITS WEBSITE:

[HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/](https://www.wellstar.org/about-us/policies-procedures/pages/)

[COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX](https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx)

SCHEDULE H, PART V, SECTION B, LINE 16B

THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND

ON ITS WEBSITE:

[HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/](https://www.wellstar.org/about-us/policies-procedures/pages/)

[COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX](https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx)

AND CLICKING APPLICATION IN THE RIGHT NAVIGATION BOX TITLED RELATED

DOCUMENTS. A WINDOW WILL APPEAR THAT ALLOW YOU TO SCROLL TO THE

APPROPRIATE WELLSTAR HOSPITAL AND CLICK FOR A PDF VERSION OF THE

APPLICATION TO PRINT OR DOWNLOAD.

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 16C

A PLAIN LANGUAGE SUMMARY OF THE WELLSTAR HEALTH SYSTEM FINANCIAL

ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE:

[HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL-ASSISTANCE-PROGRAM-POLICY](https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy)

SCHEDULE H, PART V, SECTION B, LINE 16J

PUBLICATION OF THE FINANCIAL ASSISTANCE POLICY (FAP):

IN ADDITION TO THE OTHER METHODS OF POSTING THE FINANCIAL ASSISTANCE

POLICY, THE HOSPITAL MAKES AVAILABLE FOR PATIENTS IN ADMISSIONS AND

OUTPATIENT REGISTRATION AREAS A PROMINENTLY DISPLAYED SIGN STATING

FINANCIAL ASSISTANCE IS AVAILABLE AND A BROCHURE INCLUDING FREQUENTLY

ASKED QUESTIONS.

SCHEDULE H, PART V, SECTION B, LINE 20E

ADDITIONAL EFFORTS MADE BEFORE COLLECTIONS ACTION INITIATED:

THE HOSPITAL FACILITY ALSO NOTIFIED INDIVIDUALS OF THE FINANCIAL

ASSISTANCE POLICY ONLINE AT:

[HTTP://WWW.WELLSTAR.ORG/PAGES/ONLINE-BILL-PAY.ASPX](http://www.wellstar.org/pages/online-bill-pay.aspx)

FURTHERMORE, THE HOSPITAL FACILITY UTILIZES A PROPENSITY TO PAY SOFTWARE.

INDIVIDUALS WITH A LOW ABILITY/LOW PROPENSITY DESIGNATION MAY QUALIFY FOR

FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS.

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? 6

Name and address	Type of Facility (describe)
1 HOSPICE LAGRANGE 1510 VERNON ROAD LAGRANGE GA 30240	HOSPICE
2 FLORENCE HAND HOME 200 MEDICAL DRIVE LAGRANGE GA 30240	LONG TERM CARE
3 TWIN FOUNTAINS HOME 1400 HOGANSVILLE ROAD LAGRANGE GA 30240	LONG TERM CARE
4 WEST GEORGIA WOUND CARE 1600 VERNON RD. SUITE G LAGRANGE GA 30240	WOUND CARE
5 WOMEN'S HEALTH CENTER 1420 VERNON ROAD LAGRANGE GA 30240	WOMEN'S CENTER
6 WEST GEORGIA HOME CARE 120 GLEN BASE ROAD LAGRANGE GA 30240	HOME HEALTH; SKILLED NURSING
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.

SCHEDULE H, PART I, LINE 6A

PUBLICATION OF COMMUNITY BENEFIT REPORT:

WEST GEORGIA MEDICAL CENTER, INC. IS AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC. WHICH ON AN ANNUAL BASIS ISSUES A COMMUNITY BENEFIT REPORT. THIS REPORT IS SUBSEQUENTLY DISTRIBUTED IN AND AROUND THE FIVE-COUNTY PRIMARY SERVICE AREA OF THE HEALTH SYSTEM.

ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL.

SCHEDULE H, PART I, LINE 7

COST TO CHARGE RATIO:

FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND

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.

AFFILIATES (INCLUDING WEST GEORGIA MEDICAL CENTER, INC.) HAVE ESTIMATED THE CURRENT YEAR COST TO CHARGE RATIO FOR EACH HOSPITAL AS IT IS REPORTED IN THE ANNUAL COMMUNITY BENEFIT REPORT AND AS IT WILL BE REPORTED IN THE STATE'S ANNUAL HOSPITAL FINANCIAL SURVEY.

SCHEDULE H, PART III, SECTION A, LINE 2

METHODOLOGY USED TO ESTIMATE BAD DEBT:

THE REPORTED BAD DEBT CHARGES IS DERIVED FROM THE UNPAID BALANCES OF PATIENT ACCOUNTS THAT ARE DEEMED UNCOLLECTIBLE AFTER 120 DAYS OF COLLECTION EFFORT BY THE HOSPITAL'S PATIENT FINANCIAL SERVICES STAFF. THE UNPAID PATIENT ACCOUNTS ARE THEN SENT TO COLLECTION AGENCIES AND ANY COLLECTED AMOUNT IS DEEMED AS BAD DEBT RECOVERY. THE SOURCE OF THIS DATA IS THE HOSPITAL'S DETAILED FINANCIAL TRIAL BALANCE. THE NET REPORTED BAD DEBT CHARGES ARE THEN MULTIPLIED BY THE HOSPITAL FINANCIAL SURVEY CALCULATED COST TO CHARGE RATIO TO ARRIVE AT THE ESTIMATED BAD DEBT EXPENSE.

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.

SCHEDULE H, PART III, SECTION B, LINE 8

MEDICARE SHORTFALLS:

WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. IS A PROVIDER OF INPATIENT AND OUTPATIENT SERVICES TO MEDICARE PROGRAM BENEFICIARIES AT DETERMINED RATES. WITHOUT THE PARTICIPATION IN THE MEDICARE PROGRAM THESE PATIENTS MAY NOT HAVE HAD CONVENIENT ACCESS TO THOSE SERVICES.

THE MEDICARE SHORTFALL ON SCHEDULE H, PART III, SECTION B, LINE 7 REPRESENTS THE UNCOMPENSATED DIFFERENCE BETWEEN THE EXPECTED REIMBURSEMENT AND THE MEDICARE CHARGES FOR THOSE SERVICES STATED AT COST. WE DETERMINE A COST TO CHARGE RATIO FOR MEDICARE PATIENTS AS PART OF THE ANNUAL FILING OF THE MEDICARE COST REPORT.

SCHEDULE H, PART III, SECTION C, LINE 9B

COLLECTION PRACTICES:

THE POLICY WRITTEN FOR COLLECTION PRACTICES THAT APPLIES TO ALL WELLSTAR HEALTH SYSTEM ENTITIES INCORPORATES GUIDELINES FOR PERSONNEL IN THE ADMISSIONS AND PATIENT ACCESS AREAS TO BE TRAINED IN IDENTIFYING PATIENTS THAT MIGHT QUALIFY FOR FINANCIAL ASSISTANCE. IT IS ALSO THE POLICY OF ALL

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.

WELLSTAR FACILITIES TO HAVE AT LEAST ONE EMPLOYEE OR CONTRACTOR AVAILABLE
AT ALL TIMES, ESPECIALLY IN THE HOSPITALS WITH EMERGENCY ROOMS, WHO CAN
PROVIDE ASSISTANCE WITH THE PAPERWORK NECESSARY TO HELP PATIENTS WHO
WOULD QUALIFY FOR GOVERNMENTAL AND OTHER ASSISTANCE PROGRAMS.

SCHEDULE H, PART VI, LINE 2

INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES:

SECONDARY PUBLIC HEALTH DATA ON DISEASE INCIDENCE AND MORTALITY, AS WELL
BEHAVIORAL HEALTH RISK FACTORS, WERE GATHERED FROM NUMEROUS SOURCES,
INCLUDING:

- GEORGIA DEPARTMENT OF HEALTH
- HEALTHY COMMUNITIES INSTITUTE
- CENTERS FOR DISEASE CONTROL AND PREVENTION
- HEALTHY PEOPLE 2020
- COUNTY HEALTH RANKINGS
- GEORGIA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), PUBLIC
HEALTH DISTRICT 4
- NIELSON/CLARITAS DEMOGRAPHIC DATABASE

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.
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- 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.

DATA WAS COLLECTED FROM NATIONAL, LOCAL AND REGIONAL SOURCES, AS AVAILABLE.

MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AVAILABLE AT THE COUNTY LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE COMPREHENSIVE UNDERSTANDING OF COMMUNITY NEEDS.

TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE TWO HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA USED IN THIS ASSESSMENT INCLUDED A FOCUS GROUP WITH RESIDENTS, ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS, LISTENING SESSIONS WITH THE HOSPITALS' REGIONAL HEALTH BOARDS, AND A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS. AN IN-DEPTH DESCRIPTION OF THE PARTICIPANTS, METHODS USED AND COLLECTION PERIOD FOR EACH QUALITATIVE PROCESS IS IN THE PRIMARY DATA.

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.
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- 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.

QUALITATIVE DATA INCLUDED:

1. FOCUS GROUPS WITH RESIDENTS

GHPC RECRUITED AND CONDUCTED FOUR FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR WEST GEORGIA MEDICAL CENTER. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS WHO HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITIES IN THE SERVICE AREA, SPECIFICALLY COMMUNITIES THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED NINE PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITIES, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUP WAS CONDUCTED BY GHPC IN OCTOBER 2018:

- WELLSTAR WEST GEORGIA MEDICAL CENTER SERVICE AREA RESIDENTS - LAGRANGE, GA (SEPTEMBER 26, 2018)

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.
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- 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.

2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS

KEY INFORMANT SUMMARY

(AUGUST 2018 - JANUARY 2019)

GHPC CONDUCTED INTERVIEWS WITH COMMUNITY LEADERS. LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS, INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA.

THERE WAS A DIVERSE REPRESENTATION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE NINE STAKEHOLDERS INTERVIEWED, INCLUDING:

- TROUP CARES, TROUP COUNTY SCHOOLS, GEORGIA DEPARTMENT OF PUBLIC HEALTH
- DISTRICT 4, CONIFER HEALTH SERVICES - WEST GEORGIA, TROUP FAMILY CONNECTION AUTHORITY, LAGRANGE POLICE DEPARTMENT, UNITED WAY OF WEST

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.

GEORGIA, TWIN CEDARS YOUTH AND FAMILY SERVICES INC., CIRCLES OF TROUP
COUNTY

3. A LISTENING SESSION WITH THE WEST GEORGIA REGIONAL HEALTH BOARD.
WELLSTAR WEST GEORGIA MEDICAL CENTER HEALTH SUMMIT WAS HELD ON DECEMBER
4, 2018, AT THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE IN LAGRANGE,
GA. THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER
(GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED
APPROXIMATELY THREE HOURS. THE 16 ATTENDEES INCLUDED EMPLOYEES OF
WELLSTAR HEALTH SYSTEM AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS
REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN COMMUNITIES INCLUDED IN
THE PRIMARY SERVICE AREA OF WELLSTAR WEST GEORGIA MEDICAL CENTER. THE
ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: BUILD THE
CROWD, CIRCLES OF TROUP COUNTY, CITY OF HOGANSVILLE, EMORY HEALTHCARE,
GEORGIA DEPARTMENT OF LABOR, LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE
MACKEY-WILSON-JENNINGS FUNERAL HOME INC., TROUP CARES, TWIN CEDARS YOUTH
AND FAMILY SERVICES, UNITED WAY OF WEST GEORGIA, WELLSTAR WEST GEORGIA
MEDICAL CENTER

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.
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- 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.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

WEST GEORGIA MEDICAL CENTER, INC. PROVIDES NOTICE OF THE AVAILABILITY OF
COMMUNITY FINANCIAL ASSISTANCE THROUGH THE FINANCIAL ASSISTANCE POLICY

(FAP) VIA:

-SIGNAGE

-PATIENT BROCHURE

-BILLING STATEMENT

-COLLECTION ACTION LETTER

-ONLINE AT:

[HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/](https://www.wellstar.org/about-us/policies-procedures/pages/)

[COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX](https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx)

WEST GEORGIA MEDICAL CENTER, INC. PROVIDES ITS PATIENTS WITH HOSPITAL
PERSONNEL OR CONTRACTED PERSONNEL WHO ARE TRAINED IN ALL ASPECTS OF
GOVERNMENTAL PROGRAMS, PAYMENTS PLANS, CHARITY DISCOUNTS, AND OTHER
FINANCIAL ASSISTANCE OFFERED TO ASSIST THEM IN THEIR HOSPITAL BILLS. IF
THE PATIENT IS ELIGIBLE FOR FEDERAL OR STATE ASSISTANCE PROGRAMS, A STAFF

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.
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- 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.

MEMBER IS KNOWLEDGEABLE IN THE STEPS NECESSARY TO QUALIFY THOSE INDIVIDUALS. IF A PATIENT IS INDIGENT OR CHARITY ELIGIBLE THEY WILL BE OFFERED ASSISTANCE THROUGH THE HOSPITAL'S CHARITY AND INDIGENT CARE POLICY INCLUDING THE STATE'S INDIGENT CARE TRUST FUND. IF THE PATIENT HAS NO OTHER INSURANCE AND FAILS TO QUALIFY FOR INDIGENT CARE ASSISTANCE, THE FINANCIAL COUNSELOR CAN THEN OFFER THE PATIENT AN OPPORTUNITY TO ACCEPT A PAYMENT PLAN WITH DISCOUNTED PAYMENT OPTIONS BASED ON THEIR ABILITY TO PAY IMMEDIATELY OR OVER TIME. ALL PATIENTS ARE AFFORDED THESE OPPORTUNITIES.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

WELLSTAR WEST GEORGIA MEDICAL CENTER IS LOCATED IN LAGRANGE, GEORGIA, APPROXIMATELY 70 MILES SOUTHWEST OF ATLANTA. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITAL IS DEFINED AS THE FOUR ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED PATIENTS ORIGINATED DURING THE PREVIOUS YEAR. THE BULK OF PATIENTS ARE FROM COWETA, MERIWETHER, HARRIS AND TROUP COUNTIES. THIS GEOGRAPHIC REGION IS DEFINED AS THE

Part VI Supplemental Information

Provide the following information.

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- 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.

SERVICE AREA THROUGHOUT THE REMAINDER OF THIS REPORT.

TROUP COUNTY

ZIP CODES: 30230, 30240, 30241, 31833

TOTAL POPULATION: 72,716

ADDITIONAL COUNTIES WERE ADDED BY WELLSTAR COMMUNITY HEALTH COLLABORATIVE MEMBERS TO PROVIDE A MORE COMPREHENSIVE UNDERSTANDING OF THE GEOGRAPHICAL REGION SURROUNDING THE PRIMARY SERVICE AREA.

THIS CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE FOUR RESIDENTIAL ZIP CODE AREAS REGARDLESS OF THE USE OF SERVICES PROVIDED BY WELLSTAR OR ANY OTHER PROVIDER. MORE SPECIFICALLY, THIS ASSESSMENT FOCUSES ON RESIDENTS IN THE SERVICE AREA THAT ARE MEDICALLY UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES.

THE POPULATION IN GEORGIA IS ONE OF THE FASTEST GROWING IN THE NATION. WHEN COMPARED TO GEORGIA, THE COMMUNITY SERVED BY WELLSTAR WEST GEORGIA

Part VI Supplemental Information

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MEDICAL CENTER IS SLIGHTLY OLDER, LESS DIVERSE AND LOWER-INCOME EARNING.

AMONG THE COUNTIES IN THE SERVICE AREA, COWETA AND MERIWETHER COUNTIES

ARE HIGHER-INCOME EARNING, WHILE MERIWETHER AND TROUP COUNTIES ARE MORE

DIVERSE.

TOTAL POPULATION

COWETA 143,548

HARRIS 34,658

MERIWETHER 18,590

TROUP 72,716

MEDIAN HOUSEHOLD INCOME

COWETA \$65,244

HARRIS \$34,989

MERIWETHER \$65,336

TROUP \$52,124

Part VI Supplemental Information

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MEDIAN AGE

COWETA 37.9

HARRIS 42.3

MERIWETHER 42.8

TROUP N/A

RACIAL/ETHNIC DISTRIBUTION

COWETA

BLACK 17.90%

ASIAN & PACIFIC ISLANDER 2.00%

HISPANIC 6.70%

WHITE 71.20%

HARRIS

BLACK 16.90%

ASIAN & PACIFIC ISLANDER 1.20%

HISPANIC 3.70%

WHITE 75.90%

Part VI Supplemental Information

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MERIWETHER

BLACK 39.00%

ASIAN & PACIFIC ISLANDER 0.70%

HISPANIC 2.70%

WHITE 55.80%

TROUP

BLACK 36.40%

ASIAN & PACIFIC ISLANDER 1.90%

HISPANIC 4%

WHITE 55.70%

LIMITED ENGLISH

COWETA 3.50%

HARRIS 0.30%

MERIWETHER 0.80%

TROUP N/A

Part VI Supplemental Information

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

AS STATED IN THE WELLSTAR HEALTH SYSTEM, INC. AND AFFILIATES AUDITED FINANCIAL STATEMENTS FOR THE PERIOD ENDED 6/30/2020 WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. (AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC.) OPERATES AS A CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS RULING 69-545. IN THIS REGARD THE GOVERNING BODY OF THE ORGANIZATION AND/OR ITS PARENT IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY, MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITY; AND THE HOSPITAL PROVIDES CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH ITS CHARITY CARE POLICY. THE HOSPITAL'S EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT OF PATIENT CARE, COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, PREVENTIVE SCREENINGS AND HEALTH FAIRS, RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE WELLSTAR WEST GEORGIA MEDICAL CENTER COMMITTED

Part VI Supplemental Information

Provide the following information.

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- 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.

APPROXIMATELY \$26 MILLION IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET
THOSE NEEDS.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

WELLSTAR HEALTH SYSTEM, THE LARGEST HEALTH SYSTEM IN GEORGIA, IS KNOWN
NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY
AND ACCESS TO HEALTHCARE. WELLSTAR CONSISTS OF WELLSTAR MEDICAL GROUP,
322 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A
PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS 11
INPATIENT HOSPITALS: WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA
MEDICAL CENTER SOUTH, WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER
(ANCHORED BY WELLSTAR KENNESTONE HOSPITAL), WELLSTAR WEST GEORGIA MEDICAL
CENTER, AND WELLSTAR COBB, DOUGLAS, NORTH FULTON, PAULDING, SPALDING
REGIONAL, SYLVAN GROVE AND WINDY HILL HOSPITALS. AS A NOT-FOR-PROFIT,
WELLSTAR CONTINUES TO REINVEST IN THE HEALTH OF THE COMMUNITIES IT SERVES
WITH NEW TECHNOLOGIES AND TREATMENTS. FOR MORE INFORMATION, VISIT
[HTTPS://WWW.WELLSTAR.ORG](https://www.wellstar.org)

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.
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SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT:

ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

20-5497506

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) TROUP CARES, INC. PO BOX 800027 LAGRANGE, GA 30240	20-8176300	501(C)(3)	30,000.		FMV	N/A	SPONSORSHIP
(2) WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	20-0936376	501(C)(3)	55,000.		FMV	N/A	SPONSORSHIP
(3) CIRCLES TROUP COUNTY 1220 LAFAYETTE PARKWAY LAGRANGE, GA 30241	27-0863139	501(C)(3)	25,000.		FMV	N/A	SPONSORSHIP
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2019)

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					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING THE USE OF GRANTS/SCHOLARSHIP FUNDS:

WELLSTAR HEALTH SYSTEM, INC. AND ITS AFFILIATES HAVE SET ASIDE FUNDS FOR CONTRIBUTIONS AND SPONSORSHIPS ON AN ANNUAL BASIS THAT PROVIDE ASSISTANCE TO NATIONAL AND LOCAL ORGANIZATIONS AND INDIVIDUALS IN THE FURTHERANCE OF THE COMMUNITY NEEDS.

WELLSTAR ALSO HAS SEVERAL AGREEMENTS WITH AREA COLLEGES AND UNIVERSITIES TO PROMOTE HEALTHCARE RELATED CAREER OPPORTUNITIES. ALL SCHOLARSHIPS ARE AWARDED BASED ON SPECIFIC QUALIFICATIONS WITHOUT REGARD TO AGE, GENDER, OR ETHNICITY.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

20-5497506

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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(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					
1	ALAN R. MUSTER, MD SVP SPECIALTY DIVISION WMG	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	492,176.	153,371.	22,475.	48,600.	36,299.	752,921.	0.
2	ANDREW LEE VP CHIEF DIVERSITY OFFICER	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	300,534.	69,143.	36,677.	16,250.	29,251.	451,855.	0.
3	ANDREW S. ALBERRY VP INFO TECH OPS. (END. 11/19)	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	211,694.	30,192.	9,759.	0.	23,900.	275,545.	0.
4	ANDREW W. COX VP CHIEF OF STAFF&LEADER. DEV.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	239,175.	30,725.	12,160.	13,988.	26,645.	322,693.	0.
5	ANTHONY J. BUDZINSKI EVP & CFO	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	711,281.	189,614.	415,918.	49,600.	31,125.	1,397,538.	388,946.
6	AVIRAL SINGH VP BRAND & MARKET STRATEGY	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	176,928.	62,139.	6,755.	11,654.	19,490.	276,966.	0.
7	AVRIL P. BECKFORD, MD TRUSTEE & CHIEF PEDIATRIC OFF.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	194,006.	277,267.	10,712.	27,825.	3,622.	513,432.	0.
8	BARBARA B. COREY SVP MANAGED CARE	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	383,148.	77,716.	16,717.	21,125.	24,049.	522,755.	0.
9	BETH KOST SVP, CHIEF COMPLIANCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	376,783.	98,784.	16,686.	30,600.	26,887.	549,740.	0.
10	BRADFORD B. NEWTON VP INFO. TECHNOLOGY ADMIN.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	236,842.	43,177.	9,247.	21,775.	29,650.	340,691.	0.
11	CANDICE L. SAUNDERS PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	1,380,165.	719,400.	370,962.	49,600.	31,734.	2,551,861.	350,539.
12	CAROL TODD VP ASST. GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	196,522.	41,362.	9,938.	20,517.	20,587.	288,926.	0.
13	CARRIE O. PLIETZ EVP & COO HOSPITAL DIVISION	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	714,553.	228,715.	14,772.	40,650.	31,633.	1,030,323.	0.
14	CHARIS ACREE VICE PRESIDENT & COO	(i)	276,571.	58,350.	48,888.	44,000.	12,153.	439,962.	27,688.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	DANIEL ABAD VP TOTAL REWARDS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	193,663.	56,883.	6,415.	15,103.	9,357.	281,421.	0.
16	DANYALE ZIGLOR VP HUMAN RESOURCES (BEG.12/19)	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	197,389.	34,259.	9,338.	37,200.	15,627.	293,813.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID HAFNER FORMER TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 20,311.	0.	0.	0.	0.	20,311.	0.
2	DAVID JONES EVP CHIEF HR OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 453,078.	224,378.	23,823.	1,924.	26,547.	729,750.	0.
3	DAVID W. ANDERSON FORMER EVP/HR/OL/CCO	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 0.	76,387.	100,094.	47,492.	3,488.	227,461.	0.
4	DAVID W. PRESTON SVP BRAND EXP. & COMMUNICATION	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 363,301.	53,327.	14,724.	23,750.	20,657.	475,759.	0.
5	DON DAVIS DIRECTOR PHARMACY	(i) 207,250.	14,730.	6,129.	772.	1,953.	230,834.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	DOUGLAS ARVIN, CPA, MBA SVP FINANCE (END. 2/20)	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 344,734.	85,091.	41,881.	16,038.	19,760.	507,504.	0.
7	ELIZABETH H. LOUDERMILK VP FINANCIAL PLANNING	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 275,849.	48,400.	95,145.	25,750.	28,883.	474,027.	81,056.
8	ELIZABETH H. PAPETTI VP OPS. HOSPITAL DIVISION	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 226,303.	49,996.	8,700.	23,750.	29,545.	338,294.	0.
9	ELLEN LANGFORD FORMER SVP WMG AMB. TRANS.	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 0.	0.	236,783.	0.	0.	236,783.	0.
10	ELLEN WRIGHT VP HIM CDI & POLICIES	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 193,600.	31,419.	9,351.	17,529.	21,039.	272,938.	0.
11	FREDA LYON VP SYSTEM EMERGENCY SERVICES	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 217,078.	39,545.	43,936.	26,604.	30,154.	357,317.	28,914.
12	IVY SPENCER VP CNO	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 199,800.	44,029.	10,549.	23,750.	17,827.	295,955.	0.
13	JAMES L. HORNSBY, JR, M TRUSTEE & PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 258,750.	113,904.	1,260.	42,750.	31,300.	447,964.	0.
14	JAMES M. SWARTZ VP ACCOUNTING	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 156,679.	42,634.	77,714.	12,917.	19,131.	309,075.	69,963.
15	JANICE PAGE CLINICAL PHARMACIST	(i) 167,359.	549.	3,153.	10,494.	31,080.	212,635.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
16	JASON D. STEVENS SVP DEPUTY GENERAL COUNSEL	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 300,025.	80,584.	11,811.	42,750.	24,622.	459,792.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	JASON L. KELSEY VP REHAB. & SPORTS MED. SRVCS.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	196,700.	29,897.	14,243.	23,721.	34,068.	298,629.	0.
2	JENNIFER J. GIUSTI VP CLINICAL OUTCOMES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	328,682.	58,258.	11,579.	30,600.	22,540.	451,659.	0.
3	JILL M. CASE-WIRTH SVP NURSING SERVICES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	378,036.	83,757.	121,503.	49,600.	12,794.	645,690.	98,356.
4	JOHN A. BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	858,700.	273,803.	19,697.	49,600.	36,058.	1,237,858.	0.
5	JONATHAN D. MAURER VP INFORMATION SECURITY & CISO	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	230,006.	33,886.	9,493.	42,750.	12,237.	328,372.	0.
6	JOSEPH L. BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	325,276.	70,050.	97,517.	47,600.	26,640.	567,083.	65,163.
7	JUDITH WHITE VP LABORATORY SERVICES SYSTEM	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	159,235.	50,004.	6,615.	15,690.	14,053.	245,597.	0.
8	KAREN BROWN DIRECTOR NURSING	(i)	157,560.	10,806.	1,378.	25,000.	13,260.	208,004.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	KEITH BOWERMASTER FORMER VP COMMUNICATIONS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	8,937.	0.	271,682.	0.	1,267.	281,886.	48,214.
10	KEM M. MULLINS EVP AMBULATORY & BUS. DEV.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	554,656.	152,604.	14,852.	22,750.	34,978.	779,840.	0.
11	KIMBERLY J. RYAN SENIOR VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	434,560.	0.	14,345.	30,600.	22,387.	501,892.	0.
12	KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	214,863.	48,147.	8,700.	23,750.	23,897.	319,357.	0.
13	KIMBERLY W. MENELEE FORMER SVP STRATEGIC COMM. DEV	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	0.	0.	275,126.	0.	0.	275,126.	0.
14	KRISTEN S. TRICE VP DIAGNOSTIC OUTREACH	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	194,173.	35,398.	9,050.	14,914.	28,968.	282,503.	0.
15	LAURA DANNELS VP & CHIEF LEARNING OFFICER	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	98,080.	79,817.	14,408.	22,625.	3,819.	218,749.	0.
16	LEANNE COOK VP CONSUMER ENGAGEMENT	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	156,705.	10,263.	6,985.	17,026.	23,388.	214,367.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	LEO E. REICHERT EVP & GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	621,870.	187,493.	18,442.	40,624.	37,860.	906,289.	0.
2	LIZA FRITCHLEY VP SENIOR CARE SERVICES	(i)	175,018.	50,432.	10,008.	23,704.	27,076.	286,238.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	MARCUS P. CHARLSON, MD VP SURGERY	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	214,819.	40,665.	8,957.	16,511.	25,733.	306,685.	0.
4	MARY CALHOUN DIRECTOR NURSING	(i)	156,437.	10,806.	2,298.	10,453.	8,868.	188,862.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	MARY L. TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	275,898.	63,460.	11,549.	30,600.	25,508.	407,015.	0.
6	MAXWELL S. KAGAN VP FINANCE & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	259,036.	57,927.	10,614.	23,750.	17,550.	368,877.	0.
7	MICHAEL T. MCCULLOUGH SVP SUPPLY CHAIN	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	313,000.	57,012.	39,510.	30,600.	21,485.	461,607.	0.
8	PAUL D. MURPHREE VP MEDICAL OUTCOMES	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	370,120.	61,879.	16,945.	49,600.	33,048.	531,592.	0.
9	PAUL DOUGLASS, MD TRUSTEE & PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	435,988.	251,171.	-25,981.	30,600.	12,997.	704,775.	0.
10	PETER R. JUNGBLUT, MD, FORMER SVP & MEDICAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	295,768.	151,439.	3,406.	49,320.	32,130.	532,063.	0.
11	REBECCA L. RUHL VP FACILITY COMPLIANCE OPS.	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	168,824.	30,777.	9,668.	3,250.	27,325.	239,844.	0.
12	REMINGTON FOSS SVP HOSPITAL PRESIDENT	(i)	329,809.	119,151.	36,189.	28,466.	23,620.	537,235.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	RICHARD S. SIEGEL VP CARDIO.&CVM ADMN(END. 1/20)	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	318,274.	63,363.	14,585.	47,090.	34,191.	477,503.	0.
14	ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	563,080.	164,713.	16,606.	30,600.	9,697.	784,696.	0.
15	ROBERT J. DECOUX VP CORPORATE MED. STAFF SVCS.	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	190,573.	32,513.	36,757.	30,173.	27,275.	317,291.	26,883.
16	ROD DURASKI VP MEDICAL AFFAIRS	(i)	342,148.	41,329.	48,716.	49,542.	33,676.	515,411.	34,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	SANDRA LUCIUS VP INFO. TECHNOLOGY APPS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	246,746.	44,982.	14,509.	47,460.	2,349.	356,046.	0.
2	SEAN P. TURNER VP REVENUE CYCLE MANAGEMENT	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	322,181.	58,719.	9,911.	8,776.	29,153.	428,740.	0.
3	SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	342,698.	110,000.	7,578.	14,830.	16,466.	491,572.	0.
4	SHYROLL MORRIS VP ONC.&DIG.HEALTH (BEG. 9/19)	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	79,425.	60,807.	21,521.	3,566.	1,924.	167,243.	0.
5	SNEHAL H. DOSHI VP SYSTEM PHARMACIST	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	210,792.	38,860.	46,831.	26,030.	32,956.	355,469.	30,664.
6	SONYA E. ALDY VP TALENT ACQUISITION	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	224,227.	40,866.	10,307.	9,750.	23,468.	308,618.	0.
7	SOPHIA MARSHALL VP ORGANIZATION COMMUNICATIONS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	188,464.	61,051.	6,692.	23,750.	4,323.	284,280.	0.
8	STEPHEN L. BADGER FORMER VP STRATEGIC SERVICES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	433,162.	93,913.	61,594.	49,600.	36,470.	674,739.	41,750.
9	STEPHEN VAULT VP STRATEGIC COMMUNITY DEV.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	192,564.	35,095.	10,447.	23,636.	11,204.	272,946.	0.
10	STEVEN HUNT VP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	194,384.	29,809.	7,475.	18,589.	31,096.	281,353.	0.
11	STEVEN OWEIDA, MD FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	49,802.	0.	0.	0.	0.	49,802.	0.
12	T.E. "RUSTY" DURHAM FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	15,319.	0.	0.	0.	0.	15,319.	0.
13	TANYA MADDOX RN CLIN. NURSE MEDSURG III	(i)	180,424.	15,616.	140.	14,703.	11,136.	222,019.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	TIMOTHY HANEY SVP RE FAC&DVLP SVC (END.1/20)	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	312,049.	-88,138.	62,303.	29,610.	27,516.	343,340.	0.
15	TOMMY BRITT VICE PRESIDENT HUMAN RESOURCES	(i)	179,686.	37,833.	9,702.	14,163.	12,488.	253,872.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	TRACY GYNTHNER VICE PRESIDENT, CNO	(i)	173,798.	36,573.	10,296.	24,211.	16,181.	261,059.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 VALERY A. AKOPOV, MD SVP HOSPITAL DIVISION WMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	488,724.	132,489.	25,261.	30,600.	28,263.	705,337.	0.
2 VARMA RAMESWAR, MD VP PEDIATRIC OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,785.	36,120.	11,599.	47,260.	13,318.	312,082.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I, LINE 1A

THE ITEMS, AS INDICATED IN LINE 1A, WERE PROVIDED, IN SOME INSTANCES, TO BOARD MEMBERS AND TO CERTAIN EMPLOYED INDIVIDUALS LISTED IN FORM 990, PART VII BY THE ORGANIZATION. THE ORGANIZATION FOLLOWS IRS GUIDELINES AND THESE ITEMS WERE ADDED AS TAXABLE INCOME AS APPROPRIATE.

SCHEDULE J, PART I, LINE 1B

REIMBURSEMENT POLICY:

WHILE WELLSTAR HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF THE ITEMS LISTED IN SCHEDULE J, PART I, LINE 1A, THE ORGANIZATION FOLLOWS IRS GUIDELINES IN THE PAYMENT OF ANY OF THESE ITEMS TO INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A. THESE ITEMS ARE ADDED AS TAXABLE WAGES ON THE INDIVIDUAL'S FORM W-2 AS APPROPRIATE.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING GROUPS OF OFFICERS ARE ENTITLED TO SEVERANCE PAYMENTS BASED ON THEIR

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.

COMPENSATION AT THAT TIME IN THE EVENT OF CERTAIN IDENTIFIED
CIRCUMSTANCES.

THE SEVERANCE PAYMENT PERIODS ARE 24 MONTHS FOR EXECUTIVE VICE
PRESIDENTS, 18 MONTHS FOR SENIOR VICE PRESIDENTS, AND 12 MONTHS FOR VICE
PRESIDENTS.

THE FOLLOWING OFFICER RECEIVED SEVERANCE PAY DURING THE 2019 CALENDAR
YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION:

DAVID W. ANDERSON	96,194
DOUGLAS ARVIN, CPA, MBA	28,771
ELLEN LANGFORD	236,783
KEITH BOWERMASTER	223,420
KIMBERLY W. MENELEE	275,126
TIMOTHY HANEY	40,702

SCHEDULE J, PART I, LINE 4B

PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

DURING THE YEAR, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE
PRESIDENTS AND CERTAIN PHYSICIANS PARTICIPATED IN A SUPPLEMENTAL

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.

NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC.

THE AMOUNTS RELATED TO THIS PLAN ARE INCLUDED IN SCHEDULE J, PART II,

COLUMN (C). THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN

INCLUDED IN SCHEDULE J, PART II, COLUMN (B):

ANTHONY J. BUDZINSKI	388,946
CANDICE L. SAUNDERS	350,539
CHARIS ACREE	27,688
ELIZABETH H. LOUDERMILK	81,056
FREDA LYON	28,914
JAMES M. SWARTZ	69,963
JILL M. CASE-WIRTH	98,356
JOSEPH L. BRYWCZYNSKI	65,163
KEITH BOWERMASTER	48,214
LINDA HUFFER	30,499
ROBERT J. DECOUX	26,883
ROD DURASKI	34,000
SNEHAL H. DOSHI	30,664
STEPHEN L. BADGER	41,750

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.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS TO OFFICERS:

AS PART OF THE WELLSTAR EXECUTIVE COMPENSATION PHILOSOPHY A PERFORMANCE PAY PLAN WAS INSTITUTED SEVERAL YEARS AGO WHEREBY THE WELLSTAR BOARD OF TRUSTEES APPROVES AN ANNUAL INCENTIVE PLAN WHICH CONSISTS OF SEVERAL PERFORMANCE GOALS OR FACTORS THAT UPON ATTAINMENT WILL RESULT IN PAYOUTS TO ELIGIBLE PLAN PARTICIPANTS. THOSE FACTORS ARE:

- (1) PEOPLE & CUSTOMER SERVICE GOAL FOR EMPLOYEE "TRUST INDEX";
- (2) QUALITY & SAFETY GOAL FOR CLINICAL EXCELLENCE AND PATIENT SATISFACTION; AND
- (3) FINANCIAL GOAL FOR ATTAINING A POSITIVE OPERATING MARGIN.

CONFIRMATION OF ACHIEVING THESE GOALS IS TYPICALLY RECEIVED THROUGH THE ANNUAL EXTERNAL AUDIT PROCESS AND APPROVED BY THE BOARD OF TRUSTEES AT THAT TIME.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.	X	1 .	32,000 .	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FLOORING)	X	1 .	50,000 .	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-5497506

FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1

VISION: DELIVER WORLD-CLASS HEALTHCARE TO EVERY PERSON, EVERY TIME.

MISSION: TO ENHANCE THE HEALTH AND WELL-BEING OF EVERY PERSON WE SERVE.

VALUES: WE SERVE WITH COMPASSION. WE PURSUE EXCELLENCE. WE HONOR EVERY

VOICE.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

WELLSTAR HEALTH SYSTEM IS A VERTICALLY INTEGRATED HEALTH CARE DELIVERY

SYSTEM WHICH PROVIDES THROUGH AFFILIATED BUSINESS ORGANIZATIONS A FULL

SPECTRUM OF HEALTH SERVICES, INCLUDING WELLNESS PROGRAMS, PHYSICIAN

OFFICE VISITS, OUTPATIENT CARE, INPATIENT CARE, AND POST-ACUTE SERVICES

SUCH AS HOME HEALTH, HOSPICE AND LONG-TERM NURSING CARE. THE SYSTEM

THROUGH ITS AFFILIATED BUSINESS ORGANIZATIONS OPERATES 11 HOSPITALS

(KENNESTONE, COBB, PAULDING MEDICAL CENTER, DOUGLAS, WINDY HILL, ATLANTA

MEDICAL CENTER - DOWNTOWN AND SOUTH, NORTH FULTON, SPALDING, SYLVAN GROVE

AND WEST GEORGIA), MULTIPLE PHYSICIAN OFFICES, PRIMARY CARE CENTERS,

OUTPATIENT CARE FACILITIES, A NURSING HOME AND OTHER HEALTH RELATED

SERVICES INCLUDING TWO INPATIENT HOSPICE FACILITIES.

THE SYSTEM IS SUPPORTED FINANCIALLY BY A FUNDRAISING ORGANIZATION,

WELLSTAR FOUNDATION, INC. THE SERVICE AREA FOR THE SYSTEM ENCOMPASSES

PARTS OF THE NORTHWESTERN, CENTRAL AND WESTERN SECTIONS OF THE STATE OF

GEORGIA - THE PRIMARY AREA BEING IN BARTOW, CHEROKEE, COBB, DOUGLAS,

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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PAULDING, FULTON, BUTTS, SPALDING AND TROUP COUNTIES. APPROXIMATELY MORE THAN 90% OF INPATIENT DISCHARGES AND OUTPATIENTS SERVED ARE FROM THE AFOREMENTIONED COUNTIES. THE WELLSTAR VISION IS TO DELIVER WORLD CLASS HEALTHCARE. OUR MISSION IS TO CREATE AND DELIVER HIGH QUALITY HOSPITAL, PHYSICIAN AND OTHER HEALTHCARE RELATED SERVICES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE.

HISTORY

IN 1993, WHAT WAS THEN KNOWN AS THE COBB HEALTH SYSTEM, THE KENNESTONE REGIONAL HEALTH CARE SYSTEM, AND THE DOUGLAS GENERAL HOSPITAL AFFILIATED TO FORM THE NORTHWEST GEORGIA HEALTH SYSTEM. PAULDING MEMORIAL MEDICAL CENTER AFFILIATED WITH NORTHWEST GEORGIA HEALTH SYSTEM IN 1994. IN 1994, THE NORTHWEST GEORGIA HEALTH SYSTEM HELPED FORM THE PROMINA HEALTH SYSTEM AND CHANGED ITS NAME TO PROMINA NORTHWEST HEALTH SYSTEM. IN 1998, PROMINA NORTHWEST HEALTH SYSTEM CHANGED ITS NAME TO WELLSTAR HEALTH SYSTEM. WELLSTAR DISASSOCIATED FROM AND BECAME TOTALLY INDEPENDENT OF PROMINA IN 1999. IN 2016 WELLSTAR ACQUIRED ATLANTA MEDICAL CENTER, NORTH FULTON HOSPITAL, SPALDING HOSPITAL, SYLVAN GROVE HOSPITAL AND WEST GEORGIA MEDICAL CENTER. WELLSTAR HEALTH SYSTEM IS A PARENT CORPORATION, WHICH PROVIDES OVERALL COORDINATION INCLUDING GOVERNING BODY TO ITS 11

AFFILIATES:

- COBB HOSPITAL, INC.;
- DOUGLAS HOSPITAL INC.;
- KENNESTONE HOSPITAL, INC.;
- PAULDING MEDICAL CENTER, INC.;

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- WELLSTAR FOUNDATION INC.;
- WELLSTAR ATLANTA MEDICAL CENTER, INC.;
- WELLSTAR NORTH FULTON HOSPITAL, INC.;
- WELLSTAR SPALDING REGIONAL HOSPITAL, INC.;
- WELLSTAR SYLVAN GROVE HOSPITAL, INC.;
- WELLSTAR WEST GEORGIA HEALTH SERVICES, INC.

SERVICES

WELLSTAR HEALTH SYSTEM IS ABLE TO OFFER A FULL RANGE OF HEALTHCARE SERVICES THROUGH ITS AFFILIATES. THE SERVICES OFFERED INCLUDE BUT ARE NOT LIMITED TO:

- MOST MAJOR INPATIENT CLINICAL SERVICES,
- OUTPATIENT SERVICES,
- DIAGNOSTIC AND THERAPEUTIC SERVICES,
- ANCILLARY AND SUPPORT SERVICES,
- URGENT CARE SERVICES,
- HOME HEALTH SERVICES,
- SKILLED NURSING SERVICES AND
- HOSPICE SERVICES.

THE 11 HOSPITAL LOCATIONS ARE ACUTE CARE FACILITIES WITH INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES.

THE SYSTEM INCLUDES A RESIDENTIAL FACILITY ON THE KENNESTONE HOSPITAL CAMPUS, CALLED ATHERTON PLACE. ATHERTON PLACE ALSO HOUSES AN ASSISTED LIVING UNIT AS AN ADDITIONAL LEVEL OF CARE.

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PAULDING MEDICAL CENTER IS HOME TO A FULL CARE NURSING HOME, PAULDING NURSING CENTER AND WEST GEORGIA MEDICAL CENTER IS ALSO HOME TO TWO FULL CARE NURSING HOMES.

VERNON WOODS RETIREMENT COMMUNITY IS AN ASSISTED LIVING FACILITY.

COBB HOSPITAL IS HOME TO A HOME HEALTH AGENCY AND A RESIDENTIAL HOSPICE FACILITY CALLED TRANQUILITY FOR THOSE PATIENTS IN THE END STAGES OF LIFE.

KENNESTONE HOSPITAL ALSO OPENED A RESIDENTIAL HOSPICE FACILITY NOT FAR FROM ITS MAIN CAMPUS.

THE SYSTEM IS COMPLIMENTED WITH APPROXIMATELY 322 PHYSICIAN PRACTICES AND SEVERAL URGENT CARE CENTERS. THE SYSTEM IS THUS ABLE TO PROVIDE A COMPLETE CONTINUUM OF CARE FOR THE COMMUNITY IT SERVES. THE FOLLOWING STATEMENTS OF COMMUNITY BENEFIT AND PROGRAM SERVICE ACCOMPLISHMENTS REPRESENT SYSTEM-WIDE ACTIVITY FOR WELLSTAR HEALTH SYSTEM, INC. (THE "SYSTEM") - EIN 58-1649541.

ALL AFFILIATED ENTITIES OF THE SYSTEM EXCEPT THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) OPERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. THE FOLLOWING EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS

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IDENTIFIES A BROAD OVERVIEW OF THE CHARITABLE PURPOSE FOR THE SYSTEM.

THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THROUGH ITS AFFILIATES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS COMMUNITY FINANCIAL AID POLICY.

IN FISCAL YEAR 2020 AND 2019, WELLSTAR AFFILIATE HOSPITALS MADE \$329.1 MILLION AND \$293.0 MILLION, RESPECTIVELY, IN PROVIDER PAYMENTS (CHARITY CARE COST) AND RECOGNIZED SUCH PAYMENTS AS A REDUCTION IN NET PATIENT SERVICE REVENUE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE SYSTEM ALSO PARTICIPATES IN CERTAIN GOVERNMENTAL INSURANCE PROGRAMS, INCLUDING MEDICARE AND MEDICAID. UNDER THESE PROGRAMS, THE SYSTEM PROVIDES CARE TO PATIENTS AT PAYMENT RATES WHICH ARE DETERMINED BY THE FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF THE SYSTEM'S ACTUAL CHARGES. IN MOST CASES, THESE PROGRAMS PAY THE SYSTEM AT AMOUNTS WHICH ARE LESS THAN ITS COST OF PROVIDING SERVICES. THE SYSTEM OFFERS MANY WELLNESS AND EDUCATIONAL SERVICES AT LITTLE OR NO COST TO THE COMMUNITY. HEALTH FAIRS ARE HELD THROUGHOUT THE YEAR AT CONVENIENT LOCATIONS, PROVIDING VARIOUS HEALTH SCREENINGS, SUCH AS MAMMOGRAMS, BONE DENSITY, BLOOD PRESSURE AND CHOLESTEROL CHECKS. A LARGE NUMBER OF EDUCATIONAL PROGRAMS ARE OFFERED FOR ALL AGES. THESE PROGRAMS INCLUDE BICYCLE SAFETY, CAR SEAT SAFETY, DEFENSIVE DRIVING, CPR AND FIRST-AID CLASSES. FLU SHOTS ARE AVAILABLE TO THE COMMUNITY DURING FLU SEASON AND HEALTH SCREENINGS, MEDICAL SUPPLIES, AND IMMUNIZATIONS ARE PROVIDED TO CHILDREN THROUGH LOCAL HEALTH

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DEPARTMENTS AND HEALTH FAIRS. THE COSTS OF THESE SERVICES ARE INCLUDED IN UNRESTRICTED REVENUE, GAINS AND OTHER SUPPORT IN EXCESS OF EXPENSES AND LOSSES IN THE FINANCIAL STATEMENTS. THE PHYSICIANS OF THE SYSTEM MAKE SIGNIFICANT CONTRIBUTIONS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY, INCLUDING INVOLVEMENT IN MANY COMMUNITY ACTIVITIES PROMOTING HEALTH AWARENESS AND IMPROVEMENT, EMERGENCY ROOM CARE, AND DELIVERY OF CARE TO THE INDIGENT POPULATION OF THE SYSTEM'S SERVICE AREA. THE SYSTEM ALSO MADE SIGNIFICANT CONTRIBUTIONS TO THE NURSING PROGRAM AT A LOCAL UNIVERSITY. THIS FINANCIAL SUPPORT HAS HELPED TO GROW THE PROGRAM, WHICH BENEFITS THE SYSTEM AS WELL AS THE COMMUNITY. THE SYSTEM AND ALL BUT ONE OF ITS AFFILIATES HAVE BEEN RECOGNIZED AS ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AND, THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. ONE OF THE SYSTEM'S AFFILIATES IS A CONTROLLED FOREIGN CORPORATION NOT SUBJECT TO FEDERAL INCOME TAX. THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) IS A TAXABLE AFFILIATE OF THE SYSTEM AND FILES IRS FORM 1120 US CORPORATION INCOME TAX RETURN.

FINANCIAL & DATA STATISTICS

SERVICES PROVIDED SYSTEM-WIDE:

LICENSED BEDS - 2,775

ADULT DISCHARGES - 110,659

NEWBORN DISCHARGES - 14,303

EMERGENCY ROOM VISITS - 593,513

SURGERIES - 61,773

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CATH LAB/PACEMAKERS/EP - 17,671

NON-ED O/P RADIOLOGY PROCEDURES - 460,613

MED/SURG. SHORT STAY CASES - 599

GI LAB PROCEDURES - 9,418

RADIOLOGY ONCOLOGY PROCEDURES -37,856

COMMUNITY BENEFITS -

WELLSTAR'S COMMUNITY EDUCATION & OUTREACH DEPARTMENT PROVIDES FREE BROCHURES ON A VARIETY OF HEALTH-RELATED ISSUES. WELLSTAR PROVIDES SUPPORT GROUPS AND EDUCATIONAL OPPORTUNITIES TO THE COMMUNITY ON A VARIETY OF TOPICS INCLUDING MEN'S AND WOMEN'S HEALTH ISSUES, CARDIAC HEALTH, NUTRITION, CANCER, AND DIABETES. SOME OF THESE OPPORTUNITIES ARE PROVIDED FREE OF CHARGE OR AT A MINIMAL FEE. WELLSTAR ALSO PROVIDES FREE HEALTH SCREENINGS SUCH AS BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, BONE DENSITY AND WEIGHT ASSESSMENT. COMMUNITY EDUCATION & OUTREACH PROVIDES HEALTH AND WELLNESS PROGRAMS AND SERVICES ACROSS ALL WELLSTAR MARKETS REACHING OVER 450,000 PEOPLE ANNUALLY. SOME OF THE MORE SPECIFIC PROGRAM/DEPARTMENTS ARE DOCUMENTED AS FOLLOWS:

SCHOOL HEALTH PROGRAM:

THIS PROGRAM TEACHES CHILDREN ABOUT HEALTH AND SAFETY TOPICS TO INCLUDE NUTRITION, PHYSICAL ACTIVITY, HYGIENE, BIKE AND PEDESTRIAN SAFETY AND MORE. THE PROGRAMS ARE CURRENTLY TAUGHT IN ELEMENTARY SCHOOLS (GRADES K-5) AND MIDDLE SCHOOLS (GRADES 6-8) IN CHEROKEE, COBB, DOUGLAS, FULTON, SPALDING AND PAULDING COUNTIES.

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SAFE KIDS:

WELLSTAR IS A CO-LEAD AGENCY FOR SAFE KIDS COBB COUNTY ALONG WITH COBB AND DOUGLAS PUBLIC HEALTH, AND WELLSTAR SPALDING HOSPITAL IS THE LEAD AGENCY FOR SAFE KIDS SPALDING THAT LAUNCHED IN JANUARY 2019. SAFE KIDS COBB COUNTY AND SAFE KIDS SPALDING ARE COMMITTED TO REDUCING AND PREVENTING ACCIDENTAL INJURIES TO CHILDREN AGES 19 AND UNDER BY HOSTING SAFETY EDUCATION EVENTS AND PROGRAMS, DISTRIBUTING SAFETY EDUCATION MATERIALS AND EQUIPMENT TO FAMILIES IN NEED. SAFETY AREAS OF FOCUS INCLUDE: CHILD PASSENGER, PEDESTRIAN, WHEEL, HOME, POISON PREVENTION AND WATER. EQUIPMENT DISTRIBUTION INCLUDES: CAR AND BOOSTER SEATS, BICYCLE HELMETS AND REFLECTORS, SMOKE/CARBON MONOXIDE ALARMS, HOME SAFETY KITS AND LIFEJACKETS. MOST OF THE EVENTS ARE FREE AND OPEN TO THE PUBLIC. THE IMPORTANT MESSAGE TAUGHT AT THESE EVENTS IS THAT SAFETY BEGINS WITH THE PARENTS AND CAREGIVERS. ANNUALLY, NEARLY 800 CAR SEATS ARE PRESENTED TO FAMILIES IN NEED, AND OVER 3,000 INFANT CAR SEATS ARE CHECKED AT OVER 130 CAR SEAT EVENTS.

THE GOOD LIFE CLUB:

WELLSTAR PROVIDES A SPECIAL PROGRAM FOR AREA RESIDENTS AGE 50 AND OLDER CALLED THE GOOD LIFE CLUB. THIS PROGRAM PROVIDES HEALTHY AGING RESOURCES AND PROMOTES HEALTH, WELLNESS, AND AN ACTIVE LIFESTYLE THROUGH CLASSES, HEALTH SCREENINGS AND OTHER OPPORTUNITIES. A SMALL ONE-TIME FEE COVERS A LIFETIME MEMBERSHIP AND INCLUDES:

- HEALTH AND WELLNESS EDUCATION AND PROGRAMS
- A QUARTERLY NEWSLETTER

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- FREE HEALTH SCREENINGS
- DISCOUNTED PARKING AT HOSPITALS AND OTHER RETAIL DISCOUNTS
- TRAVEL DISCOUNTS

THE GOOD LIFE CLUB CURRENTLY HAS MORE THAN 3,500 MEMBERS.

COMMUNITY ACTIVITIES -

WELLSTAR HAS PARTNERED WITH A LOCAL COLLEGE, KENNESAW STATE UNIVERSITY ("KSU") TO DEVELOP EDUCATIONAL AND ON-SITE TRAINING PROGRAMS WHICH WILL HOPEFULLY IMPROVE THE CURRENT AND FUTURE HEALTH OF OUR COMMUNITY. MANY OF THE NURSES IN THE SYSTEM ARE TRAINED THROUGH THE NURSING PROGRAM OFFERED BY KSU. WELLSTAR IS ALSO AFFILIATED WITH THE CHATTAHOOCHEE TECHNICAL COLLEGE- NORTH METRO CAMPUS'S RADIOLOGIC TECHNOLOGY PROGRAM. WELLSTAR SERVES AS THE CLINICAL AFFILIATE FOR THE STUDENTS IN THIS TWO-YEAR PROGRAM. THE STUDENTS TRAIN AT WELLSTAR'S HOSPITALS AND OUTPATIENT FACILITIES. THE PROGRAM RECEIVED ACCREDITATION FROM THE JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY. THE GOAL IS TO HAVE TRAINED STUDENTS WHO CAN SUBSEQUENTLY CONTRIBUTE TO THE HEALTH OF THE COMMUNITY WE SERVE.

COMMUNITY PARTNERSHIPS AND SPONSORSHIPS -

COMMUNITY EDUCATION & OUTREACH IS RESPONSIBLE FOR DEVELOPING AND CULTIVATING STRATEGIC COMMUNITY PARTNERSHIPS BY ALIGNING WELLSTAR'S STRATEGIC GOALS, COMMUNITY DEVELOPMENT OPPORTUNITIES AND THE PRIORITY HEALTH NEEDS OF OUR LOCAL COMMUNITIES. SPONSORSHIPS PROVIDE AN OPPORTUNITY TO SUPPORT WELLSTAR'S MISSION TO IMPROVE THE HEALTH AND

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WELL-BEING OF THE COMMUNITIES WE SERVE BY SUPPORTING ORGANIZATIONS AND EVENTS AS A SPONSOR. ORGANIZATIONS INCLUDE THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN LUNG ASSOCIATION, IT'S THE JOURNEY, MARCH OF DIMES, SUSAN G. KOMEN FOUNDATION, AS WELL AS NUMEROUS LOCAL ORGANIZATIONS. MANY EMPLOYEES ALSO VOLUNTEER AND PARTICIPATE IN SOME OF THE EVENTS HELD BY THESE ORGANIZATIONS SUCH AS WALKS, FUNDRAISERS AND SCREENINGS.

CLINICS:

WELLSTAR IS AFFILIATED WITH SEVERAL CLINICS WHICH PROVIDE FREE OR SLIDING SCALE HEALTH SERVICES TO PERSONS WHO CANNOT AFFORD TO PAY OR THOSE WHO ARE NOT EXPECTED TO PAY.

WOMEN & CHILDREN RESOURCE CENTERS:

THE WOMEN'S AND CHILDREN'S RESOURCE CENTER AT COBB, DOUGLAS, KENNESTONE, NORTH FULTON, ATLANTA MEDICAL CENTER, SPALDING, AND WEST GEORGIA HOSPITALS PROVIDE MUCH NEEDED SUPPORT FOR MOTHERS AND THEIR NEWBORN BABIES THROUGH INPATIENT AND OUTPATIENT LACTATION CONSULTATIONS, LACTATION NICU CONSULTS, BREASTFEEDING SUPPORT GROUPS, BEREAVEMENT SUPPORT GROUPS, PUMP RENTALS, WARM LINE PHONE CALLS, E-CHILDBIRTH, NEWBORN CARE, GRANDPARENTING, SIBLING, AND BREASTFEEDING CLASSES, IN-PERSON CLASSES, Q&A CALL IN SESSIONS, AS WELL AS OTHER EDUCATIONAL OPPORTUNITIES. THESE PROGRAMS DEMONSTRATE WELLSTAR'S COMMITMENT TO THE HEALTH AND WELL-BEING OF THE NEW MOTHERS AND THEIR BABIES IN OUR COMMUNITY. IN FY2020 THE UNREIMBURSED COSTS ASSOCIATED WITH THE PROGRAM

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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TOTALED APPROXIMATELY \$13,946 AND MORE THAN 35,324 PARENTS PARTICIPATED
IN PRENATAL AND CHILDBIRTH PROGRAMS.

IN FY2020 THE TOTAL UNCOMPENSATED CARE, OTHER COMMUNITY BENEFITS AND
COMMUNITY INVESTMENTS PROVIDED BY WELLSTAR WAS OVER \$ 1.2 BILLION.

COMMITMENT TO THE COMMUNITY BREAKDOWN:

CHARITY & INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 329,120,000
 MEDICAID SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 126,326,000
 MEDICARE SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 279,578,000
 OTHER PATIENTS (UNCOMPENSATED CARE COSTS) - \$ 161,819,000

TOTAL UNCOMPENSATED CARE - \$ 896,843,000

OTHER COMMUNITY PROGRAMS (PARTICIPATION IN COALITIONS) - \$ 241,000
 OTHER COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 328,000
 OTHER COMMUNITY PROGRAMS (HEALTH CARE SUPPORT) - \$ 11,963,000

TOTAL OTHER COMMUNITY PROGRAMS - \$ 12,532,000

COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 305,874,000
 COMMUNITY INVESTMENTS (ALLIED HLTH/MEDICAL EDUCATION) - \$ 12,609,000
 COMMUNITY INVESTMENTS (OPERATIONS - STAFF/SOFTWARE) - \$ 237,000

TOTAL COMMUNITY INVESTMENTS - \$ 318,720,000

WELLSTAR CONTINUES TO PARTICIPATE IN THE CENTER FOR MEDICARE AND MEDICAID
SERVICES (CMS) MEDICARE SAVINGS PROGRAM AS AN ACCOUNTABLE CARE

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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ORGANIZATION (ACO). WELLSTAR'S ACO IS THE LARGEST ACO IN GEORGIA AND 2,640 PHYSICIANS INCLUDING 50,269 MEMBERS. THE ACO HAS BEEN RECOGNIZED AS ONE OF THE TOP 100 ACO'S IN THE COUNTRY. THE PROGRAM HAS BEEN SUCCESSFUL THROUGH A FOCUS ON WELLNESS AND THE IMPROVED MANAGEMENT OF CHRONIC ILLNESSES AND THE RELATED COORDINATION OF CARE, TO ENSURE PATIENTS, ESPECIALLY CHRONICALLY ILL, GET THE RIGHT CARE AT THE RIGHT TIME TO MAINTAIN THEIR OPTIMAL HEALTH AND AVOID THE NEED FOR HIGH-COST EMERGENCY AND HOSPITAL CARE.

AWARDS, RECOGNITION AND ACCOMPLISHMENTS

THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES ANNOUNCED THAT SEVERAL WELLSTAR HEALTH SYSTEM HOSPITALS AND DEPARTMENTS RECEIVED THE SILVER BEACON AWARD FOR EXCELLENCE WHICH RECOGNIZES TOP HOSPITAL UNITS THAT MEET STANDARDS OF EXCELLENCE IN RECRUITMENT AND RETENTION; EDUCATION, TRAINING AND MENTORING; RESEARCH AND EVIDENCE-BASED PRACTICE; PATIENT OUTCOMES; LEADERSHIP AND ORGANIZATIONAL ETHICS; AND CREATION OF A HEALTHY WORK ENVIRONMENT. AWARD RECIPIENTS ARE THE WELLSTAR ENTERPRISE SUPPORT TEAM, WELLSTAR NORTH FULTON HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, WELLSTAR COBB HOSPITAL AND THE WELLSTAR COBB INTENSIVE CARE AND CRITICAL CARE UNITS.

THE HEALTHCARE CHAPLAINCY NETWORK (HCCN) ANNOUNCED THAT WELLSTAR COBB HOSPITAL RECEIVED THE EXCELLENCE IN SPIRITUAL CARE AWARD, A PRESTIGIOUS RECOGNITION OF AN ORGANIZATION'S EXCELLENCE IN SPIRITUAL CARE. THE AWARD SIGNIFIES THAT AN ORGANIZATION IS COMMITTED TO ADDRESSING PATIENTS' SPIRITUAL AND RELIGIOUS NEEDS THROUGH THE BEST PRACTICES IN SPIRITUAL

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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CARE. THE STANDARDS OF EXCELLENCE INCLUDE EMPLOYING AN INTERDISCIPLINARY APPROACH TO SPIRITUAL CARE, ENGAGING IN QUALITY IMPROVEMENT PROJECTS, AND THE STRATEGIC DEPLOYMENT OF CHAPLAINCY CARE RESOURCES. WELLSTAR COBB HOSPITAL IS THE FIRST INSTITUTION IN THE STATE OF GEORGIA TO RECEIVE THIS AWARD.

WORKING MOTHER MAGAZINE NAMED WELLSTAR HEALTH SYSTEM TO ITS LIST OF 2020 BEST COMPANIES FOR MULTICULTURAL WOMEN WINNERS IN THE TOP 10 DIVISION. THIS RECOGNITION CELEBRATES ORGANIZATIONS THAT LEAD IN PROMOTING THE INTERESTS OF WOMEN OF COLOR IN CORPORATE AMERICA AND THAT EXCEL IN THE LEVEL OF MINORITY WOMEN IN PROFESSIONAL AND LEADERSHIP POSITIONS.

THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION RECENTLY RECOGNIZED SEVERAL WELLSTAR HEALTH SYSTEM HOSPITALS FOR ACHIEVEMENTS WITHIN ITS GET WITH THE GUIDELINES (GWTG) PROGRAM FOR OUTSTANDING PATIENT CARE. GET WITH THE GUIDELINES (GWTG) IS A HOSPITAL-BASED QUALITY IMPROVEMENT INITIATIVE TO IMPROVE THE CARE OF PATIENTS WITH CARDIAC DISEASES AND STROKE. WELLSTAR COBB HOSPITAL EARNED RECOGNITION FOR TARGET TYPE 2 DIABETES HONOR ROLL IN ADDITION TO THE GOLD PLUS AND TARGET STROKE HONOR ROLL AWARDS. WELLSTAR NORTH FULTON HOSPITAL RECEIVED THE STROKE AWARD GOLD PLUS AND ACHIEVED THE TARGET: STROKE ELITE PLUS HONOR ROLL. WELLSTAR PAULDING HOSPITAL RECEIVED THE GWTG HEART FAILURE BRONZE AWARD AND THE AMERICAN HEART ASSOCIATION'S LIFELINE AWARD SILVER RECEIVING, LIFELINE NSTEMI AWARD SILVER RECEIVING FOR OUTSTANDING HEART ATTACK TREATMENT.

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WELLSTAR DOUGLAS HOSPITAL RECEIVED THE AMERICAN NURSES CREDENTIALING CENTER'S PATHWAY TO EXCELLENCE AWARD THAT RECOGNIZES A HEALTHCARE ORGANIZATION'S COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES TEAM MEMBERS. BECAUSE IT INVESTS IN THE OPTIMUM WORKPLACE FOR NURSES, WELLSTAR DOUGLAS HOSPITAL CREATES A CULTURE OF SUSTAINED EXCELLENCE, RESULTING IN THE SUCCESSFUL RECRUITMENT OF TOP CANDIDATES AND STAFF RETENTION THROUGH HIGH JOB SATISFACTION.

WELLSTAR HEALTH SYSTEM'S CANCER NETWORK WAS RECENTLY RECOGNIZED NATIONALLY AS A CANCER TREATMENT LEADER. HONORED WITH AN OUTSTANDING ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AND DESIGNATED AS A CARE CONTINUUM CENTER OF EXCELLENCE BY THE GO2 FOUNDATION FOR LUNG CANCER, THE WELLSTAR CANCER NETWORK - COMPRISED OF WELLSTAR KENNESTONE HOSPITAL, WELLSTAR COBB HOSPITAL, WELLSTAR DOUGLAS HOSPITAL, WELLSTAR PAULDING HOSPITAL AND WELLSTAR WINDY HILL HOSPITAL - CONTINUES TO PIONEER INNOVATIVE CANCER TREATMENTS AND TECHNOLOGIES TO IMPROVE OUTCOMES AND QUALITY OF LIFE FOR PATIENTS.

WELLSTAR KENNESTONE HOSPITAL WAS NAMED THE RECIPIENT OF THE PRESTIGIOUS GEORGIA OGLETHORPE AWARD FOR 2020, GEORGIA'S HIGHEST LEVEL OF RECOGNITION FOR ORGANIZATIONAL PERFORMANCE EXCELLENCE. PRESENTED BY THE FLORIDA STERLING COUNCIL, THE AWARD RECOGNIZES ORGANIZATIONS AND BUSINESSES THAT "HAVE SUCCESSFULLY ACHIEVED PERFORMANCE EXCELLENCE WITHIN THEIR MANAGEMENT AND OPERATIONS."

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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WELLSTAR HEALTH SYSTEM WAS RECOGNIZED BY FORTUNE MAGAZINE ON ITS "2019 FORTUNE 100 BEST WORKPLACES FOR DIVERSITY" LIST, AS WELL AS ITS "100 BEST COMPANIES TO WORK FOR" AND "BEST WORKPLACES IN HEALTHCARE" LISTS.

WELLSTAR HEALTH SYSTEM RANKS AMONG THE TOP FIVE COMPANIES FROM ACROSS THE NATION FOR HIRING WOMEN AND ONE OF ONLY THREE GEORGIA-BASED COMPANIES RANKED IN THE TOP 100. THIS RECOGNITION REFLECTS WELLSTAR'S COMMITMENT TO FOSTER A DIVERSE AND INCLUSIVE WORK ENVIRONMENT AT EVERY LEVEL, FROM THE NURSING FLOOR TO OUR SYSTEM LEADERS.

FORM 990, PART IV, LINE 12B

AUDITED FINANCIAL STATEMENTS

WELLSTAR HEALTH SYSTEM, INC., AND ITS CONTROLLED AFFILIATES ARE AUDITED ON AN ANNUAL BASIS BY AN OUTSIDE AUDITING FIRM, KPMG, AND AS PART OF THAT AUDIT A CONSOLIDATED FINANCIAL STATEMENT IS ISSUED. THE INDEPENDENT AUDITORS REPORT INCLUDES THE ACCOUNTS OF WELLSTAR AND ITS CONTROLLED AFFILIATES INCLUDING COBB HOSPITAL, INC., DOUGLAS HOSPITAL INC., KENNESTONE HOSPITAL, INC., PAULDING MEDICAL CENTER, INC., WELLSTAR ATLANTA MEDICAL CENTER, INC., WELLSTAR NORTH FULTON HOSPITAL, INC., WELLSTAR SPALDING REGIONAL MEDICAL CENTER, INC., WELLSTAR SYLVAN GROVE HOSPITAL, INC., WELLSTAR WEST GEORGIA MEDICAL CENTER, INC., WINDY HILL HOSPITAL, WELLSTAR MEDICAL GROUP, LLC AND VARIOUS OTHER OWNED ENTITES AS LISTED IN SCHEDULE R. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION.

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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FORM 990, PART IV, LINE 24A

TAX EXEMPT BOND REPORTING

FOR PURPOSES OF THE FORM 990 REPORTING, WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541) WILL LIST ALL TAX-EXEMPT BONDS ISSUED SINCE JANUARY 1, 2003 ON SCHEDULE K AS IT TYPICALLY ALLOCATES THE PROCEEDS OF THE BONDS TO MEMBERS OF THE OBLIGATED GROUP (INCLUDING THE HOSPITALS AND MEDICAL GROUP). WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. REPORTS ITS SPECIFIC SHARE OF THE TAX EXEMPT BOND LIABILITY ALLOCATION ON FORM 990, PART X, LINE 25 OTHER LIABILITIES DUE TO WHS, INC.

FORM 990, PART VI, SECTION A, LINE 6

THE SOLE CORPORATE MEMBER IS WELLSTAR HEALTH SYSTEM, INC.

FORM 990, PART VI, SECTION A, LINES 7A & 7B

POWERS OF THE BOARD

AS PER THE ARTICLES OF INCORPORATION, THE SOLE MEMBER OF THE ORGANIZATION IS WELLSTAR HEALTH SYSTEM, INC., A GEORGIA NONPROFIT CORPORATION. AS SOLE MEMBER, WELLSTAR HEALTH SYSTEM, INC. HOLDS CERTAIN POWERS OF ELECTION AND APPROVAL IN CONNECTION WITH THE GOVERNING BODY OF THE ORGANIZATION. THESE POWERS ARE PRESENTED IN DETAIL IN THE GOVERNING DOCUMENTS WHICH THE COMPANY MAKES AVAILABLE TO THE PUBLIC UPON REQUEST.

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

BOARD REVIEW OF FORM 990

INTERNAL STAFF PREPARES THE ORGANIZATION'S FORM 990. BEFORE FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE AN EXTERNAL ACCOUNTING FIRM,

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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PRICEWATERHOUSECOOPERS LLP, REVIEWS AND SIGN-OFFS ON THE COMPLETED RETURN OF EACH ORGANIZATION. THE CURRENT YEAR FORM 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE ALONG WITH A QUESTION-AND-ANSWER SESSION. A MOTION IS THEN MADE BY THE FINANCE COMMITTEE TO APPROVE THE RETURNS AND PRESENT TO THE FULL BOARD COPIES OF THE FORMS IN AN ELECTRONIC (PDF FORMAT) VERSION AS WELL AS A HARD COPY PRIOR TO FILING. THE ORGANIZATION'S CFO OR DESIGNEE SUBSEQUENTLY SIGNS THE RETURN FOR EITHER MANUAL OR ELECTRONIC FILING BY THE APPROPRIATE DUE DATE.

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

CONFLICT OF INTEREST POLICY

OUR CONFLICT-OF-INTEREST POLICY REQUIRES ALL COVERED PERSONS TO ANNUALLY REVIEW THE POLICY AND THEN COMPLETE, SIGN AND RETURN THE CONFLICTS OF INTEREST SURVEY AND ATTESTATION TO THE COMPLIANCE OFFICE. THE POLICY REQUIRES AN ON-GOING DISCLOSURE OBLIGATION IN THE EVENT A CONFLICT ARISES DURING THE YEAR. THE FOLLOWING IS OUR PROCESS TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE THE POLICY: COMPLIANCE IDENTIFIES ALL COVERED PERSONS WHO MUST COMPLETE THE SURVEY AND ATTESTATION. COMPLIANCE VERIFIES THAT THE SURVEY AND ATTESTATION IS DISTRIBUTED TO THESE PERSONS. COMPLIANCE VERIFIES THAT THESE PERSONS RETURN A FULLY COMPLETED AND SIGNED SURVEY AND ATTESTATION. COMPLIANCE REVIEWS EACH COMPLETED AND SIGNED SURVEY AND ATTESTATION TO IDENTIFY ALL CONFLICTS LISTED IN THE DOCUMENT. ALL CONFLICTS, POTENTIAL CONFLICTS AND INCIDENCES OF NON-COMPLIANCE ARE REFERRED TO THE CHIEF COMPLIANCE OFFICER. THE CCO TAKES APPROPRIATE ACTION TO COMPLETELY RESOLVE ALL IDENTIFIED CONFLICTS AND INCIDENCES OF NON-COMPLIANCE.

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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FORM 990, PART VI, SECTION B, LINES 15A & 15B

COMPENSATION OF OFFICERS

WELLSTAR HEALTH SYSTEM, INC. HAS ENGAGED SULLIVAN COTTER TO WORK WITH THE GOVERNING BOARD AND COMPENSATION COMMITTEE TO REVIEW AND RECOMMEND EXECUTIVE COMPENSATION. THE EXECUTIVE COMPENSATION PROCESS AT WELLSTAR IS OVERSEEN BY A COMMITTEE OF INDEPENDENT TRUSTEES, WHICH FOLLOWS A BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY. THE COMPENSATION COMMITTEE CONSISTS OF FIVE TRUSTEES. THE CEO AND CHIEF HUMAN RESOURCES OFFICERS PARTICIPATE IN AN ADVISORY ROLE, AND NOT AS VOTING MEMBERS. FURTHER IN COMMITTEE DISCUSSIONS ABOUT THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, THE CEO RECUSES HIM/HERSELF FROM THAT PROCESS. THE CEO IS A NON-VOTING COMMITTEE MEMBER FOR DISCUSSIONS ON ALL OTHER OFFICERS. THE EXECUTIVE COMPENSATION PHILOSOPHY EMPOWERS THE COMMITTEE TO OVERSEE THE EXECUTIVE COMPENSATION PROCESS AND ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM ON BEHALF OF THE FULL BOARD OF TRUSTEES OF WELLSTAR; PROVIDED, HOWEVER, THE FULL BOARD OF TRUSTEES EVALUATES AND APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE PHILOSOPHY REQUIRES ANNUAL DISCLOSURE OF THE COMMITTEE'S ACTIONS AND DECISIONS TO THE FULL BOARD, WHICH IT HAS DONE. THE COMMITTEE IS GUIDED BY THE BOARD-APPROVED PHILOSOPHY. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD FOR ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE. BASE COMPENSATION IS TARGETED AT THE MEDIAN BASE COMPENSATION PAID TO SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS (THE MARKET). OFFICERS OF THE COMPANY ALSO RECEIVE VARIABLE COMPENSATION THAT IS DEPENDENT ON INDIVIDUAL AND ORGANIZATION PERFORMANCE. WHEN PERFORMANCE IS AT A PREDETERMINED TARGETED LEVEL, THE TOTAL COMPENSATION, BOTH BASE AND VARIABLE, IS INTENDED TO BE AT OR

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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AROUND THE 75TH% OF COMPENSATION PAID TO SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS. WELLSTAR'S EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET AS BEING COMPRISED OF COMPARABLE NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS, I.E., NOT-FOR-PROFIT ORGANIZATIONS SIMILAR IN COMPLEXITY AND SCALE TO WELLSTAR. TO ASSIST THE COMMITTEE IN FULFILLING ITS DUTIES, THE COMMITTEE ENGAGED SULLIVAN COTTER TO PROVIDE MARKET COMPENSATION DATA TO COMPARE TO THE WELLSTAR POSITIONS WHOSE COMPENSATION THE COMMITTEE OVERSEES. THE COMMITTEE USES THIS DATA TO PROVIDE CONTEXT WHEN MAKING DECISIONS IN ADMINISTERING THE COMPENSATION PROGRAM. ACCURATE MINUTES OF THE COMMITTEE'S DISCUSSION AND DECISIONS ARE RECORDED DURING EACH COMMITTEE MEETING AND REVIEWED AND PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

THE ORGANIZATION AND ITS AFFILIATES ARE SUBJECT TO THE OPEN RECORDS LAW IN THE STATE OF GEORGIA. THEREFORE, BY LAW, CITIZENS ARE PERMITTED TO INSPECT AND COPY ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AS MAY BE REQUESTED FROM TIME TO TIME. ADDITIONALLY, THE ORGANIZATION'S FORM 990 IS MADE READILY AVAILABLE ON THE GUIDESTAR WEBSITE. PERIODICALLY, THE ORGANIZATION PUBLISHES ITS FINANCIAL PERFORMANCE IN THE LOCAL NEWSPAPER FOR CITIZENS TO REVIEW, AND IT ALSO PUBLISHES A COMMUNITY BENEFIT REPORT ONCE A YEAR FOR DISTRIBUTION TO THE PUBLIC. UNDER ITS CONTINUING DISCLOSURE AGREEMENTS FOR PUBLIC BONDS OUTSTANGINS FINANCIAL AND STATISTICAL INFORMATION IS POSTED AND REPORTED ON EMMA.MSRB.ORG ON A QUARTERLY AND ANNUAL BASIS.

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FORM 990, PART VII

OFFICERS HOURS WORKED

THE OFFICERS DEVOTE THEIR TIME TO ALL OF THE ORGANIZATIONS WITHIN WELLSTAR HEALTH SYSTEM THAT ARE LISTED IN SCHEDULE R, PART II. AS SUCH, THE TOTAL HOURS WORKED BY THE OFFICERS ACROSS ALL ORGANIZATIONS EXCEEDS 40 HOURS A WEEK.

FORM 990, PART VII & FORM 990, SCHEDULE J

COMPENSATION

ALL COMPENSATION AMOUNTS REPORTED ON FORM 990, PART VII; PART IX, LINES 5-7; AND SCHEDULE J REPRESENT COMPENSATION PROVIDED TO INDIVIDUALS THAT PROVIDE SERVICES TO THE ORGANIZATION. LIKewise, THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF INDIVIDUALS PROVIDING SERVICES TO THE ORGANIZATION. ALL FEDERAL EMPLOYMENT TAX RESPONSIBILITIES FOR THESE INDIVIDUALS (INCLUDING FEDERAL EMPLOYMENT TAX REPORTING RESPONSIBILITIES) ARE HANDLED BY WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541).

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

FOR THE REPORTING PERIOD WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. HAD A CHANGE IN NET ASSETS OF (\$14,295,871) RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR.

Name of the organization WEST GEORGIA MEDICAL CENTER, INC.	Employer identification number 20-5497506
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ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
OTHER FEES	18,521,407.	9,189,984.	9,283,980.	47,443.
LAB SERVICES	1,005,130.	1,005,130.	0.	0.
TOTALS	<u>19,526,537.</u>	<u>10,195,114.</u>	<u>9,283,980.</u>	<u>47,443.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

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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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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) DOUGLAS HOSPITAL, INC. 58-2026750 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(2) KENNESTONE HOSPITAL, INC. 58-2032904 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(3) PAULDING MEDICAL CENTER, INC. 58-2095884 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(4) WELLSTAR FOUNDATION, INC. 58-1627413 793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	12 II	WHS, INC.	X	
(5) WELLSTAR HEALTH SYSTEM, INC. 58-1649541 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	12 II	N/A		X
(6) WELLSTAR ATLANTA MEDICAL CENTER, INC. 81-0837031 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(7) WELLSTAR NORTH FULTON HOSPITAL, INC. 81-0851756 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

20-5497506

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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) WELLSTAR SPALDING REGIONAL HOSPITAL, INC. 81-0864789 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(2) WELLSTAR SYLVAN GROVE HOSPITAL, INC. 81-0875069 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(3) WEST GEORGIA HEALTH SERVICES, INC. 20-5497622 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.	X	
(4) COBB HOSPITAL, INC. 58-0968382 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(5) VERNON WOODS RETIREMENT COMMUNITY, INC. 58-2575049 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	10	WGHS, INC.	X	
(6) WEST GEORGIA HEALTH FOUNDATION, INC. 20-0936376 793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	12 II	WGHS, INC.	X	
(7) MEDICAL PARK FOUNDATION, INC. 58-1303478 1514 VERNON ROAD LAGRANGE, GA 30240	FOUNDATION	GA	501(C)(3)	7	WGHS, INC.	X	

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

Schedule R (Form 990) 2019

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) COBB SOUTH PARKING DECK 793 SAWYER ROAD	PARKING	GA	N/A	N/A								
(2) KENNESTONE EAST PARKING DECK 793 SAWYER ROAD	PARKING	GA	N/A	N/A								
(3) GRIFFIN IMAGING, LLC 793 SAWYER ROAD	IMAGING CENTER	GA	N/A	N/A								
(4) WELLSTAR SPALD. EMS/SPALD. 911 793 SAWYER ROAD	OFF. BLDG/EMS CTR	GA	N/A	N/A								
(5) NORTH FULTON PARKING DECK, LP 793 SAWYER ROAD	PARKING	GA	N/A	N/A								
(6) WELLSTAR COBB HOSPITAL CANCER 793 SAWYER ROAD	HEALTH SERVICES	GA	N/A	N/A								
(7) SPALDING HEALTH SYSTEM, LLC 793 SAWYER ROAD	PHYS. HOSP. ORG.	GA	N/A	N/A								

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) COMMUNITY ASSURANCE CO. 58-1649541 3RD FL BARCLAYS HSE, SHEDDEN RD GEORGE TOWN, CJ	INSURANCE	CJ	WHS, INC.	C CORP					
(2) WEST GEORGIA HEALTH PHYSICIANS, INC. 27-5125341 793 SAWYER ROAD MARIETTA, GA 30062-2222	PHYSICIAN PRAC.	GA	WGHS, INC.	C CORP					
(3) WELLSTAR HEALTH PLAN, INC. 46-1922499 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTH INSURANCE	GA	WHS, INC.	C CORP					
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
