Form	990

Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

6 8 Open to Public

OMB No. 1545-0047

		enue Service Information about Form 990 and				orm990.		Inspecti	on
A F	or th		7/01, 2018	8, and endin	ig i	D. Employee''	06/30,		
Вс	heck if ap	pplicable:				D Employer ide	entification ht	Inder	
	Addre	ess Doing Business As				58-2032	001		
	chang	Number and street (or D.O. bey if mail is not delivered to street add	ress)	Room/suite		E Telephone n			
_	-	e change 11 return 793 SAWYER ROAD				(770) 95			
	-	City or town, state or province, country, and ZIP or foreign postal c	ode			(110) 23			
_	Amen	MARIETTA, GA 30062-2222				G Gross receip	ts \$ 1.326	6.956	.736.
		ⁿ ^{ication} F Name and address of principal officer: CANDTCE L	SAUNDERS			H(a) Is this a grou	up return for	Yes	XNC
L	_ pendi	793 SAWYER ROAD, MARIETTA, GA 30062	2-2222			subordinates H(b) Are all subord		Yes	
I	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 52	7		∟ h a list. (see inst	tructions)	
J	Websi	ite: > WWW.WELLSTAR.ORG				H(c) Group exem	ption number	►	
к	Form o	of organization: X Corporation Trust Association Other	•	L Year o	f formati	on: 1993 M	State of legal	domicile:	GA
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activi	ties: SEE S	CHEDULE	0				
e									
Jan									
Governance	2	Check this box	ions or dispos	ed of more that	an 25%	of its net asset	s.		
	3	Number of voting members of the governing body (Part VI, line 1a)					3		20.
ŝ		Number of independent voting members of the governing body (Pa					4		10.
/itie	5	Total number of individuals employed in calendar year 2018 (Part V	/, line 2a)				5	6	,160.
Activities &		Total number of volunteers (estimate if necessary)					6		370.
◄		Total unrelated business revenue from Part VIII, column (C), line 12					7a		9,844
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>				7b		1,405
						Prior Year		urrent Y	ear
ne	8	Contributions and grants (Part VIII, line 1h)	- COP	Y FOR	1 1		0.	0 100	
Revenue		Program service revenue (Part VIII, line 2g)		NSPECTION	1,1	65,093,65 -3,49		2,045	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				-3,45		4,713	-
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1				<u>28,109,41</u> 93,199,57		6,956	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column Grants and similar amounts paid (Part IX, column (A), lines 1-3)			±,±	1,00			2,322
		Benefits paid to or for members (Part IX, column (A), line 4)				1,00	0.		0
	4 5	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)			3	74,612,43		1,621	.640
Ises	16a	Professional fundraising fees (Part IX, column (A), line 11e)				, 1, 012, 10	0.		0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright							-
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5	35,568,25	2. 48	32,161	.,694
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), lir				10,181,68		3,785	
		Revenue less expenses. Subtract line 18 from line 12				83,017,89		3,171	
es Ses					Beginr	ning of Current N	(ear E	nd of Yea	ar
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			7	85,524,71	5. 92	26,485	5,701
dBa	21	Total liabilities (Part X, line 26)			4	30,697,39	5. 42	26,738	3,549
Fun	22	Net assets or fund balances. Subtract line 21 from line 20			3	54,827,32	0. 49	9,747	1,152
Pa	rt II	Signature Block							
Une	der per	nalties of perjury, I declare that I have examined this return, including accor ect, and complete. Declaration of preparer (other than officer) is based on all in	mpanying sched	ules and stater	nents, a	nd to the best of	my knowled	ge and b	elief, it is
	, cone				IS Ally KI				
Sig	n						8/2020		
He		Signature of officer				Date			
		JAMES M. SWARTZ	VP AC	COUNTING					
		Type or print name and title Drint/Tune property a parts Drint(Data parts Drint(Dataparts Drint(Data parts Drint(Data parts		Dete					
Paic	ł	Print/Type preparer's name Preparer's signature		Date		Check		25504	
	parer	JOANNE KRUEGER				self-employ		35586	
	Only						13-40083		
Mor	(tho !!	Firm's address ▶ 2001 MARKET ST, SUITE 1800 PHILADELPHIA, P. IRS discuss this return with the preparer shown above? (see instruction				Phone no.	267-330- X		
		erwork Reduction Act Notice, see the separate instructions.	0113)					Yes form 99	No (2018)
r or	rapel	a work neuronant notice, see the separate instructions.					F	UIII 331	J (∠∪18)

For	m 990 (201	8)				Page 2
Pa	art III	Statement of Program Se			х <i>с</i> щ	T
1	Briefly d	escribe the organization's r		to any line in this F	Part III	X
•	•	CHEDULE O				
_	Didate					
2	prior Fo	rm 990 or 990-EZ?			year which were not listed or	
~		describe these new service			have it and the and the	
3	services				n how it conducts, any proo	
4				nents for each o	of its three largest program s	ervices. as measured by
	expense		501(c)(4) organizations	are required to r	report the amount of grants a	
4a	(Code:) (Expenses \$	795,066,064. including	grants of \$	2,322.) (Revenue \$	1,280,198,636.
		HEDULE O		.	,~	,
4b	(Code:) (Expenses \$	including	grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including	grants of \$) (Revenue \$)
4d	-	ogram services (Describe i			•	
4 -	(Expens		ling grants of \$ 795,066,064.) (Revei	nue \$)	
JSA		ogram service expenses >	195,000,004.			Form 990 (2018)
8E1	020 1.000 140	50Z 2K76	V	18-8.4F		Point JJC (2018) PAGE

Form 9	90 (2018)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Х
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
8				х
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- 22

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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and III. 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization harves answer Tyes to Part VI, Section A, line 3, 4, or 5 about compensation of the organization harve a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a 24a Did the organization anistia an escrewa exceund them a refunding escrew at any time during the year? 24b 24b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I. 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization aver that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part II. 25a 25 Did the organization aver that it engaged in an excess benefit transaction with ange any trans busines transaction with ange the prosons II" "Yes," complete Schedule L, Part IV. 25a 26 Did the organization aver that it engaged in an excess benefit transaction with ange the progons of the sepse	Page	
Part IX, column (A), line 21 II''Nes, 'complete Schedule I, Parts I and III. 22 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officer, directors, trustees, key employees, and highest compensation of the organization are at tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? II 'Yes,' answer lines 24b through 24 and complete Schedule I, Vio.'' go to line 25a. 24a 24 Did the organization news tany proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25 Did the organization area as an 'on behalf of' issuer for bonds outstanding at any time during the year'. 24c 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization organis at an exempt bonds? 24d 26 Did the organization area that it engaged in an excess benefit transaction with a disqualified person during the year? 24d 26 Section 501(c)(3), 501(c)(20) and 501(c)(20) organizations. Did the organization angue that it engaged in an excess benefit transaction with a disqualified person during the year? 24d 26 Did the organization area or other assistance to an officer, director, trustee, key employee, and that the transaction has not been reported an any of the organization expense members or a 35% controlled correl in the organization engage and to any of these persons? If 'Yes,' complete Schedule L, Part II. 25b 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to	s N	Yes
 Bid the organization answer "vs" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "vs", complete Schedule J. Bid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "vs", "answer lines 24 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 900-E27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, iphest competes Acendule L, Part II. 27b Did the organization report any amount on Part N, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, or complete Schedule L, Part IV. 28 section 501(c)(3), englicable Schedule L, Part II. 27 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) 28 A current or former officer, director, trustee, or key employee (or a family member thereof)<td></td><td></td>		
organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J TW'se," Complete Schedule L Part I. 24a 24 Did the organization area tax-exempt bonds 24a 24 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 24d 25a 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization area that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I. 25a 25 Did the organization aver that it engaged in an excess benefit transaction with a disqualified person any of the enganization space that it engaged in an excess benefit transaction with a disqualified person any of the enganization aver of any of these persons? If "Yes," complete Schedule L, Part I. 25b 7 Did the organization avers of any of these persons? If "Yes," complete Schedule L, Part I. 26a 8 Was the organization avers of any of these persons? If "Yes," complete Schedule L, Part I. 27c 8 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I. 27c 9 Did the organization avers or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I. 28a	Σ	
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employees? If "Yes," complete Schedule J. 23 4a Did the organization have a tax-exempt bond issue vith an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line 32 th through 24d and complete Schedule K. If "No," go to line 25s 24a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 980-E27 25s 1f "Yes," complete Schedule L, Part I. 25s current or former officer, director, trustee, key employees, tighest compensated employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% concelled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 7 Did the organization report any grant or other assistance to an officer, director, trustee, key employee, the full of misure thans. Trustee, key employee? 27e 2b Is the organization report any any to a busines transaction with no de the following parties (see Schedule L, Part IV, organization reports or any locabe filing thresholds, conditions, and exceptions): 27 2 M at the organization report or th		
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\$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 24c 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction har on the en reported on any of the organization's prior Forms 990 or 990-E27 d Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, key employees, injects complete Schedule L, Part II. 26 7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, injects complete Schedule L, Part III. 27 8 Was the organization applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 c Aure		+
through 24d and complete Schedule K. If Ylor 'go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c c Did the organization anitatin an escrow account other than a refunding escrow at any time during the year? 24d d Did the organization as as on 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the organization's prior Forms 990 or 990-EZ? 17 "Yes," complete Schedule L, Part I. 5 Did the organization avera that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction the person's I'''se," complete Schedule L, Part I. 26 7 Did the organization avera that it engaged in an excess benefit transaction with a disqualified person or payables to any current or former officers, director, trustee, key employees, highest compensated employees, or disqualified persons? I'''se," complete Schedule L, Part II. 26 7 Did the organization a party to a business transaction with a of the following parties (see Schedule L, Part II. 27 8 Was the organization acre or direct or indirect or, trustee, or key employee? If 'Yes," complete Schedule L, Part IV. 28 8 A armeti to former officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV. 28 9 A torrent or fo		
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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	<u> </u>	
Check if Schedule O contains a response or note to any line in this Part V.		
	s N	Yes
1a Enter -0- if not applicable 1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and		
reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves No 2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax [a] 6,160 6 6 6 3b Internets, field or the celendary sear ending with or within the year covered by this return 2a 5.12 X 3a Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a X bit 17 ves, 'has it filed a Form 990-Tor the year? if No' to file a0, provide an exploration in Schedule O 3b X bit 17 ves, 'has it filed a Form 990-Tor the year? if No' to file a0, provide an exploration in Schedule O 3b X bit 17 ves, 'has it filed a Form 990-Tor the year? if No' to file a0, provide an exploration in Schedule O 3b X bit 17 ves, 'has it filed a Form 990-Tor the year? if No' to a prohibited tax shelter transaction at any time during the tax year? 4a X bit 17 ves, 'adaptation a party to a prohibited tax shelter transaction at any time during the tax shelter transaction? 5c 5c 6a Des the organization nextury to a prohibited tax shelter transaction? 5c 5c 5c 6a Des the organization nextury were nata Xeducible actinitation an express statement that such contributions or gifts were nata Xeducible actinitation control tax states the transaction? 7a X	Form	990 (2018)		F	Page 5
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 6.160 2b of a clease nois is reported on line 2a, diff the organization file all required to effected employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-ffe (see instructions). 3a X 3b of the organization have and related business gress income of 31.00 or more during the calendar year, diff the organization have aninterset in, or signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account?). 3a X 4a At any time the name of the foreign country (such as a bark account, securities account, or other financial account?). 4a x 5b XX Did any taxable party notify the organization have tax shert transaction at any time for 5a or 50, did the organization any expression any any time for any activation any expression any any time for the value of the goods or services provided to the organization account of the ways olicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6a X b If Yes, " dd the organization notify the dorr of the value of the goods or services provided? 7a X 7b Torganization situat may receive deductible contributions under section 170(c). 7b 7c X 1 Yes, " idd	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. 2 2b. 3 Mote, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>effe</i> (dee instructions)	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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3a Did the organization have unrelated business gross income of \$1,000 or more during the yea?,,,,,,,, .					
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3a		3a	Х	
4 A tany time during the calendar year, did the organization have anitherest in, or a signature or other subtority over, a financial account is origin country (such as bank account, securities account, or other financial account); 4 b If "Yes," enter the name of the foreign country: > 5 5 So was the organization arps ty to a prohibited tax shelter transaction at any time during the tax year?. 5 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 7 5 5 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible acchitely entrolloms? 5 5 7 Organization subt were not tax deductible acchitely entrolloms? 5 5 2 7 Organization subt may receive adputcible as chartsble contributions? 6 2 2 7 Organization subt may receive adputcible contributions under section 170(c). a) Did the organization netwe any premiums directly or indirectly, to pay premiums on a personal benefit contract? 7 7 7 Did the organization netwe any tax subtems of tax adpress transpond to any tax required to file Form 8282? 7 7 2 8 Did the organization netwe any tax adpended to indirectly or indirectly or apersonal benefit contract? 7 7 7 7 9 Did the			3b	Х	
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and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provide? 7b 7c b Id "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X g If the organization receive a forms 8282 filed during the year 7d X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X 8 Sponsoring organization maintaining donor advised funds. 0 a donor advised funds. 0 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 0 9 Did the sponsoring organizations. Enter: 10a 10a 10a 10a 10 Section 501(c)(7) organizations. Enter: 10b 11a 10a 11a 12a 12 Section 501(c)(12) organizations. Enter: a foross income from members or shareholders. 11a 10a 11a 12a 13 Section 501(c)(29) quali	а				
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excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X	b		14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 X	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		X
is the organization an educational institution subject to the section 4900 excise tax on het investment income?					
If "Yes," complete Form 4720, Schedule O.	16		16		A

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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 in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-		21
Jecu	on b. Toncies (This Section b requests information about policies not required by the internal Revenue	Coue	Yes	No
40-	Did the experimetion have least charters branches or effiliates?	10a		x
	Did the organization have local chapters, branches, or affiliates?	TVa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
N N	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		37	
	organization's exempt status with respect to such arrangements?	16b	Х	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{GA,}^{GA,}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record JAMES M. SWARTZ 793 SAWYER ROAD MARIETTA, GA 30062-2222 770-956-7827	s 🕨		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	e O d	contains a r	esponse or n	ote to any line	e 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.

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

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

					C)					
(A)	(B)	(1			ition			(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other
	hours for related	Ind or a	Ins	Officer	Kej	Hig	Fo	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below dotted line)	1 24 25	Institutional trustee	icer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1033-WIGC)	organization and related organizations
(1)AMBICA YADAV	1.00									
TRUSTEE	13.00	Х						0.	5,919.	0.
(2)AVRIL P. BECKFORD, MD	1.00									
TRUSTEE & CHIEF PEDIATRIC OFF.	49.00	X		Х				0.	452,510.	29,270.
(3)CHARLES J. JONES	1.00									
TRUSTEE	13.00	X						0.	9,318.	0.
(4)DAVID H. HAFNER, MD	1.00									
TRUSTEE	13.00	X						0.	56,388.	0.
(5) EDWARD RICHARDSON	1.00									
TRUSTEE (BEG. 4/19)	13.00	Х						0.	0.	0.
(6)FRANK ROS	1.00									
TRUSTEE	13.00	Х						0.	6,421.	0.
(7)GARY A. MILLER	1.00									
TRUSTEE	13.00	Х						0.	3,568.	0.
(8)GREG MORGAN	1.00									
TRUSTEE	13.00	Х						0.	3,070.	0.
(9)H. SPEER BURDETTE, III	1.00									
TRUSTEE	13.00	Х						0.	4,610.	0.
(10) JAMES HOLMES	1.00									
TRUSTEE (BEG. 4/19)	13.00	Х						0.	0.	0.
(11) JAMES L. HORNSBY, JR, MD	1.00									
TRUSTEE & PHYSICIAN	51.00	Х						0.	353,602.	71,950.
(12)MICHAEL B. PATTON	1.00									
TRUSTEE	13.00	Х						0.	3,737.	0.
(13) ^{MITZI MOORE}	1.00									
TRUSTEE	13.00	Х						0.	10,871.	0.
(14) ^{O.} SCOTT SWAYZE, MD	1.00									
TRUSTEE	13.00	Х						0.	5,895.	0.

JSA

Form	aan	(2018)	
FUIII	990	(2010)	

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) OTIS A. BRUMBY, III	1.00									
TRUSTEE	13.00	X						0.	49,185.	(
16) PAUL DOUGLASS, MD	1.00									
TRUSTEE & PHYSICIAN	49.00	Х						0.	796,091.	40,795
17) R. RANDALL BENTLEY, SR, ESQ	1.00									
TRUSTEE	13.00	Х						0.	44,408.	
18) ROBERT N. CROSS, MD	1.00									
TRUSTEE	13.00	Х						0.	11,001.	
19) T. FITZ JOHNSON	1.00									
TRUSTEE	13.00	Х						0.	43,397.	
20) W. CHARLES BROCK	1.00									
TRUSTEE	13.00	Х						0.	43,391.	
21) WALTER G. ROBINSON	1.00									
TRUSTEE (END. 12/18)	13.00	Х						0.	8,139.	
22) ALAN R. MUSTER, MD	1.00									
SVP SPECIALTY DIVISION WMG	51.00			Х				0.	665,560.	83,34
23) ANDREW S. ALBERRY	1.00									
VP INFO TECHNOLOGY OPERATIONS	49.00			Х				0.	258,768.	24,03
24) ANDREW LEE	1.00									
VP CHIEF DIVERSITY OFFICER	49.00			Х				0.	341,507.	34,03
25) ANDREW W. COX VP CHIEF OF STAFF (BEG. 10/18)	1.00 49.00	-		х				0.	203,435.	34,91
1b Sub-total							►	0.	915,909.	101,220
c Total from continuation sheets to Part VII, S	ection A	•••	•••		•••			5,917,468.	27,656,722.	3,501,83
d Total (add lines 1b and 1c)	-						•	5,917,468.	28,572,631.	3,603,05

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

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 more than \$100,000 in compensation from the organization ► 0. 	e listed above) who received	

Х

Х

Х

3

4

5

		Average hours per week (list any	box,	not ch unles:	s pe	more rson	e than o is both or/truste	an	Reportable compensation from	Reporta compensati relate	on from d	Estim amou oth	nt of er	
		hours for related organizations below dotted line)	or director			Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		comper from organiz and re organiz	the zation elated	ר
6)	ANTHONY J. BUDZINSKI EVP & CFO	1.00 51.00	-		х				0.	929	,452.	75	3,7	81
7)	ANTHONY M. TRUPIANO	1.00								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1521		<u>, , ,</u>	
	SVP SUPPLY CHAIN (END. 1/19)	49.00			х				0.	936	,846.	48	3,2	3
8)	AVIRAL SINGH	1.00												_
	VP BRAND&MRKT STR.(BEG.3/19)	49.00			х				0.		Ο.			
9)	BARBARA B. COREY	1.00												_
	SVP MANAGED CARE	49.00			Х				0.	463	,766.	5(),б	0
<u>)</u>	BETH KOST	1.00												
	SVP, CHIEF COMPLIANCE OFFICER	49.00			Х				0.	470	,653.	51	1,2	2
L)	BETTY A. BRAKOVICH	50.00												
	VP CNO PATIENT CARE SERVICES	0.			Х				256,754.		0.	41	1,7	0
2)	BRADFORD B. NEWTON	1.00	-							2.4.0		= /		_
2 \	VP INFO. TECHNOLOGY ADMIN.	49.00			Х				0.	349	,560.	50),6	2
3)	CANDICE L. SAUNDERS PRESIDENT & CEO	1.00	-		v				0	2 426	044	7(ر د	F
4)	CARRIE O. PLIETZ	51.00			Χ				0.	2,426	,944.		9,3	<u> </u>
±) 	EVP & COO HOSPITAL DIVISION	49.00			x				0.	951	,290.	64	5,9	1
5)	CASWELL SAMMS	50.00			Δ				0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 290.		ر, ر	<u> </u>
	VP FINANCE & HOSPITAL CFO	0.	-		x				332,656.		ο.	3.	3,5	9
5)	CONSTANCE BRADLEY	50.00							,				.,.	-
	VP OPERATIONS & COO(BEG. 5/19)	0.			x				0.		Ο.			
c ⁻ d ⁻ 2 ⁻	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not l reportable compensation from the organization	limited to t		listed		bove	e) who	> re	ceived more than	\$100,000	of		es	_
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>												x	
C	For any individual listed on line 1a, is the songanization and related organizations greations greations greations and individual and the song set of the song	eater than	\$15	0,00	00?	If	"Yes	,"	complete Schedu	le J for	such	4 2	x	
5 I f	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satic	on f	rom	n any	un	related organization	on or indivi	dual	5		
(tion B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) mpensati	ion	_
														_

Form	۵۵۸	(2018)	
Form	990	(2018)	

	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per week (list any hours for	box, office	unles	Pos neck ss pe	ition more erson	e than or is both a or/truste	an	Reportable compensation from the	Reportal compensatio related organizati	on from	an	timated ount of other pensati	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		fro orga and	om the anizatio d related anization	on d
7)	DANIEL ABAD VP TOTAL REWARDS (BEG. 3/19)	1.00 49.00			х				0.		0.			(
8)	DAVID JONES EVP HR&ORG. LEARN.(BEG.1/19)	1.00 49.00			x				0.		0.			(
9)	DAVID W. ANDERSON	1.00								0.00				
0)	EVP/HR/OL/CCO DAVID W. PRESTON	49.00 1.00			Х				0.	865,			77,1	
1)	SVP BRAND EXP&COMM(BEG.10/18) DOUGLAS ARVIN, CPA, MBA	49.00			Х				0.	139,	442.		9,9	€
	SVP FINANCE ELIZABETH H. LOUDERMILK	49.00			Х				0.	459,	531.		39,8	33
	VP FINANCIAL PLANNING	49.00			Х				0.	321,	014.		50,0)5
	ELIZABETH H. PAPETTI VP OPS. HOSPITAL DIVISION	1.00 49.00			Х				0.	260,	522.		36,9	€€
1)	ELLEN WRIGHT VP HIM CDI & POLICIES	1.00 49.00			Х				0.	225,	933.		40,7	77
5)	FAYE ZWIEG VP CNO PATIENT SRVCS(END10/18)	50.00			х				290,392.		0.		8,3	34
5)	FREDA LYON VP SYSTEM EMERGENCY SERVICES	1.00			x				0.	267				
7)	IVY SPENCER	1.00									000.		55,9	
	VP CNO Sub-total Total from continuation sheets to Part VII, So	49.00			х • •		•••		0.	199,	226.		39,4	190
d 2	Total number of individuals (including but not reportable compensation from the organization	limited to t		iste		bove	e) who	re	ceived more than	\$100,000 c	of			
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the s	ule J for su	ch ind	ividu	ual	• •		-		• • • • • • • •	• •	3	Yes X	N
	organization and related organizations gre individual											4	х	
	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		2
	tion B. Independent Contractors													
	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) ompens		

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	neck is pe	ition more rson lirect	e than c is both cor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) timated ount of other pensatio	
		ual trust	tiona	`	en en	ghes	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the anizatior	ı
		ee	l trustee		Key employee	Highest compensated employee	-				d related	
3) JAMES M. SWARTZ	1.00											
VP ACCOUNTING	49.00	1		Х				0.	302,471.		46,2	62
) JASON D. STEVENS	1.00											
VP DEPUTY GENERAL COUNSEL	49.00	1		Х				0.	353,892.		57,9	48
)) JASON L. KELSEY	1.00											
VP REHAB&SPORTS MED(BEG.11/18)	49.00	1		Х				0.	177,401.		48,0	79
L) JEFFREY A. COOPER	50.00											
VP OPERATIONS KENNESTONE	0.	1		Х				295,505.	0.		56,6	72
2) JENNIFER J. GIUSTI	1.00											
VP CLINICAL OUTCOMES	49.00	1		Х				0.	386,608.		40,0	47
3) JILL M. CASE-WIRTH	1.00											
SVP NURSING SERVICES	49.00			Х				0.	474,604.		60,4	62
1) JIMMY K. DUNCAN	50.00											
VP HUMAN RESOURCES	0.			Х				308,359.	0.		50,9	37
5) JOHN A. BRENNAN	1.00											
EVP CHIEF CLIN. INTEG. OFFICER	49.00			Х				0.	1,161,536.		83,5	76
5) JONATHAN D. MAURER	1.00											
VP INFO SEC. & CISO(BEG. 8/18)	49.00			Х				0.	177,852.		18,6	62
7) JOSEPH L. BRYWCZYNSKI	1.00											
SVP HEALTH PARKS DEVELOPMENT	49.00			Х				0.	471,838.		73,4	13
3) JUDITH WHITE	1.00											
VP LAB. SRVS. SYST.(BEG. 4/19)	49.00	1		Х				0.	0.			0
SVP HEALTH PARKS DEVELOPMENT) JUDITH WHITE VP LAB. SRVS. SYST.(BEG. 4/19) b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	49.00 1.00 49.00			x				0.	0.		73,4	-
Total number of individuals (including but not reportable compensation from the organizatio		nose 564		ua	UUVE		Jie	ceived more man	φιου,σου οι			
		50-	1								Vee	
											Yes	N
B Did the organization list any former offic											х	
employee on line 1a? If "Yes," complete Sched	ule J for su	cn ind	ividu	ial	• •	• • •	• •			3	Λ	
For any individual listed on line 1a, is the												
organization and related organizations gr individual										4	х	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

5

Х

(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos heck ss pe d a d	rson lirect	e than on is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d tions	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organization and related organizations
) KEITH BOWERMASTER VP COMMUNICATIONS (END. 12/18)	1.00			x				0.	288	,335.	58,34
) KEM M. MULLINS	1.00			Λ				0.	200	, 335.	J0, J4
EVP AMBULATORY & BUS.DEV.	49.00			x				0.	713	,886.	56,72
) KEVIN C. SCHAEFFER, MD	1.00								/13	,	30772
VP ONCOLOGY	49.00			х				0.	284	,484.	46,72
) KIMBERLY J. TAACA	1.00										
VP OPS SPECIALTY DIVISION	49.00			Х				0.	239	,588.	46,29
) KRISTEN S. TRICE	1.00										
VP DIAGNOSTIC OUTREACH	49.00			Х				0.	232	,256.	42,68
) LEANNE COOK	1.00										
VP CONSUMER ENG. (BEG. 3/19)	49.00			Х				0.		0.	
) LEO E. REICHERT	1.00	-									
EVP & GENERAL COUNSEL	49.00			Х				0.	811	,932.	66,66
) MARCUS P. CHARLSON, MD	1.00	-		37				0	200	057	
VP SURGERY	49.00			Х				0.	208	,957.	37,25
) MARY B. CHATMAN, PHD SVP & HOSPITAL PRESIDENT	48.00	-		х				591,954.		0.	62,47
) MARY L. TAVERNARO	1.00			^				591,954.			02,47
VP HUMAN RESOURCES OPERATIONS	49.00			x				0.	325	,273.	54,48
) MAXWELL S. KAGAN	1.00									,	,
VP FINANCE & CFO	49.00	-		х				0.	296	,639.	39,85
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t	hose l	liste			e) who	► ► ►	ceived more than	\$100,000	of	
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gro	er, directo ule J for suc sum of rep	ch ind oortab	tru <i>lividu</i> ole c	<i>ual</i> com	 pen	sation	ar	nd other compens	sation from	the	Yes M 3 X
<i>individual</i> Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	from	n any	uni				4 X
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	for	such p	ber	son	<u></u>		5
ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.											s tax
(A)	Iress							(B) Description of se	ervices	Co	(C) mpensation
Name and business add	1000			_							
Name and business add											

	rt VII Section A. Officers, Directors, Tru	isiees, ne	ey ⊨n	npio	yee	es,	and F	ligi	nest Compensat	ea Emplo	yees (co	ontinuea)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Pos neck is pe d a d	erson	e than oi is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	(F) Estimated amount of other compensation from the organization and related organizations
70	MICHAEL G. PAUL	50.00					_					
	VP FACILITIES ENG SUPPORT SVCS	0.			Х				257,170.		0.	30,03
71	MICHAEL T. MCCULLOUGH	1.00										
	SVP SUPPLY CHAIN (BEG. 12/18)	49.00			Х				0.	66	,227.	
72	MONTE A. WILSON	48.00										
	SVP HOSP. PRESIDENT(END.12/18)	2.00			Х				389,769.		0.	27,06
73	PAUL D. MURPHREE	1.00										
	VP MEDICAL OUTCOMES	49.00			Х				0.	439	,670.	76,90
74	REBECCA L. RUHL	1.00										
	VP FACILITY COMPLIANCE OPS	49.00			Х				0.	203	,610.	29,99
75	RICHARD S. SIEGEL	1.00										
	VP CARDIOLOGY & CVM ADMIN	49.00			Х				0.	382	,611.	80,28
6	ROB SCHREINER	1.00										
	EVP & PRESIDENT MEDICAL GROUP	49.00			Х				0.	728	,722.	38,89
7	ROBERT J. DECOUX	1.00										
	VP CORPORATE MED STAFF SVCS	49.00			Х				0.	235	,358.	54,91
78	ROSEANN PENA	50.00										
	VP OPERATIONS	0.			Х				240,555.		0.	12,06
79	SANDRA LUCIUS	1.00										
	VP INFO TECHNOLOGY APPS	49.00			Х				0.	400	,773.	49,16
30	SEAN P. TURNER VP REVENUE CYCLE MANAGEMENT	1.00 49.00	-		х				0.	428	,955.	38,74
c c	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A		liste			e) who	re	ceived more than	\$100,000	of	Yes
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	ule J for su	ch ind	ividu	ıal	• •		• •		• • • • • •		3 X
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual	eater than	\$15	0,00	00?	If	"Yes	," (complete Schedu	le J for	such	4 X
5 Se	Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i> ction B. Independent Contractors											5
1	Complete this table for your five highest com compensation from the organization. Report c year.											
					_							

(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck is pe d a d	more erson lirect	e than on is both a or/trustee	n e)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	on from d ions	Es am com	(F) timated ount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anizatior related nization	1
) SHALIMA PANNIKODE SVP CHF INFO&DIGITAL(BEG.4/19)	1.00 49.00			x				0.		0.			C
2) SNEHAL H. DOSHI	1.00							0.					_
VP SYSTEM PHARMACIST	49.00			Х				0.	253,	636.		60,5	38
3) SONYA E. ALDY	1.00	-						0	0.00			2 - 1	~
VP TALENT ACQUISITION) SOPHIA MARSHALL	49.00			Х				0.	269,	707.		35,1	31
VP ORG. COMM. (BEG. 3/19)	49.00	-		Х				0.		0.			
5) STEPHEN L. BADGER	1.00												
VP STRATEGIC SERVICES	49.00			Х				0.	619,	283.		82,9	8
) STEVEN HUNT	1.00												
VP HUMAN RESOURCES (BEG. 2/19)	49.00			Х				0.		0.			
/) STEPHEN VAULT	1.00	-		37				0	0.26	0.01		0F 0	1
VP BUSINESS DEVELOPMENT 3) TIMOTHY HANEY	49.00			Х				0.	236,	081.		25,3	<u> </u>
SVP R. E. FAC. & DVLP. SVCS.	49.00			Х				0.	461	540.		55,5	4
O) VALERY A. AKOPOV, MD	1.00			21					101,	510.		55,5	-
SVP HOSPITAL DIVISION WMG	49.00			х				0.	590,	611.		57,4	6
)) VARMA RAMESWAR, MD	1.00												
VP PEDIATRIC OPERATIONS	49.00			Х				0.	245,	526.		52,4	7
.) VIKRAM REDDY	50.00	-											
VP MEDICAL AFFAIRS(BEG. 11/18)	0.			Х				87,406.		0.			8
 b Sub-total c Total from continuation sheets to Part VII, Section 2014 d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization 	ection A		liste	• •	•••		rec	eived more than	\$100,000 c	of			
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>	er, directo	or, or	tru								3	Yes X	N
For any individual listed on line 1a, is the solution organization and related organizations grain individual.	eater than	\$15	60,0	00?	If	"Yes,	" С				4	x	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	from	any	unre				4 5		
Section B. Independent Contractors						P							
Complete this table for your five highest com compensation from the organization. Report c year.													
(A) Name and business add	lress							(B) Description of se	ervices	Co	(C) mpens	ation	

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rom continuation sheets to Part VII, Section A • add lines 1b and 1c) •						d al	000	e) who	o re	ceived more than	\$100,000 of			
add lines 1b and 1c)													Yes	1
add lines 1b and 1c) Image: Second secon	reportable compensation from the organization > 564													
add lines 1b and 1c) ▶ ▶ umber of individuals (including but not limited to those listed above) who received more than \$100,000 of ble compensation from the organization ▶ 564 Yes Yes e organization list any former officer, director, or trustee, key employee, or highest compensated Yes	reportable compensation from the organization ► 564 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	lividu	ual						3	X	

individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles r and	s pe lad	ition more rson irect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	;	(F) Estimate amount other compensa	of ation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from th organizat and relat organizati	tion ted
3) KIMBERLY W. MENEFEE FORMER SVP STRATEGIC COMM. DEV	0.						x	0.	840,48	9.	20,	59
4) MICHELLE ROBINSON FORMER VP MARKETING	0.						x	0.	396,37	1.	14,	12
5) PETER R. JUNGBLUT, MD, MBA FORMER SVP & MEDICAL DIRECTOR	0. 50.00						x	0.	398,30	0.	79,	16
6) ROBERT M. LUBITZ FORMER VP MEDICAL AFFAIRS	0.						x	704,511.		0.	41,	52
7) ROBIN G. BOEHRINGER FORMER VP TOTAL REWARDS	0.						x	0.	241,33	8.	11,	4
Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A											
Total number of individuals (including but not reportable compensation from the organization	limited to t		iste				o re	ceived more than	\$100,000 of	I		
B Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes 3 X	5
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,00	00?	lf	"Yes	s," (complete Schedu	le J for suc	h	4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	rom	n any	uni	related organization	on or individua	l I	5	
Section B. Independent Contractors I Complete this table for your five highest com											tax	
compensation from the organization. Report c year.	omponouti											

Form	990 (2	2018) KENNESTONE	HOSPITAL,	INC.		58-20329	04 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/111		
		· · · · · · · · · · · · · · · · · · ·		(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 b d f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		0.			
nue			Business Code				
evel	2a	PATIENT REVENUE	621990	1,273,443,048.	1,273,443,048.		
Program Service Revenue	b c	INDEPENDENT & ASSISTED LIVING REVENUE	623000	6,755,588.	6,755,588.		
)er	d						
am S							
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		1,280,198,636.			
	3	Investment income (including divider					
	4	and other similar amounts).	proceeds	2,118,928. 0. 0.			2,118,928.
	6a b c	(i) Real Gross rents	(ii) Personal	-			
	d			7,887,295.			7,887,295.
	7a	Gross amount from sales of (i) Securities	(ii) Other -73,922.				
	b	Less: cost or other basis and sales expenses Gain or (loss)	-73,922.	-			
	c d	Net gain or (loss)		-73,922.			-73,922.
	8a	Gross income from fundraising					
Other Revenue	0a	events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
oth	b	Less: direct expenses b					
	c 9a	Net income or (loss) from fundraising events Gross income from gaming activities.	· · · · · · ►	0.			
	b	See Part IV, line 19 a Less: direct expenses b		-			
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	0.	0.			
		Miscellaneous Revenue	Business Code				
	11a	PHARMACY/RETAIL PHARMACY	446199	19,181,377.		79,844.	19,101,533.
	b	CAFETERIA	621990	6,069,019.			6,069,019.
	c	PARKING REVENUE	621990	2,835,439.			2,835,439.
	d	All other revenue		8,739,964.			8,739,964.
	e	Total. Add lines 11a-11d		36,825,799.			
	12	Total revenue. See instructions.		1,326,956,736.	1,280,198,636.	79,844.	46,678,256.

JSA 8E1051 1.000 14060Z 2K76

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 Х (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,322 2,322. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 3,996,235. 3,196,988. 799,247 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 393,656 314,925 78,731 persons described in section 4958(c)(3)(B) 402,360,207. 311,088,909. 91,271,298 7 Other salaries and wages 8 Pension plan accruals and contributions (include 22,462,004. 22,462,004. section 401(k) and 403(b) employer contributions) 59,510,227. 42,347,093. 17,163,134 9 Other employee benefits 22,899,311. 22,899,311. 10 Payroll taxes 11 Fees for services (non-employees): 4,419,917. 4,419,917. a Management 22,313 22,313. b Legal 0 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 108,088,171 69,718,747. 38,369,424 (A) amount, list line 11g expenses on Schedule O.) ATCH 1 283,287. 283,287. 12 Advertising and promotion 3,525,867. 3,525,867. 13 Office expenses 0 14 Information technology 0 Royalties 15 10,800,300. 10,797,753. 2,547 Occupancy 16 2,322,904. 443,149. 1,879,755. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 9,113,998. 8,926,556. 187,442. Interest 20 0 21 Payments to affiliates 57,200,519. 40,330,316. 16,870,203 22 Depreciation, depletion, and amortization 7,804,766. 7,804,766. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aMEDICAL SUPPLIES 221,447,180. 221,304,391. 142,789. **h**REPAIRS & MAINTENANCE 8,518,366. 8,518,366. cNON-MEDICAL SUPPLIES 17,163,197. 13,298,519. 3,864,678 dALL OTHER EXPENSES 31,450,909. 3,360,565. 28,090,344. e All other expenses 993,785,656 795,066,064. 198,719,592 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here 🕒

following SOP 98-2 (ASC 958-720)

0

if

Form	990	(2018)	

F a		KENNESTONE HOSPITAL, INC.		50.	2032904 Dama 11
-	990 (2				Page 11
Pa	rt X	Check if Schedule O contains a response or note to any line in this Pa	ort V		
		Check il Schedule O contains a response of note to any line in this Pa		•••	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	0.
	2	Savings and temporary cash investments		2	1,315,687.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net	211,495,806.	4	243,923,843.
	5	Loans and other receivables from current and former officers, directors,		-	
	•	trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.		0.
ts	-	organizations (see instructions). Complete Part II of Schedule L		6	0.
Assets	7	Notes and loans receivable, net		7 8	25,464,085.
Â	8	Inventories for sale or use Prepaid expenses and deferred charges		0 9	5,031,067.
	9 10 a	Land, buildings, and equipment: cost or	-,331,030.	J	5,051,007.
	IVa	other basis. Complete Part VI of Schedule D 10a 1,137,616,049.			
	b	Less: accumulated depreciation	532,679,672.	10c	624,158,136.
	11	Investments - publicly traded securities	-	11	0.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11	-	13	0.
	14	Intangible assets	-	14	0.
	15	Other assets. See Part IV, line 11	11,408,147.	15	26,592,883.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	785,524,715.	16	926,485,701.
	17	Accounts payable and accrued expenses	29,242,876.	17	36,394,026.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
iliti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	-	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		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	401,454,519.	25	390,344,523.
	26	of Schedule D Total liabilities. Add lines 17 through 25	100 200 000	25 26	426,738,549.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		20	120770070171
anc	27	Unrestricted net assets	354,827,320.	27	499,747,152.
	28	Temporarily restricted net assets	0.	28	0.
1 pc	29	Permanently restricted net assets	0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances		33	499,747,152.
	34	Total liabilities and net assets/fund balances	785,524,715.	34	926,485,701.

Form 9	90 (2018)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		93,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		33,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	54,8	27,3	
5	Net unrealized gains (losses) on investments	5				0.
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 in Schedule O)	9	-1	88,2	51,2	248.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					- 0
	33, column (B))	10	4	99,7	47,1	.52.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	nin			
	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		•	2c	x	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20	21	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in	3a		х
	the Single Audit Act and OMB Circular A-133?		41	Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	0	the	3b		
	required addit of addits, explain why in Schedule O and describe any steps taken to dildergo such ad	սուծ.		50		

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

OMB No. 1545-0047 6

		nt of the Treasury evenue Service		Go to www.irs.gov	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection		
		he organization						Employer identifi			
	_	STONE HOSPI						58-20329			
	rt I			•	<u> </u>			art.) See instructions			
	orga		•		is: (For lines 1 through	.	2	,			
1					tion of churches desc						
2	37				. (Attach Schedule E	-					
3	Х		-	-	rganization described						
4			-	ization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
5		hospital's nam			a college or universit	hi ouno	d or ono	roted by a governme	ental unit described in		
5		-	-	Complete Part II.)	a college of universit	ty owned	u or ope	rated by a governme	intal unit described in		
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7	\square								om the general public		
		-		(1)(A)(vi). (Compl		••	0		5 1		
8					b)(1)(A)(vi). (Complete	e Part II.)					
9		-		-		-	operated	l in conjunction with a	land-grant college		
		or university o	r a non-land-	grant college of ag	riculture (see instruct	tions). Ei	nter the i	name, city, and state o	f the college or		
		university:									
10		An organizatio	on that norma	Illy receives: (1) m	ore than 331/3% of its	support	from co	ntributions, membersl s, and (2) no more tha	hip fees, and gross		
		support from g	gross investm	nent income and u	nrelated business tax	able inco	ome [`] (less	s section 511 tax) from			
		acquired by th	ne organizatio	on after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)			
11		-	-		usively to test for publi	-					
12		•	•		•				carry out the purposes		
									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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
а				ion(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
			-		e Part IV, Sections A						
b			-				with its	supported organizati	on(s), by having		
								is that control or man			
			-		, Sections A and C.		•		0 11		
с				-		ated in co	onnectio	n with, and functional	lly integrated with,		
	_	its supported	d organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.			
d		Type III non	-functionally	integrated. A sup	porting organization o	operated	in conne	ection with its suppor	ted organization(s)		
		that is not fu	inctionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness		
	_	_ requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.			
е		Check this b	oox if the orga	anization received	a written determinatio	on from t	he IRS th	nat it is a Type I, Type I	I, Type III		
					ionally integrated sup	porting o	organizat	ion.			
f				organizations .					•••••		
g			-		orted organization(s).				())		
	(I) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
					above (see instructions))	docu	ment?	instructions)	instructions)		
						Yes	No				
(A)											
(B)											
(B)											
(C)											
/ -											
(D)											
(E)											
Tota	al										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000 1406OZ 2K76

Schedule A (Form 990 or 990-EZ) 2018

Page 2

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.)

Calendary year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifs, grants, contributions, and membership flees received. (Do not include any 'unusual grants.') (c) 2014 (c) 2016 (c) 2017 (e) 2018 (f) Total 3 The value of services levice for the organization's benefit and either paid to or expended on its behalf	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants'),	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
or apprication's benefit and either paid to or expended on its behalf	1	membership fees received. (Do not						
funished by a governmental unit to the organization without charge	2	organization's benefit and either paid						
5 The portion of total contributions by supported organization include on publicly supported organization include on numer. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4.	3	furnished by a governmental unit to the						
each person (other than is governmental unit provernmental provernmental provernmental unit provernmental provernmental <td>4</td> <td>Total. Add lines 1 through 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4		each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4								
7 Amounts from line 4				1	1	1	1	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalies, and income from similar sources	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
payments received on securities toans, rents, royalties, and income from similar sources. Pet income from unrelated business activities, whether or not the business is regularly carried on	7	Amounts from line 4						
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI.) Image: Capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Image: Capital assets (Capital assets) Image: Capital assets (Capital assets) 12 Gross receipts from related activities, etc. (see instructions) Image: Capital assets) Image: Capital assets) 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. Image: Capital assets) Section C. Computation of Public Support Percentage Image: Capital assets) Image: Capital assets) 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) Image: Capital assets) Image: Capital assets) 15 Public support percentage from 2017 Schedule A, Part II, line 14 Image: Capital assets) Image: Capital assets) 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Capital assets) Image: Capital assets) 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organiza	9	activities, whether or not the business						
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 1 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3 % support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 11 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organiza	10	loss from the sale of capital assets						
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. 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 331/3 % support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ b 331/3 % support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, not line 13, not line 14, not line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, not line 14, not line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the or	11	Total support. Add lines 7 through 10						
organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3 % support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3 % support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. 10 b 10%-facts-and-circumstance test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. 10%-facts-and-circumstances test - 20	12	Gross receipts from related activities, etc. (s	see instructions) .				12	
 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 . 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization as a publicly supported		organization, check this box and stop here	<u></u>					
 15 Public support percentage from 2017 Schedule A, Part II, line 14	Sec	tion C. Computation of Public Sup	port Percenta	ige				
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Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	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						
С	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 f	-					
	organization, check this box and stop here						
	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8					. 15	%
16	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investmen						~ ~ ~
17	Investment income percentage for 2018 (li					17	<u>%</u>
18	Investment income percentage from 2017						<u>%</u>
19 a	331/3% support tests - 2018. If the or	-					
_	17 is not more than 331/3%, check th		-				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19b			P90 or 990-EZ) 2018
					•		

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

Page 5

Part M Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? 11 12 A person wide directly ontroles distribution from any of the following persons described in (b) and (c) below. The governing Dody of a supported organization? 111 13 A stass controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 111 5ection B. Type I Supporting Organizations Yes No 111 112 5ection B. Type I Supporting Organizations Yes No 111 112 5ection B. Type I Supporting Organizations Yes No 111 112 5ection B. Type I Supporting Organizations The the directors. trustees, or memborship of one or more supported organizations have the power to acgonization of the supported organization of the supporting organization of the supported organization of the directors or trustees during the tax year. (b) a written notice describing the supported organization of the supporting organization of the supporting organization of the supporting organization organization accentree organization supporte	-	le A (Form 990 or 990-EZ) 2018		F	Page 5
11 Has the organization accepted a gift or contribution from any of the following person? A person who directly or indicetly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A family member of a person described in (a) above? C A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations I 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 of mere than ens papported organization, discribe how the power to appoint and/or runose directors or trustees at all lines during the supported organization, discribe how the power to appoint organization and write controlled the supporting organization. 2 Did the organization operate for the boneft of any supported organization of the family appoint or setup. 2 Tod the organization operate for the boneft of any supported organization of the family appoint or generated at supporting organization. 2 U and the supporting organizations. 2 Were a majority of the organization's directors or trustees during the tax year also a majority of the organization organization and write organization and write organization. 2 U and the organization's directors, or trustees during the tax year also a majority of the organization and write organization and write organization and write organization and write organization. 3 Were a majority of the organization support of generated the supporting organization and write organization and write organization and write organization and write	Part	V Supporting Organizations (continued)			
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b A family member of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b 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? If 'No.'' describe In Part VI No.'' escribe in Part VI no.'' escribe at a supported organization's directors or trustees estal all times during the supported organization's directors or trustees estal all times during the supported organization's directors or trustees estal all times during the supported organization's directors or trustees estal all times during the supported organization and more than ne supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the type and amount of supported organization's tax year, it and the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax and the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or management of the supporting organization was weakd in the same parsons that controlled or managed the arganization is apported organization's supported organiz	а				
C A 35% controlled entity of a person described in (a) or (b) above? II "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Told the directors, trustees, or membership of one or more supported organizations have the power to regulary apoint or elect at least a majority of the organization directors or trustees at all limes during the taxyear? If 'No." describe in Part V how the supported organization of electively operated, supervised, or organizations and what conditions, if and, applied to such powers during the taxyear. 2 Did the organization operate for the benefit of any supported organization of the supported organization 3 supervised, or controlled the supporting organization? 1 ********************************					
Section B. Type I Supporting Organizations Yes No 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 of directors or trustees at all times during the tax year? If "No," describe in Part W how the supported organization of directors or trustees at all times during the supporting organizations activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directed organization of the supported organizations and what conditions or restrictions. If any, applied to such powers during the tax year? Did the organization presente for the benefit of any supported organization of the the supported organization spectrale for the benefit of any supported organization of the two control or runstees of each of the organization supported organization. Section C. Type II Supporting Organizations Section D. All Type II Supporting Organization Supported organizations () Were amajority of the organization's supported organization, by the last day of the fifth month of the organization's powering documents in effect on the date of notification, and (ii) copies of the organization's ory () is other on the directors or management of the supporting Organization was most recently life das of the date of notification, and (ii) copies of the organization's ory () is other on the supported organization, by the last day of the fifth month of the organization's optime on the supporting Organization, supported organization, Supporting Organization's supported organization, () a cony of the prome 900 that was most recently life das of the safe or flating contextor (). Did the organization's differs, directors, or trustees either () appointed or ganization (s) and supported organization's differs, directors, or trustees either Part V the role the organization's asported organization's activities and in directing the save a significant voice in the organization's s					
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JSA Schedule A (Form 990 or 990-EZ) 2018					
	JSA	Schedule A (Form	990 or	990-EZ	2018

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	-	· · ·	,
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) 7 Other expenses (see instructions) 	6		
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).

Schedule A (Form 990 or 990-EZ) 2018

Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		ourrent real
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
<u>с</u>	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018		Schedule	

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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.)

SCHEE	DULE D)
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

(Fo	rm 990)	Complete if	the organization answer	ed "Yes" on Form 99	0,	<u> ୬</u> ଲ 1 0
			8, 9, 10, 11a, 11b, 11c, 1			
Depa	artment of the Treasury		Attach to Form 99	90.		Open to Public
	nal Revenue Service	Go to www.irs.gov	/Form990 for instruction	s and the latest infor		Inspection
	e of the organization				Employer identifica	tion number
KEI	NNESTONE HOSPI				58-20329	04
Pa		tions Maintaining Donor Adv			r Accounts.	
	Complete	if the organization answered	"Yes" on Form 990,	Part IV, line 6.		
			(a) Donor advi	ised funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		f grants from (during year)				
4		it end of year				
5		on inform all donors and donor	advisors in writing th	hat the assets held	l in donor advised	
-	-	nization's property, subject to the	-			Yes No
6		on inform all grantees, donors, a	-	-		
-	-	purposes and not for the bene				
		issible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered	"Yes" on Form 990,	Part IV, line 7.		
1		servation easements held by the				
		n of land for public use (e.g., rec	•		of a historically im	portant land area
		of natural habitat	,		of a certified histo	
		n of open space				
2		through 2d if the organization h	eld a qualified conserv	ation contribution i	n the form of a con	servation
_		ast day of the tax year.				End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c		vation easements on a certified			2c	
d		vation easements included in (c			20	
ŭ		isted in the National Register			2d	
3		rvation easements modified, trar			· · · · · · · · · · · · · · · · · · ·	vization during the
5	tax year ►	valion easements modified, tra		inguistieu, or termi	nated by the organ	lization during the
4	-	where property subject to conse	rvation assement is loc			
4 5		ation have a written policy reg			tion handling of	
5	•	orcement of the conservation ea		• •	•	Yes No
6		hours devoted to monitoring, inspec				
U		nours devoted to monitoring, inspec	ang, nanunng or violatio	ns, and emotioning co	iservation easements	during the year
7	Amount of expense	es incurred in monitoring, inspec	ting handling of violatio	ons and enforcing (conservation easem	ents during the year
•	►\$		and a second	silo, and chiloroling (ising the year
8		vation easement reported on line 2	2(d) above satisfy the r	equirements of sect	tion 170(h)(4)(R)(i)	
-)(4)(B)(ii)?				
9	In Part XIII descri	be how the organization reports	conservation easeme	nts in its revenue ar	nd expense stateme	
•		d include, if applicable, the text of				
		ounting for conservation easeme		. g		
Pa		tions Maintaining Collections		reasures, or Othe	er Similar Assets	
		e if the organization answered				
1a		n elected, as permitted under SI orical treasures, or other simila vide, in Part XIII, the text of the fo			revenue statemen ucation, or researd scribes these items	t and balance shee th in furtherance of
b	If the organization works of art, hist	n elected, as permitted under a orical treasures, or other simila vide the following amounts relati	SFAS 116 (ASC 958) ar assets held for pul	, to report in its	revenue statement	and balance shee
		ded on Form 990, Part VIII, line 1	•		₽.€	
	.,	d in Form 990, Part X				
•			••••••••••••••••••••••••••••••••••••••			l

2	If the organization	n received	or held	works c	of art,	historical	treasures,	or	other	similar	assets	for	financial	gain,	provide	the
	following amounts	required to	be repo	orted und	er SFA	AS 116 (AS	SC 958) rel	atin	ig to th	ese iten	าร:					
		_														

For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
b	Assets included in Form 990, Part X	► \$
а	Revenue included on Form 990, Part VIII, line 1.	▶ \$

OMB No. 1545-0047

Sche	lule D (Form 990) 2018									Page	2
Ра	rt III Organizations Maintaini	ing Collections of	Art, Histo	rical Tre	asures,	or Othe	r Similar As	ssets (co.	ntinueo	d)	_
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	c any of	the follow	wing that ar	e a signifi	cant us	se of its	s
	collection items (check all that app	ly):		_							
а	Public exhibition		d	Loan d	or exchar	nge progra	ams				
b	Scholarly research		e	Other							
С	Preservation for future gene										
4	Provide a description of the organ	nization's collection	s and expla	ain how t	hey furth	ner the o	rganization's	exempt p	ourpose	in Par	rt
	XIII.										
5	During the year, did the organization								1		
	assets to be sold to raise funds rath		ained as pa	rt of the o	organizat	ion's colle	ction?	•••	Yes		0
Ра	rt IV Escrow and Custodial A		oo" on For				reported on	omount	on 5or	~	
	Complete if the organiza 990, Part X, line 21.						-	amount		111	
1a	Is the organization an agent, truste			-					1	—	
	included on Form 990, Part X?							•••	Yes		0
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	lowing tab	ole:			•			_
								Amount			
C	Beginning balance										
d	Additions during the year					ld					_
e f	Distributions during the year					le If					_
2a	Ending balance Did the organization include an am						Laccount liab	vilitv2	Yes	N	_
	If "Yes," explain the arrangement i							-	-		0
	rt V Endowment Funds.			planation		1 provideo				•	-
	Complete if the organiza	ation answered "Ye	es" on For	m 990, F	Part IV, li	ne 10.					
	1 5	(a) Current year	(b) Prio			years back	(d) Three yea	ars back	e) Four y	ears back	.—
1a	Beginning of year balance										
b	Contributions										_
c	Net investment earnings, gains,										_
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage			e (line 1g,	column (a)) held a	S:				
а	Board designated or quasi-endown		_%								
b	Permanent endowment										
С	Temporarily restricted endowment		4000/								
2-	The percentages on lines 2a, 2b, a			tion that	ara hald		niotorod for th	ha			
3a	Are there endowment funds not in	the possession of t	ne organiza	ition that	are neid	and adm	nistered for t	ne	Y	es No	<u> </u>
	organization by: (i) unrelated organizations							ſ	3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		—
h	If "Yes" on line 3a(ii), are the related								3b		_
4	Describe in Part XIII the intended u	0						•••• l	0.0		—
_	rt VI Land, Buildings, and Equ Complete if the organize										-
	Complete if the organiz										
	Description of property		r other basis stment)		or other basi ther)		cumulated reciation	(d)	Book valu	e	
1a	Land				69,785				45,469		_
b	Buildings						716,024.	41	70,873		_
С	Leasehold improvements				45,063		942,006.			3,057	_
d	Equipment.						994,052.		50,962		
<u>e</u>	Other				56,637		305,831.		38,950		_
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part	X, columi	n (B), line	10c.)	<u> • </u>	62	24,158	3,136	•

Schedule D (Form 990) 2018

KENNESTONE HOSPITAL, INC. 58-2032904 Schedule D (Form 990) 2018 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) 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.) ► Investments - Program Related. Part VIII 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.) Other Assets. Part IX 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 389,375,919 (3) OTHER LONG TERM LIABILITIES 968,604 (4)(5) (6)(7)

 (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

 390, 344, 523.

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

(8)

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Schedu	ule D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	4	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 2b; Part IV, lines 1b and 2b; Part IV, lines 2d and 2b; Part IV,		Part X, line
2; Pai	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	mation.	
SEE	E PAGE 5		

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Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

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 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."

SCH	IEDULE H			Hospita	ls		OMB No. 1	545-0	047			
(Foi	rm 990)			-			20	18	2			
		► Comp	olete if the o	rganization answered "Ye ► Attach to Forr			وکے Open to		olic			
	rtment of the Treasury al Revenue Service		Go to www.ir	s.gov/Form990 for instruct			Inspect		5110			
	e of the organization					Employer identification r	umber					
	NESTONE HOSPIT		l Contolio C		ofite at Coat	58-2032904						
Par	Financial As	ssistance and	Certain C	Other Community Ben	ents at Cost			Yes	No			
1a	-			ice policy during the tax				Х				
b 2				ilities, indicate which of								
2	the financial assista	ance policy to its rmly to all hosp	s various ho ital facilities	ospital facilities during th	5							
_	•	ored to individu										
3	the organization's p	patients during t	he tax year			-						
а			n of the fol	Buidelines (FPG) as a factoring was the FPG far X Other 125.0000	nily income limit for e			X				
b				in determining eligibili income limit for eligibili 350% 4009	ty for discounted care:			X				
с		20070		FPG in determining elig			d					
	for determining eli	gibility for free	or discour	nted care. Include in the ess of income, as a fa	description whether	the organization use	d					
4				olicy that applied to th the "medically indigent"				X				
5a	Did the organization I	budget amounts f	for free or dis	scounted care provided und	ler its financial assistance	policy during the tax year	? 5a	X X				
	-	-	zation's financial assistance expenses exceed the budgeted amount?									
С			-	considerations, was t	-	-			x			
62		-	-	for free or discounted ca mefit report during the tax				X				
	-		-	e to the public?	-		•	Х				
		•	•	orksheets provided in th	ne Schedule H instruc	tions. Do not subm	it					
7	these worksheets v			nunity Benefits at Cost								
	Financial Assistance and		(b) Persons	(c) Total community	(d) Direct offsetting	(e) Net community		Perce				
	leans-Tested Governmer Programs	nt programs (optional)	(optional)	benefit expense	revenue	benefit expense		of total expense				
а	Financial Assistance at c (from Worksheet 1)			94,997,288.		94,997,28	8.	9	.56			
b	Medicaid (from Workshe column a)			85,404,007.	74,470,311.	10,933,69	5.	1	.10			
С	Costs of other means-tes government programs (fi	ted rom										
d	Worksheet 3, column b) Total. Financial Assistant and Means-Tested	ce		180,401,295.	74,470,311.	105,930,98	4	10	.66			
	Government Programs . Other Benefits	••			, ., 0, 011.			10				
e	Community health improvem services and community ben operations (from Worksheet	efit		1,472,161.		1,472,16	1.		.15			
f	Health professions educa	ation										
g	(from Worksheet 5) Subsidized health services (fi											
_	Worksheet 6)											
h i	Research (from Workshe Cash and in-kind contribution	,										
•	for community benefit (from Worksheet 8)											
j	Total. Other Benefits			1,472,161.		1,472,16		1.5	.15			
	Total. Add lines 7d and 7 Paperwork Reduction		the Instruction	181,873,456.	74,470,311.	107,403,14	J. Ile H (For		.81			
JSA	^{8E1284} 1.000 1406OZ 2K76	AUL NULLE, 566		V 18-8.4F		Sched	איב ה (רטר		GE 3			

Page 2

Schedule H (Form 990) 2018

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.

1 Physical improvements and housing	
3 Community support	
4 Environmental improvements	
5 Leadership development and training for community members Image: community members 6 Coalition building Image: community members 7 Community health improvement advocacy Image: community members 8 Workforce development Image: community members 9 Other Image: community members Image: community members 10 Total Image: community members Image: community members 10 Total Image: community members Image: community members 9 Other Image: community members Image: community members 10 Total Image: community members Image: community members 9 Other Image: community members Image: community members 10 Total Image: community members Image: community members 9 Other Image: community members Image: community members Image: community members 10 Total Image: community members Image: communit	 No
training for community members i 6 Coalition building i 7 Community health improvement i advocacy i i 8 Workforce development i i 9 Other i i i 10 Total i i i i Part III Bad Debt, Medicare, & Collection Practices i i i Section A. Bad Debt Expense Yes i i i i 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? i <td> No</td>	 No
6 Coalition building Image: constraint of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI Image: constraint of the organization's financial assistance policy. Explain in Part VI	
7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Yes Total Yes 10 Total Yes 10 Id the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 30,282,120. 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 1 X	 No
advocacy advocacy advocacy 8 Workforce development 9 9 Other 9 10 Total 10 Part III Bad Debt, Medicare, & Collection Practices Yes 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 30,282,120. 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 1 X	<u>No</u>
8 Workforce development Image: Constraint of the organization in	<u>No</u>
9 Other 10 Total 10 Total 10 Total 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Yes 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 30,282,120. 1 X 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 1 VI 1 VI	<u>No</u>
10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense Yes 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 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 2 30,282,120. 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 1 X	No
Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense Yes 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 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 2 30,282,120. 3 Enter the estimated amount of the organization's financial assistance policy. Explain in Part VI 1 X	No
Section A. Bad Debt Expense Yes 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 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 2 30,282,120. I 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 I I I	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 30,282,120. 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 1 X	No
Statement No. 15? 1 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 2 30,282,120. 4 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 4 4 4	
 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 	
methodology used by the organization to estimate this amount230,282,120.3Enter 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	
methodology used by the organization to estimate this amount230,282,120.3Enter 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	
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	
patients eligible under the organization's financial assistance policy. Explain in Part VI	
if any, for including this portion of bad debt as community benefit 3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt	
expense or the page number on which this footnote is contained in the attached financial statements.	
Section B. Medicare	
5 Enter total revenue received from Medicare (including DSH and IME) 5 390,766,060.	
6 Enter Medicare allowable costs of care relating to payments on line 5	
 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -53, 299, 948. 	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community	
benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported	
on line 6. Check the box that describes the method used:	
Cost accounting system X Cost to charge ratio Other	
Section C. Collection Practices	
9a Did the organization have a written debt collection policy during the tax year?	
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	
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 (c) Organization's (d) Officers, directors, (e) Physici	
activity of entity profit % or stock trustees, or key profit % or stock trustees.	stock
ownership % employees' profit % ownership or stock ownership %	%
1	
3	
- 3	
5	
6	
9	
10	
11	

KENNESTONE HOSPITA	ш,	ΤV	IC.						58-2032904	•
Schedule H (Form 990) 2018										Page 3
Part V Facility Information	1	1	1							
Section A. Hospital Facilities	Licensed hospital	General medical & surgica	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
(list in order of size, from largest to smallest - see instructions)	inse	lera	drei	chir	cal	ear	24 F	othe		
How many hospital facilities did the organization operate during	d ho	me	h s'r	ŋ bi	acce	ch fa	nuo	⁻		
the tax year? 2	pspit	dica	dso	ospi	SS	acilit	0,			
Name, address, primary website address, and state license		^w	ital	<u>ta</u>	hosp	~				
number (and if a group return, the name and EIN of the		sur			oital					Facility
subordinate hospital organization that operates the hospital		gica								reporting
facility)									Other (describe)	group
1 KENNESTONE HOSPITAL										
677 CHURCH STREET										
MARIETTA GA 30060									HEALTH PARK	
WWW.WELLSTAR.ORG									INPATIENT HOSPICE	
033-548	X	X					X			
2 WINDY HILL HOSPITAL										
2540 WINDY HILL ROAD										
MARIETTA GA 30067									LONG TERM ACUTE CARE	
WWW.WELLSTAR.ORG	1									
033-545	x	x								
3										
	1									
	1									
	1									
	1									
	1									
	-									
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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 KENNESTONE HOSPITAL

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

			Yes	No
Commun	ity Health Needs Assessment			
1 Wa	as the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
cu	rrent tax year or the immediately preceding tax year?	1		Х
2 Wa	as the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
the	e immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		Х
3 Du	uring the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
со	mmunity health needs assessment (CHNA)? If "No," skip to line 12	3	Х	
lf_"	"Yes," indicate what the CHNA report describes (check all that apply):			
a	A definition of the community served by the hospital facility			
~ _	X Demographics of the community			
С	X Existing health care facilities and resources within the community that are available to respond to the			
_	health needs of the community			
~ _	X How data was obtained			
	$\frac{X}{2}$ The significant health needs of the community			
f	\underline{X} Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	\underline{X} The process for identifying and prioritizing community health needs and services to meet the			
_	community health needs			
	$\frac{X}{T}$ The process for consulting with persons representing the community's interests			
i 🗌	\underline{X} The impact of any actions taken to address the significant health needs identified in the hospital			
_	facility's prior CHNA(s)			
•	X Other (describe in Section C)			
	dicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>			
	conducting its most recent CHNA, did the hospital facility take into account input from persons who represent			
	e broad interests of the community served by the hospital facility, including those with special knowledge of or			
	pertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from	_	х	
	ersons who represent the community, and identify the persons the hospital facility consulted	5		
	as the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	60	х	
	ospital facilities in Section C	<u>6a</u>	21	
	as the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	6b		x
	t the other organizations in Section C d the hospital facility make its CHNA report widely available to the public?	7	Х	
	"Yes," indicate how the CHNA report was made widely available (check all that apply):	-		
	X Hospital facility's website (list url): SEE PART V, SECTION C			
b a	Other website (list url):			
	X Made a paper copy available for public inspection without charge at the hospital facility			
• ⊢	Other (describe in Section C)			
	d the hospital facility adopt an implementation strategy to meet the significant community health needs			
	entified through its most recently conducted CHNA? If "No," skip to line 11	8	Х	
	dicate the tax year the hospital facility last adopted an implementation strategy: $20\frac{18}{2}$			
	the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
a lf'	"Yes," (list url): SEE PART V, SECTION C			
	"No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
	escribe in Section C how the hospital facility is addressing the significant needs identified in its most			
	cently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	ich needs are not being addressed.			
	d the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
	HNA as required by section 501(r)(3)?	12a		Х
	"Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c lf	"Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form			
47	720 for all of its hospital facilities? \$			

Schedule H (Form 990) 2018

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 $\underline{\texttt{WINDY}\ \texttt{HILL}\ \texttt{HOSPITAL}}$

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _2

			Yes	No
Comn	nunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
	current tax year or the immediately preceding tax year?	1		Х
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		Х
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	3	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	X A definition of the community served by the hospital facility			
b	X Demographics of the community			
С	X Existing health care facilities and resources within the community that are available to respond to the			
	health needs of the community			
d	X How data was obtained			
е	X The significant health needs of the community			
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	X The process for identifying and prioritizing community health needs and services to meet the			
	community health needs			
h	X The process for consulting with persons representing the community's interests			
i	X The impact of any actions taken to address the significant health needs identified in the hospital			
	facility's prior CHNA(s)			
J	X Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent			
	the broad interests of the community served by the hospital facility, including those with special knowledge of or			
	expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	x	
6.2	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	-		
va	hospital facilities in Section C	6a	x	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"			
	list the other organizations in Section C	6b		Х
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
•	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а	X Hospital facility's website (list url): SEE PART V, SECTION C			
b	Other website (list url):			
с	X Made a paper copy available for public inspection without charge at the hospital facility			
d	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	8	Х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: $20\frac{18}{20}$			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
а	If "Yes," (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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		40		v
	CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
С	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? \$			

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13

Yes No

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e H (Form 990) 2018	RENNESIONE HOSPITAL, INC.	56-203
V Facility Informa	ation (continued)	
ial Assistance Policy (F	AP)	
of hospital facility or k	Attor of facility reporting group KENNESTONE HOSPITAL	
Did the hospital facility	have in place during the tax year a written financial assistant	nce policy that:
1 0 2		uded free or discounted care?
If "Yes," indicate the el	igibility criteria explained in the FAP:	
X Federal poverty		
and FPG family	income limit for eligibility for discounted care of ^{300.0000}	%
X Asset level		
X Medical indigen	су	
X Insurance status	3	
	V Facility Inform ial Assistance Policy (F of hospital facility or le Did the hospital facility Explained eligibility crite If "Yes," indicate the el X Federal poverty and FPG family X Income level otl X Asset level X Medical indigen	V Facility Information (continued) stal Assistance Policy (FAP) of hospital facility or letter of facility reporting group KENNESTONE HOSPITAL Did the hospital facility have in place during the tax year a written financial assistant Explained eligibility criteria for financial assistance, and whether such assistance include If "Yes," indicate the eligibility criteria explained in the FAP: X Federal poverty guidelines (FPG), with FPG family income limit for eligibility and FPG family income limit for eligibility for discounted care of Income level other than FPG (describe in Section C)

b	X	Income level other than FPG (describe in Section C)			
с	X				
d	X	Medical indigency			
е	X	Insurance status			
f	X	Underinsurance status			
g		Residency			
h	X	Other (describe in Section C)			
14	Explai	ned the basis for calculating amounts charged to patients?	14	Х	
15		ned the method for applying for financial assistance?	15	Х	
		s," indicate how the hospital facility's FAP or FAP application form (including accompanying			
	instruc	tions) explained the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of his or her			
		application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of his or her application			
с	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d		Provided the contact information of nonprofit organizations or government agencies that may be			
		sources of assistance with FAP applications			
е	X	Other (describe in Section C)			
16	Was v	videly publicized within the community served by the hospital facility?	16	Х	
	lf_Yes	s," indicate how the hospital facility publicized the policy (check all that apply):			
а	X	The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	X	The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
С	X	A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECT	ION	С	
d	X	The FAP was available upon request and without charge (in public locations in the hospital facility and			
		by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the			
		hospital facility and by mail)			
f	X	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	X	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	X	Natified members of the community who are most likely to require financial assistance shout availability			
h		Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	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			
	X	Other (describe in Section C)			

Yes

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Х Х

Х

С

No

Schedu	le H (Fo	rm 990) 2018 KENNESTONE HOSPITAL, INC.	58-2032904
Part	V	Facility Information (continued)	
Financ	ial As	sistance Policy (FAP)	
Name	of hos	pital facility or letter of facility reporting group <u>WINDY HILL</u> HOSPITAL	
	Did th	e hospital facility have in place during the tax year a written financial assistance policy that:	
13	Expla	ined eligibility criteria for financial assistance, and whether such assistance included free or discour	nted care? 13
		s," indicate the eligibility criteria explained in the FAP:	
а	Х	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of	<u>5.0000</u> %
		and FPG family income limit for eligibility for discounted care of %	
b	X	Income level other than FPG (describe in Section C)	
C.	X X	Asset level	
d	X	Medical indigency	
e f	X	Insurance status Underinsurance status	
g		Residency	
9 h	Х	Other (describe in Section C)	
14	Expla	ined the basis for calculating amounts charged to patients?	14
15		ined the method for applying for financial assistance?	
	lf "Ye	es," indicate how the hospital facility's FAP or FAP application form (including accon	npanying
		ctions) explained the method for applying for financial assistance (check all that apply):	
а	X	Described the information the hospital facility may require an individual to provide as part of h application	is or her
b	Х	Described the supporting documentation the hospital facility may require an individual to subm	it as part
		of his or her application	
С	X	Provided the contact information of hospital facility staff who can provide an individual with info	ormation
_		about the FAP and FAP application process	
d		Provided the contact information of nonprofit organizations or government agencies that	may be
е	X	sources of assistance with FAP applications Other (describe in Section C)	
16		widely publicized within the community served by the hospital facility?	
		s," indicate how the hospital facility publicized the policy (check all that apply):	
а	X	The FAP was widely available on a website (list url): SEE PART V, SECTION C	
b	X	The FAP application form was widely available on a website (list url): SEE PART V, SECTI	ON C
С	X	A plain language summary of the FAP was widely available on a website (list url): SEE PART	V, SECTION
d	X	The FAP was available upon request and without charge (in public locations in the hospital fac by mail)	cility and
•	X	The FAP application form was available upon request and without charge (in public location	a in the
е		hospital facility and by mail)	
f	X	A plain language summary of the FAP was available upon request and without charge (i	n public
		locations in the hospital facility and by mail)	
g	Х	Individuals were notified about the FAP by being offered a paper copy of the plain language sur	
		the FAP, by receiving a conspicuous written notice about the FAP on their billing statements	
		conspicuous public displays or other measures reasonably calculated to attract patients' attenti	on

Х Notified members of the community who are most likely to require financial assistance about availability h of the FAP Х

The FAP, FAP application form, and plain language summary of the FAP were translated into the i. primary language(s) spoken by Limited English Proficiency (LEP) populations Х i Other (describe in Section C)

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Schedu	ule H (Form 990) 2018		P	age 6
Part	V Facility Information (continued)			
Billing	g and Collections			
Name	e of hospital facility or letter of facility reporting group KENNESTONE HOSPITAL			
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		Yes	No
	may take upon nonpayment?	. 17	X	<u> </u>
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:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
С	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	Actions that require a legal or judicial process			
е	Other similar actions (describe in Section C)			
f	X 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?			x
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
С	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	Actions that require a legal or judicial process			
е	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 (w	heth	er or
	not checked) in line 19 (check all that apply):			
а	X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain langua FAP at least 30 days before initiating those ECAs (if not, describe in Section C)	ge summ	ary o	f the
b	X Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, de	escribe in	Secti	on C)
с	X Processed incomplete and complete FAP applications (if not, describe in Section C)			,
d	X Made presumptive eligibility determinations (if not, describe in Section C)			
е	X Other (describe in Section C)			
f	None of these efforts were made			
Policy	y Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care	0		
	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?	. 21	X	
	If "No," indicate why:			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
С	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	Other (describe in Section C)			

Schedu	le H (Form 990) 2018	0 1	Pa	age 6
Part	V Facility Information (continued)			
	and Collections			
Name	of hospital facility or letter of facility reporting group WINDY HILL HOSPITAL			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written		Yes	No
	financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party			
	may take upon nonpayment?	17	Х	L
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:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
С	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	Actions that require a legal or judicial process			
е	Other similar actions (describe in Section C)			
f	X 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?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
С	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	Actions that require a legal or judicial process			
е	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 liste	ed (w	hethe	ər or
	not checked) in line 19 (check all that apply):			
а	X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language su FAP at least 30 days before initiating those ECAs (if not, describe in Section C)	umma	ary of	i the
b	X Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, described as the test of test o	be in S	Sectio	on C)
С	X Processed incomplete and complete FAP applications (if not, describe in Section C)			
d	X Made presumptive eligibility determinations (if not, describe in Section C)			
е	X Other (describe in Section C)			
f	None of these efforts were made			
Policy	Relating to Emergency Medical Care	1		
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?	21	Х	

	individuals regardless of their eligibility under the hospital facility's financial assistance policy?				
	If "No," indicate why:				
а	The hospital facility did not provide care for any emergency medical conditions				
b	The hospital facility's policy was not in writing				
С	The hospital facility limited who was eligible to receive care for emergency medical conditions (descr	ibe			
	in Section C)				
d	d Other (describe in Section C)				

Schedule H (Form 990) 2018

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Yes No

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 KENNESTONE HOSPITAL

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 b X 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 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
- d The hospital facility used a prospective Medicare or Medicaid method

facility during a prior 12-month period

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?
 23 If "Yes," explain in Section C.
 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross

 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?
 24

 If "Yes," explain in Section C.
 24

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Yes No

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 ______HILL HOSPITAL

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
 - a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 b X 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 The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in apprint the 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 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?
 23 If "Yes," explain in Section C.
 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross

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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

THE 2018 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA) INCLUDED WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS.

THIS CHNA INCLUDED A LITANY OF MULTI-SECTOR CHNA COLLABORATORS INCLUDING INDIVIDUALS, ORGANIZATIONS, AND GOVERNMENTAL AGENCIES THAT WERE CONSULTED AND CONTRIBUTED SPECIAL KNOWLEDGE OF MEDICALLY UNDERSERVED AND LOW-INCOME POPULATIONS AND/OR EXPERTISE IN PUBLIC HEALTH.

THESE HOSPITALS ARE 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, 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.

WELLSTAR KENNESTONE HOSPITAL

WELLSTAR KENNESTONE HOSPITAL IS LICENSED AS A 633-BED HOSPITAL AND OFFERS AN EVER-GROWING LIST OF LEADING-EDGE HEALTHCARE SERVICES. WELLSTAR KENNESTONE HOSPITAL IS KNOWN FOR ITS "STATE-OF-THE-ART" CARDIAC PROGRAM, COLLABORATIVE VASCULAR PROGRAM, MULTIDISCIPLINARY STAT CANCER TREATMENT,

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 RENOWNED WOMEN'S CENTER. AND OUR EMERGENCY DEPARTMENT – ONE OF THE BUSIEST IN THE STATE – INCLUDES AN ACCREDITED CHEST PAIN CENTER. WELLSTAR KENNESTONE IS KNOWN AS AN ESTABLISHED HEALTHCARE PROVIDER FOR METRO ATLANTA AND ITS SURROUNDING COMMUNITIES, AS WELL AS A TERTIARY REFERRAL

HOSPITAL WITHIN WELLSTAR HEALTH SYSTEM.

WELLSTAR COBB HOSPITAL

THE TEAM AT WELLSTAR COBB HOSPITAL PROVIDES WORLD-CLASS HEALTHCARE IN THE HEART OF THE SOUTH COBB COMMUNITY. WITH 382 BEDS, COBB HOSPITAL OFFERS LEADING-EDGE CANCER TREATMENT, A STATE-OF-THE-ART CARDIAC PROGRAM, A WARM MATERNITY CENTER WITH PRIVATE ROOMS AND ACCREDITED JOINT AND SPINE SURGERY PROGRAMS. THANKS TO HIGHLY SKILLED SURGEONS AND MEDICAL TEAMS, PATIENTS UNDERGOING SURGERY AT COBB HOSPITAL EXPERIENCE THE MOST ADVANCED TECHNOLOGY AND INNOVATIVE CARE. WELLSTAR COBB OFFERS THE DA VINCI SYSTEM FOR SURGEONS TO PERFORM OPERATIONS ROBOTICALLY. THIS ALLOWS PRECISE MOVEMENTS OF TINY INSTRUMENTS FOR CARDIAC, COLORECTAL, GENERAL, GYNECOLOGIC, HEAD AND NECK, THORACIC AND UROLOGIC SURGERIES. WHEN TRAGEDY STRIKES, WELLSTAR COBB HOSPITAL IS THERE FOR PATIENTS WITH DEVASTATING BURNS. COBB HOSPITAL IS HOME TO AN INPATIENT BURN UNIT, OPERATED IN COLLABORATION WITH THE JOSEPH M. STILL BURN CENTER - THE LARGEST BURN CENTER IN THE UNITED STATES.

WELLSTAR PAULDING MEDICAL CENTER

WELLSTAR PAULDING MEDICAL CENTER CONTINUES ITS REPUTATION FOR HIGH QUALITY HEALTHCARE WITH AN EXPANDING STAFF OF PHYSICIANS AND MEDICAL

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. PROFESSIONALS AND CONNECTION TO ADDITIONAL MEDICAL SPECIALTIES THROUGHOUT WELLSTAR HEALTH SYSTEM. PAULDING HOSPITAL IS 295,000-SQUARE FEET AND CONSISTS OF 8 FLOORS, 56 BEDS (CAN EXPAND IN THE FUTURE TO 112 BEDS), AND ALL PRIVATE ROOMS. THE 40 EXAM ROOM EMERGENCY DEPARTMENT INCLUDES 10 EXAM ROOMS DEDICATED TO PEDIATRICS, AND 5 EXAM ROOMS FOR BEHAVIORAL HEALTH. WELLSTAR HAS INVESTED HEAVILY INTO NEW TECHNOLOGY FOR WORLD-CLASS PATIENT CARE AT WELLSTAR PAULDING INCLUDING: EXPANDED RADIATION THERAPY (INCLUDING HIGH DENSITY RADIATION), LARGE BORE AND OPEN MRI, CARDIAC CATHETERIZATION, CARDIAC DIAGNOSTICS, AND NEW INDUSTRY LEADING TECHNOLOGY

BUILT INTO THE DESIGN OF THE SURGERY SUITES.

WELLSTAR DOUGLAS HOSPITAL

WELLSTAR DOUGLAS HOSPITAL IS A 109-BED HOSPITAL THAT SERVES DOUGLAS COUNTY WITH INNOVATIVE HEALING METHODS, STATE-OF-THE-ART TECHNOLOGY, EVER-EXPANDING SERVICES AND EXCEPTIONAL PATIENT CARE. OUR NEWEST UPDATES INCLUDE AN EXPANDED CRITICAL CARE SERVICES AND INTENSIVE CARE UNIT (ICU), DOUBLING ICU CAPACITY. A NEW NINE-BED ADMIT/RECOVERY UNIT (ARU) IS FOR CARDIAC CATH AND INTERVENTIONAL RADIOLOGY PATIENTS, ALLOWING FOR PROCEDURES SUCH AS CARDIOVERSION TO BE DONE AT THE BEDSIDE. DOUGLAS HOSPITAL WAS NAMED GEORGIA'S #1 SMALL HOSPITAL BY GEORGIA TREND, AND WAS NAMED TO THE GEORGIA HOSPITAL ASSOCIATION'S PARTNERSHIP FOR HEALTH AND ACCOUNTABILITY CORE MEASURES HONOR ROLL. WELLSTAR DOUGLAS WAS ON OF THE FIRST HOSPITALS IN THE NATION TO ALLOW NEWBORNS TO ROOM WITH MOTHERS AND IS ONE OF THE TOP-RANKED COMMUNITY VALUE HOSPITALS IN THE NATION.

Schedule H (Form 990) 2018

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.

WELLSTAR WINDY HILL HOSPITAL

WELLSTAR WINDY HILL HOSPITAL OFFERS SPECIALIZED, LEADING-EDGE HEALTHCARE SERVICES. WELLSTAR WINDY HILL HOSPITAL IS KNOWN FOR ITS LONG-TERM ACUTE CARE (LTAC) PROGRAM, SPECIALIZED SURGICAL SERVICES AND INTERVENTIONAL RADIOLOGY EXPERTISE, WHICH INCLUDES OUR MINIMALLY INVASIVE CENTER FOR FIBROID CARE.

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. WELLSTAR KENNESTONE HOSPITAL/WELLSTAR WINDY HILL HOSPITAL, WELLSTAR COBB HOSPITAL, WELLSTAR PAULDING MEDICAL CENTER AND WELLSTAR DOUGLAS HOSPITAL SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION PLANNING PROCESS. WHAT FOLLOWS IS A COMPREHENSIVE CHNA THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION 501(R)ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS."

SCHEDULE H, PART V, SECTION B, LINE 5

INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES: THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO:

Schedule H (Form 990) 2018

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.

- CENTERS FOR DISEASE CONTROL AND PREVENTION
- COMMUNITY COMMONS
- COMMUNITY NEEDS INDEX
- COUNTY HEALTH RANKINGS AND ROADMAPS
- GEORGIA DEPARTMENT OF PUBLIC HEALTH
- GEORGIA PREVENTION PROJECT
- U.S. CENSUS BUREAU

MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY 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 HEALTH NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA INCLUDED:

1. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS.

- RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR

Schedule H (Form 990) 2018

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.
COMMUNITY, 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 GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2016
AND JANUARY 2018:
 - WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR

MARIETTA, GA (OCTOBER 2, 2018)

- RESIDENTS FROM BARTOW, CARROLL, COBB, CHEROKEE, DOUGLAS AND PAULDING COUNTIES - AUSTELL, GA (OCTOBER 17, 2018)

PAULDING AND WELLSTAR WINDY HILL HOSPITALS SERVICE AREA RESIDENTS -

2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS

- LEADERS ASKED TO PARTICIPATE 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. 15 STAKEHOLDERS IN COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. EACH INTERVIEW WAS CONDUCTED BY GHPC STAFF AND LASTED APPROXIMATELY 45 MINUTES. ALL RESPONDENTS WERE ASKED THE SAME SET OF QUESTIONS DEVELOPED BY GHPC. THE PURPOSE OF THESE INTERVIEWS WAS FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITY SERVED BY THE HOSPITALS, AS WELL AS WAYS TO ADDRESS CITED CONCERNS.

Schedule H (Form 990) 2018

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.

3. LISTENING SESSIONS WITH WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING

AND WINDY HILL HOSPITALS REGIONAL HEALTH BOARDS

4. A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS HELD ON HELD DECEMBER 6, 2018, AT THE WELLSTAR DEVELOPMENT CENTER.

- THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR

lasted approximately three hours. The 25 participants included wellstar $% \left({{{\rm{A}}} \right)$

TEAM MEMBERS AND COMMUNITY STAKEHOLDERS.

SCHEDULE H, PART V, SECTION B, LINE 6A

ORGANIZATIONS INCLUDED IN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA):

AS AN INTEGRATED HEALTH SYSTEM, WELLSTAR HEALTH SYSTEM SUBMITTED A JOINT 2018 COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA) INCLUDED WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS.

A JOINT 2018 CHNA FOR THE HOSPITALS (WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING, AND WINDY HILL) LOCATED IN ITS PRIMARY SERVICE AREA DEFINED AS ONE COMMUNITY.

THIS APPROACH IS THE SAME FROM THE 2015 CHNA REPORTS AND IMPLEMENTATION STRATEGIES BECAUSE OF WELLSTAR'S SYSTEM-WIDE DELIVERY SYSTEM OF COMMUNITY BENEFIT SERVICES. IN ADDITION, THIS ENHANCES WELLSTAR'S ABILITY TO BEST LEVERAGE ITS ECONOMIES OF SCALE AND SERVICES TO ADDRESS THE PRIORITIZED

Schedule H (Form 990) 2018

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.

HEALTH NEEDS OF THE COMMUNITY, ESPECIALLY THE MOST VULNERABLE.

FOR THE WELLSTAR HOSPITALS AND ITS COLLABORATIVE COMMUNITY PARTNERS, THE JOINT APPROACH TO ADDRESSING PRIORITY HEALTH NEEDS MAXIMIZES RESOURCES TO ENHANCE CARE ACCESS, STRENGTHENS PARTNERSHIPS FOR SHARED RESPONSIBILITY AND HELPS IMPROVE OVERALL COMMUNITY HEALTH.

- THE JOINT WELLSTAR LEGACY HOSPITAL CHNA REPORT MEETS THE REQUIREMENTS OF PARAGRAPH (B)(6)(I) OF THIS SECTION.

- WELLSTAR HEALTH SYSTEM COLLABORATED WITH OTHER HOSPITALS AND HEALTH SYSTEMS IN CONDUCTING THE 2018 CHNA FOR SPECIFIED QUANTITATIVE AND QUALITATIVE DATA INCLUDING KAISER PERMANENTE, PIEDMONT AND GRADY.

- GUIDED AT THE SYSTEM LEVEL, WELLSTAR HOSPITALS SOLICITED THE HELP OF STATE AND LOCAL HEALTH DEPARTMENTS AND KEY INFORMANTS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND COLLABORATED IN LISTENING SESSIONS AND FOCUS GROUPS TO SOLICIT AND RECEIVE INPUT FROM RESIDENTS, INCLUDING ITS MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.

- THE 2018 CHNA REPORT DOCUMENTS THE JOINT CHNA PROCESS AND CONTAINS ALL OF THE ELEMENTS DESCRIBED IN PARAGRAPH (B)(6)(I) OF THE IRS'S 501(R) SECTION IN THE CODE OF REGULATIONS AS IT RELATES TO COMMUNITY HEALTH NEEDS ASSESSMENTS.

- THE WELLSTAR HEALTH SYSTEM BOARD OF TRUSTEES ADOPTED THE JOINT CHNA AND ITS IMPLEMENTATION STRATEGY ON JUNE 6, 2019.

- THE JOINT CHNA REPORT IS CLEARLY IDENTIFIED AS APPLYING TO THE HOSPITAL FACILITY. ALL OF WELLSTAR HOSPITALS ARE NOTED ON THE COVER OF THE JOINT CHNA AND EACH HOSPITAL'S PRESIDENT IS LISTED AS MEMBERS OF THE WELLSTAR Schedule H (Form 990) 2018

Page 8 Facility Information (continued) Part V 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. COMMUNITY BENEFIT OVERSIGHT COMMITTEE WITHIN THE CHNA, ALONG WITH A HOSPITAL-SPECIFIC PROFILES AND COUNTY-SPECIFIC PRIMARY AND SECONDARY DATA AND NOTED IN THE TRACKING PROGRESS SECTION. - ALL OF THE COLLABORATING HOSPITAL FACILITIES AND ORGANIZATIONS INCLUDED IN THE JOINT CHNA REPORT DEFINE THEIR COMMUNITY TO BE THE SAME. SCHEDULE H, PART V, SECTION B, LINE 7A WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSE TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS.

THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/PAGES/ COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX OR DIRECTLY AT: HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/DOCUMENTS/CHNA/LEGACY CHNA-2019.PDF

SCHEDULE H, PART V, SECTION B, LINE 10A WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSE TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS.

Schedule H (Form 990) 2018

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 CURRENT IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB

ADDRESS:

HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/DOCUMENTS/CHNA/LEGACY_CHNA-2019.PDF

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 COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS HEALTH SUMMIT HELD ON DECEMBER 6, 2018, AT THE WELLSTAR DEVELOPMENT CENTER. THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR AND LASTED APPROXIMATELY THREE HOURS. THE 25 PARTICIPANTS INCLUDED WELLSTAR TEAM MEMBERS AND COMMUNITY STAKEHOLDERS.

THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: -AUSTELL COMMUNITY TASK FORCE -BETHESDA COMMUNITY CLINIC -CHEROKEE COUNTY CHAMBER OF COMMERCE -COBB & DOUGLAS COMMUNITY SERVICES BOARD -COBB & DOUGLAS PUBLIC HEALTH -COBB CHAMBER OF COMMERCE -COBB COUNTY FIRE AND EMERGENCY SERVICES -COBB MOMS HELPING COBB -COBB SENIOR SERVICES

-CONNECTING GENERATIONS

Schedule H (Form 990) 2018

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.

-DOUGLAS COUNTY CHAMBER OF COMMERCE

-GOOD SAMARITAN HEALTH CENTER

-METRO ATLANTA AMBULANCE SERVICE

-MOPDOG

-MOREHOUSE SCHOOL OF MEDICINE

-MUST MINISTRIES

-PAULDING QUICK BAIL

-PROFESSIONAL MOJO MARKETING

-PUCKETT EMS

-SOCIAL SECURITY ADMINISTRATION

-THE CAREPLACE

- -WELLSTAR COBB SENIOR SERVICES
- -WELLSTAR HEALTH SYSTEM

-ZION BAPTIST CHURCH

THIS ASSESSMENT ENGAGED COMMUNITY RESIDENTS TO DEVELOP A DEEPER UNDERSTANDING OF THE HEALTH NEEDS OF RESIDENTS THEY SERVE AS WELL AS THE EXISTING OPINIONS AND PERSPECTIVES RELATED TO THE HEALTH STATUS AND HEALTH NEEDS OF THE POPULATIONS IN COMMUNITY SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS.

GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS. GHPC Schedule H (Form 990) 2018

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 that had characteristics representative of the Broader community, specifically areas that experience disparities and low socioeconomic status. Focus groups lasted approximately 1.5 hours, during which time trained facilitators led six to 12 participants through a discussion about the health of their community, 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 mealt. The Following focus groups were conducted by GHPC:

- WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS SERVICE AREA RESIDENTS - MARIETTA, GA (OCTOBER 2, 2018)

- RESIDENTS FROM BARTOW, CARROLL, COBB, CHEROKEE, DOUGLAS AND PAULDING COUNTIES - AUSTELL, GA (OCTOBER 17, 2018)

FOCUS GROUPS AND LISTENING SESSIONS WERE RECORDED AND TRANSCRIBED WITH THE INFORMED CONSENT OF ALL PARTICIPANTS. GHPC ANALYZED AND SUMMARIZED DATA FROM THE FOCUS GROUPS AND LISTENING SESSIONS TO DETERMINE SIMILARITIES AND DIFFERENCES ACROSS POPULATIONS RELATED TO THE COLLECTIVE EXPERIENCE OF HEALTHCARE, HEALTH NEEDS AND RECOMMENDATIONS, WHICH IS SUMMARIZED IN THIS SECTION.

LEADERS OF GEORGIA STATE UNIVERSITY'S GEORGIA HEALTH POLICY CENTER HELPED GUIDE THE WELLSTAR ATLANTA MEDICAL CENTER AND ATLANTA MEDICAL SOUTH

Facility Information (continued)

Part V 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. THROUGH THE PRIORITIZATION PROCESS AT THE HEALTH SUMMIT. FROM THE SIGNIFICANT HEALTH NEEDS IDENTIFIED BY CHNA RESEARCH CONDUCTED, THE FOLLOWING HEALTH NEEDS WERE VALUATED AS PRIORITY FOR THE COMMUNITY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS SERVE: 1. ACCESS TO APPROPRIATE CARE 2. CHRONIC DISEASE 3. BEHAVIORAL HEALTH 4. SUBSTANCE ABUSE

5. MATERNAL AND CHILD HEALTH

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

ACTION AREAS FOR IMPLEMENTATION TO IMPROVE COMMUNITY HEALTH ARE INFLUENCED BY THE FULL SPECTRUM OF THE PUBLIC HEALTH SYSTEM, IN WHICH WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS PLAY A VITAL ROLE.

WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS ARE DEDICATED TO IMPROVING THE HEALTH

Schedule H (Form 990) 2018

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.

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. - 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.

Schedule H (Form 990) 2018

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.

- BY ENGAGING A MORE DIVERSE SELECTION OF WELLSTAR LEADERSHIP AND SUBJECT MATTER EXPERTS, THE CENTER'S PRIORITIES AND INITIATIVES CAN BEST REFLECT

NEEDS.

- THIS EXPANSION ALSO HELPS THE CENTER INCREASE COORDINATION OF EFFORTS,

LEVERAGE PARTNERSHIPS AND MAXIMIZE EFFICIENCY AND STRATEGIC ALIGNMENT,

THE CAPACITY OF THE ORGANIZATION TO IMPACT AND MEET THE COMMUNITY'S

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 UNDERSERVED POPULATIONS.

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

Schedule H (Form 990) 2018

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 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 ENGAGEMENT.

Schedule H (Form 990) 2018

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.

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 WORK.

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 SCREENING PROGRAM TO SUPPORT THE COMMUNITIES WELLSTAR SERVES:

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.

- 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. Schedule H (Form 990) 2018

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

PAGE 65

Page 8

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

Schedule H (Form 990) 2018

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:

 IMPROVE THE OVERALL HEALTH OF THE COMMUNITY THROUGH IMPROVED ACCESS TO CARE AND A REDUCTION OF THE INCIDENCE AND PREVALENCE OF CHRONIC DISEASE?
 SERVE AND ADVOCATE FOR THE MEDICALLY UNDERSERVED AND UNDER-RESOURCED POPULATIONS WITH THE GOAL OF PROVIDING THE RIGHT CARE AT THE RIGHT PLACE?

3. IMPROVE THE DELIVERY AND REPORTING OF COMMUNITY BENEFIT 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?

NEXT STEPS:

1. BUILD CONSENSUS AROUND AN EVALUATION PLAN

Schedule H (Form 990) 2018

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.

- 2. DECIDE WHAT GOALS ARE MOST IMPORTANT TO EVALUATE
- 3. DETERMINE EVALUATION METHODS
- 4. EVALUATE CURRENT PARTNERSHIP AND CREATE NEW HEALTH NEED-FOCUSED

ALIGNMENT

5. IDENTIFY INDICATORS AND HOW TO COLLECT DATA (PROCESS AND EVALUATION

MEASURES)

- 6. IDENTIFY BENCHMARKS FOR SUCCESS
- 7. ESTABLISH DATA COLLECTION AND ANALYSIS SYSTEMS
- 8. COLLECT CREDIBLE DATA
- 9. MONITOR PROGRESS TOWARD ACHIEVING BENCHMARKS
- 10. REVIEW EVALUATION RESULTS AND ADJUST PROGRAMS

11. SHARE RESULTS AT WELLSTAR COMMUNITY HEALTH COLLABORATIVE TASK FORCE MEETINGS AND, AS NEEDED, WITH THE COMMUNITY MEETINGS AND, AS NEEDED, WITH THE COMMUNITYNEEDED, WITH THE COMMUNITY

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

Schedule H (Form 990) 2018

 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 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

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

Schedule H (Form 990) 2018

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.

- 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

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/ COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX

Schedule H (Form 990) 2018

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 16B

THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND

ON ITS WEBSITE:

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.

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/ABOUT-US/POLICIES-PROCEDURES/DOCUMENTS/FAP-PLAIN-

LANGUAGE-SUMMARY-LEGACY.PDF

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 (Form 990) 2018

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 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

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?

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	

Schedule H (Form 990) 2018

58-2032904

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:

KENNESTONE HOSPITAL, INC. (CONSISTING OF KENNESTONE HOSPITAL AND WINDY HILL HOSPITAL) 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. THE COMMUNITY BENEFIT REPORT CAN BE FOUND AT THE FOLLOWING LINK: HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/DOCUMENTS/WELLSTAR-COMMUNITY-BENEFITS-REPORT.PDF

V 18-8.4F

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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- 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 7

COST TO CHARGE RATIO:

FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND AFFILIATES (INCLUDING KENNESTONE AND WINDY HILL HOSPITALS) 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

Part VI Supplemental Information

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EXPENSE.

SCHEDULE H, PART III, SECTION B, LINE 8

MEDICARE SHORTFALLS:

KENNESTONE AND WINDY HILL HOSPITALS ARE PROVIDERS 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

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ADMISSIONS AND PATIENT ACCESS AREAS TO BE TRAINED IN IDENTIFYING PATIENTS

THAT MIGHT QUALIFY FOR FINANCIAL ASSISTANCE. IT IS ALSO THE POLICY OF ALL

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

NEEDS ASSESSMENT:

TO ASSESS THE CURRENT HEALTH AND WELL-BEING OF THE COMMUNITY SERVED,

WELLSTAR HEALTH SYSTEM, INC. CONDUCTED A JOINT COMMUNITY HEALTH NEEDS

ASSESSMENT(CHNA). THE 2018 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA)

INCLUDED WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL

HOSPITALS. THE CHNA WAS A COLLABORATIVE EFFORT INVOLVING WELLSTAR

EXECUTIVE LEADERSHIP, HOSPITAL LEADERSHIP, PUBLIC HEALTH AGENCIES, AND A

MULTI-SECTOR COALITION OF COMMUNITY STAKEHOLDERS.

Part VI Supplemental Information

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INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES:

THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE

RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR HEALTH

SYSTEM. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO:

-CENTERS FOR DISEASE CONTROL AND PREVENTION

-COMMUNITY COMMONS

-COMMUNITY NEEDS INDEX

-COUNTY HEALTH RANKINGS AND ROADMAPS

-GEORGIA DEPARTMENT OF PUBLIC HEALTH

-GEORGIA PREVENTION PROJECT

-U.S. CENSUS BUREAU

MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY 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 HEALTH NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA INCLUDED:

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- 1. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN

THE COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND

WINDY HILL HOSPITALS. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP

DISCUSSIONS.

- RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM.

RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS

REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT

EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED

APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX

TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR

COMMUNITY, 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 GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2016

AND JANUARY 2018:

- WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS SERVICE AREA RESIDENTS -

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MARIETTA, GA (OCTOBER 2, 2018)

- RESIDENTS FROM BARTOW, CARROLL, COBB, CHEROKEE, DOUGLAS AND PAULDING

COUNTIES - AUSTELL, GA (OCTOBER 17, 2018)

2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS

- LEADERS ASKED TO PARTICIPATE 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. 15 STAKEHOLDERS IN COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. EACH INTERVIEW WAS CONDUCTED BY GHPC STAFF AND LASTED APPROXIMATELY 45 MINUTES. ALL RESPONDENTS WERE ASKED THE SAME SET OF QUESTIONS DEVELOPED BY GHPC. THE PURPOSE OF THESE INTERVIEWS WAS FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITY SERVED BY THE HOSPITALS, AS WELL AS WAYS TO ADDRESS CITED CONCERNS.

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3. LISTENING SESSIONS WITH WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING

AND WINDY HILL HOSPITALS REGIONAL HEALTH BOARDS

4. A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS HELD ON HELD

DECEMBER 6, 2018, AT THE WELLSTAR DEVELOPMENT CENTER.

- THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR

LASTED APPROXIMATELY THREE HOURS. THE 25 PARTICIPANTS INCLUDED WELLSTAR

TEAM MEMBERS AND COMMUNITY STAKEHOLDERS.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE HOSPITAL PROVIDES NOTICE OF THE AVAILABILITY OF COMMUNITY FINANCIAL

ASSISTANCE THROUGH THE FINANCIAL ASSISTANCE POLICY (FAP) VIA:

SIGNAGE

PATIENT BROCHURE

BILLING STATEMENT

COLLECTION ACTION LETTER

Part VI Supplemental Information

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ONLINE AT:

HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-

PROCEDURES/PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX

KENNESTONE AND WINDY HILL HOSPITALS PROVIDE 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 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.

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SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS ARE LOCATED IN COBB, DOUGLAS AND PAULDING COUNTIES. THE FIVE HOSPITALS ARE ALL WITHIN A 26-MILE RADIUS OF EACH OTHER. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITALS IS DEFINED AS THE 28 ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR. THE BULK OF THESE ZIP CODES ARE LOCATED IN COBB COUNTY. 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.

THE CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE 28 RESIDENTIAL ZIP CODE AREA REGARDLESS OF THE USE OF SERVICES PROVIDED BY WELLSTAR OR ANY OTHER PROVIDER. MORE SPECIFICALLY, THIS ASSESSMENT FOCUSES ON RESIDENTS IN THE SERVICE AREA WHO ARE MEDICALLY UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES.

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- CARROLL COUNTY ZIP CODES: 30180

- COBB COUNTY ZIP CODES: 30008, 30060, 30062, 30064, 30066, 30067,

30068, 30080, 30082, 30101, 30106, 30126, 30127, 30144, 30152, 30168

- CHEROKEE COUNTY ZIP CODES: 30102, 30114, 30115, 30188, 30189
- DOUGLAS COUNTY ZIP CODES: 30122, 30134, 30135
- PAULDING COUNTY ZIP CODES: 30132, 30141, 30157

THE POPULATION IN GEORGIA IS ONE OF THE FASTEST GROWING IN THE NATION. IN GENERAL, THE COMMUNITIES SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS ARE YOUNGER, HIGHER-INCOME EARNING AND SLIGHTLY MORE DIVERSE THAN THE STATE AVERAGES. CHEROKEE AND COBB COUNTIES HAVE LARGER POPULATIONS OF HISPANIC RESIDENTS, WHILE DEKALB, DOUGLAS AND FULTON COUNTIES ALL HAVE LARGER POPULATIONS OF BLACK RESIDENTS. DEKALB AND FULTON COUNTIES ALSO HAVE LARGER ASIAN POPULATIONS. AMONG THE EIGHT COUNTIES SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS, COBB AND DEKALB COUNTIES HAVE HIGHER

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POPULATIONS OF RESIDENTS WITH LIMITED ENGLISH-SPEAKING SKILLS WHEN

COMPARED TO ALL OTHER COUNTIES IN THE SERVICE AREA. HOSPITAL AND

COMMUNITY LEADERS NOTED THAT MEDICAL AND BEHAVIORAL HEALTHCARE SERVICES

ARE NOT ALWAYS LINGUISTICALLY RELEVANT FOR RESIDENTS WHO SPEAK A LANGUAGE

OTHER THAN ENGLISH.

TOTAL POPULATION:

- BARTOW: 104,223
- CARROLL: 138,398
- CHEROKEE: 266,801
- COBB: 761,725
- DEKALB: 820,822
- DOUGLAS: 147,264
- FULTON: 1,110,620
- PAULDING: 114,186

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MEDIAN HOUSEHOLD INCOME (2012-16):

- BARTOW: \$50,565
- CARROLL: \$45,486
- CHEROKEE: \$72,586
- COBB: \$68,818
- DEKALB: \$52,623
- DOUGLAS: \$57,384
- FULTON: \$58,851
- PAULDING: \$60,971

MEDIAN AGE:

- BARTOW: 37.40
- CARROLL: 34.10
- CHEROKEE: 37.70
- COBB: 36.20
- DEKALB: 35.20
- DOUGLAS: 36.10
- FULTON: 35.00

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- PAULDING: 35.40

RACE/ETHNIC DISTRIBUTION:

- BARTOW:

WHITE 77.70%

BLACK 10.70%

HISPANIC 8.50%

ASIAN/PACIFIC ISLAND 1.00%

LIMITED ENGLISH 2.90%

- CARROLL:

WHITE 70.40%

BLACK 19.30%

HISPANIC 6.70%

ASIAN/PACIFIC ISLAND 1.20%

LIMITED ENGLISH 2.70%

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.

- CHEROKEE:

WHITE 77.90%

BLACK 7.10%

HISPANIC 10.50%

ASIAN/PACIFIC ISLAND 2.10%

LIMITED ENGLISH 5.20%

- COBB:

WHITE 50.80%

BLACK 27.60%

HISPANIC 13.20%

ASIAN/PACIFIC ISLAND 5.40%

LIMITED ENGLISH 7.60%

- DEKALB:

WHITE 29.40%

BLACK 52.10%

HISPANIC 9.40%

Part VI Supplemental Information

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ASIAN/PACIFIC ISLAND 6.60%

LIMITED ENGLISH 9.00%

- DOUGLAS:

WHITE 43.30%

BLACK 43.20%

HISPANIC 9.00%

ASIAN/PACIFIC ISLAND 1.60%

LIMITED ENGLISH 4.50%

- FULTON:

WHITE 39.70%

BLACK 42.10%

HISPANIC 7.60%

ASIAN/PACIFIC ISLAND 8.10%

LIMITED ENGLISH 5.60%

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.

- PAULDING:

WHITE 72.50%

BLACK 17.70%

HISPANIC 6.30%

ASIAN/PACIFIC ISLAND 1.10%

LIMITED ENGLISH 1.80%

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 JUNE 30, 2019, KENNESTONE AND WINDY HILL HOSPITALS (AFFILIATES OF WELLSTAR HEALTH SYSTEM, INC.) OPERATE AS 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 ORGANIZATIONS AND/OR ITS PARENT IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY, MEDICAL STAFF PRIVILEGES IN THE HOSPITALS ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA CONSISTENT WITH THE SIZE AND NATURE OF THE

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.

FACILITY; KENNESTONE HOSPITAL OPERATES A FULL-TIME EMERGENCY ROOM OPEN TO

ALL REGARDLESS OF ABILITY TO PAY; AND THE HOSPITALS (KENNESTONE AND WINDY

HILL) PROVIDE CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH

ITS CHARITY CARE POLICY.

THE HOSPITALS' 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. KENNESTONE

HOSPITAL AND WINDY HILL HOSPITAL COMMITTED APPROXIMATELY \$130.6 MILLION

IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET TECHNOLOGY AND PROGRAM NEEDS

OF THE COMMUNITY IT SERVES.

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,

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.

240 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/PAGES/DEFAULT.ASPX

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT:

ON AN ANNUAL BASIS THE KENNESTONE AND WINDY HILL HOSPITALS REPORT THEIR 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

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.
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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.

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 J (Form 990)		Compen For certain Officers, Dire Con	OMB No. 1545-0047						
Departm	ent of the Treasury	· · · · •	Attac	swered "Yes" on Form 990, Part IV, line 23 h to Form 990.	5.	Open to Public			
Internal I	Revenue Service	► Go to www.irs.gov/Forms	90 fc	or instructions and the latest information.			ectio	n	
	of the organization			E	Employer identificati		er		
		SPITAL, INC.			58-203290	4			
Part	Question	s Regarding Compensation					1		
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				n	Yes	No	
		ss or charter travel		Housing allowance or residence for p					
		or companions		Payments for business use of person					
		emnification and gross-up payments	x	Health or social club dues or initiation					
		onary spending account	- 25						
	Discretio	shary spending account		Personal services (such as maid, cha	ulleul, chel)				
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	pens	es described above? If "No," com	garding paymer blete Part III t	nt 0 1b		X	
2		anization require substantiation prior			incurred by a				
2	-	stees, and officers, including the CEC			-				
	•					2	x		
2						-			
3	organization's	n, if any, of the following the filing organ s CEO/Executive Director. Check all that ization to establish compensation of th	at ap	ply. Do not check any boxes for method	ls used by a				
	<u> </u>	nsation committee	X	Written employment contract					
		dent compensation consultant	X	Compensation survey or study					
	· · ·	00 of other organizations	X	Approval by the board or compensat	ion committee				
4	During the ye	ar, did any person listed on Form 990, or a related organization:							
а		verance payment or change-of-control pa	ayme	ent?		4a	X		
		, or receive payment from, a suppleme	-			4b	X		
	-	, or receive payment from, an equity-ba						Х	
		y of lines 4a-c, list the persons and p							
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	gani	zations must complete lines 5-9.					
5	-	isted on Form 990, Part VII, Section A,	-	-	iny				
	compensation	n contingent on the revenues of:							
а	The organizat	ion?				5a		Х	
	-	rganization?				5b		Х	
		e 5a or 5b, describe in Part III.							
6	For persons I	isted on Form 990, Part VII, Section A,	line	1a, did the organization pay or accrue a	iny				
	compensation	n contingent on the net earnings of:							
а	The organizat	ion?				6a		X	
b	Any related o	rganization?				6b		X	
	If "Yes" on lin	e 6a or 6b, describe in Part III.							
7	For persons	listed on Form 990, Part VII, Sectio	nA,	line 1a, did the organization provi	de any nonfixe	d			
	payments not	described on lines 5 and 6? If "Yes," d	escri	be in Part III.			X		
		ounts reported on Form 990, Part VII,							
	to the initia	I contract exception described in I	Regu	lations section 53.4958-4(a)(3)? If	"Yes," describ	e			
								X	
9		ine 8, did the organization also foll							
		ection 53.4958-6(c)?							
For Pa	perwork Reduc	ction Act Notice, see the Instructions for Fo	orm 9	90.	Sche	dule J (F	orm 990	0) 2018	

Page 2

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.

		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ALAN R. MUSTER, MD	(i)	0.	0.	0.	0.	0.	0.	0.
SVP SPECIALTY DIVISION WMG	(ii)	470,770.	170,872.	23,918.	48,481.	34,865.	748,906.	0.
ANDREW S. ALBERRY	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{VP INFO TECHNOLOGY OPERATIONS}	(ii)	215,010.	33,497.	10,261.	0.	24,039.	282,807.	0.
ANDREW LEE	(i)	0.	0.	0.	0.	0.	0.	0.
3 CHIEF DIVERSITY OFFICER	(ii)	289,994.	42,276.	9,237.	5,625.	28,405.	375,537.	0.
ANDREW W. COX	(i)	0.	0.	0.	0.	0.	0.	0.
4 VP CHIEF OF STAFF (BEG. 10/18)	(ii)	179,606.	21,790.	2,039.	10,130.	24,788.	238,353.	0.
ANTHONY J. BUDZINSKI	(i)	0.	0.	0.	0.	0.	0.	0.
5 ^{EVP & CFO}	(ii)	675,979.	237,926.	25,547.	48,500.	30,285.	1,018,237.	0.
ANTHONY M. TRUPIANO	(i)	0.	0.	0.	0.	0.	0.	0.
6 SVP SUPPLY CHAIN (END. 1/19)	(ii)	329,324.	82,795.	524,727.	46,675.	1,557.	985,078.	505,532.
AVRIL P. BECKFORD, MD	(i)	0.	0.	0.	0.	0.	0.	0.
7 ^{TRUSTEE & CHIEF PEDIATRIC OFF.}	(ii)	226,143.	219,935.	6,432.	27,715.	1,555.	481,780.	0.
BARBARA B. COREY	(i)	0.	0.	0.	0.	0.	0.	0.
8 SVP MANAGED CARE	(ii)	366,640.	82,995.	14,131.	29,498.	21,111.	514,375.	0.
BETH KOST	(i)	0.	0.	0.	0.	0.	0.	0.
9SVP, CHIEF COMPLIANCE OFFICER	(ii)	334,014.	120,892.	15,747.	29,500.	21,720.	521,873.	0.
BETHANY ROBERTSON	(i)	0.	0.	0.	0.	0.	0.	0.
10 ^{FORMER VP/CHIEF LEARNING OFF.}	(ii)	217,528.	30,271.	94,200.	3,889.	11,592.	357,480.	87,044.
BETTY A BRAKOVICH	(i)	197,243.	46,898.	12,613.	28,483.	13,220.	298,457.	0.
11 ^{VP CNO PATIENT CARE SERVICES}	(ii)	0.	0.	0.	0.	0.	0.	0.
BRADFORD B. NEWTON	(i)	0.	0.	0.	0.	0.	0.	0.
12 ^{VP INFO. TECHNOLOGY ADMIN.}	(ii)	226,646.	113,691.	9,223.	21,775.	28,847.	400,182.	0.
CANDICE L. SAUNDERS	(i)	0.	0.	0.	0.	0.	0.	0.
13 ^{PRESIDENT & CEO}	(ii)	1,326,416.	750,823.	349,705.	48,409.	30,944.	2,506,297.	324,125.
CARRIE O. PLIETZ	(i)	0.	0.	0.	0.	0.	0.	0.
14	(ii)	693,547.	244,044.	13,699.	36,125.	30,787.	1,018,202.	0.
CASWELL SAMMS	(i)	271,220.	52,307.	9,129.	16,611.	16,988.	366,255.	0.
15 ^{VP FINANCE & HOSPITAL CFO}	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID W ANDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
16 ^{EVP/HR/OL/CCO}	(ii)	525,885.	185,097.	154,947.	48,413.	28,693.	943,035.	131,690.

Page 2

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

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		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
DOUGLAS ARVIN, CPA, MBA	(i)	0.	0.	0.	0.	0.	0.	0.	
1 ^{SVP FINANCE}	(ii)	360,102.	85,978.	13,451.	20,103.	19,734.	499,368.	0.	
EDUARDO ESTRELLA	(i)	329,571.	104,436.	2,488.	22,203.	31,595.	490,293.	0.	
2 ^{ASSOC DIR - OB GYN PROGRAM GME}	(ii)	0.	0.	0.	0.	0.	0.	0.	
ELIZABETH H. LOUDERMILK	(i)	0.	0.	0.	0.	0.	0.	0.	
3 ^{VP FINANCIAL PLANNING}	(ii)	264,041.	47,803.	9,170.	22,234.	27,821.	371,069.	0.	
ELIZABETH H. PAPETTI	(i)	0.	0.	0.	0.	0.	0.	0.	
4 VP OPS. HOSPITAL DIVISION	(ii)	213,096.	38,645.	8,781.	23,125.	13,831.	297,478.	0.	
ELLEN LANGFORD	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER SVP WMG AMB. TRANS.	(ii)	93,017.	46,247.	498,409.	44,796.	13,171.	695,640.	300,505.	
ELLEN WRIGHT	(i)	0.	0.	0.	0.	0.	0.	0.	
6 VP HIM CDI & POLICIES	(ii)	185,000.	30,698.	10,235.	16,914.	23,859.	266,706.	0.	
FAYE ZWIEG	(i)	237,269.	0.	53,123.	0.	8,341.	298,733.	0.	
7 ^{VP CNO PATIENT SRVCS(END10/18)}	(ii)	0.	0.	0.	0.	0.	0.	0.	
FREDA LYON	(i)	0.	0.	0.	0.	0.	0.	0.	
VP SYSTEM EMERGENCY SERVICES	(ii)	211,740.	42,564.	12,696.	26,372.	29,576.	322,948.	0.	
IVY SPENCER	(i)	0.	0.	0.	0.	0.	0.	0.	
9 ^{VP CNO}	(ii)	178,946.	14,635.	5,645.	22,207.	17,289.	238,722.	0.	
JACQUELYN ALT	(i)	0.	0.	0.	0.	0.	0.	0.	
10 ^{FORMER VP OPERATIONS}	(ii)	227,921.	39,175.	9,507.	46,930.	1,100.	324,633.	0.	
JAMES L. HORNSBY, JR, M	(i)	0.	0.	0.	0.	0.	0.	0.	
11 ^{TRUSTEE & PHYSICIAN}	(ii)	244,997.	107,479.	1,126.	41,625.	30,325.	425,552.	0.	
JAMES M. SWARTZ	(i)	0.	0.	0.	0.	0.	0.	0.	
12 ^{VP ACCOUNTING}	(ii)	243,883.	47,830.	10,758.	18,776.	27,486.	348,733.	0.	
JASON D. STEVENS	(i)	0.	0.	0.	0.	0.	0.	0.	
13 ^{VP} DEPUTY GENERAL COUNSEL	(ii)	285,390.	57,348.	11,154.	34,055.	23,893.	411,840.	0.	
JASON L. KELSEY	(i)	0.	0.	0.	0.	0.	0.	0.	
14 ^{VP REHAB&SPORTS MED(BEG.11/18)}	(ii)	156,981.	17,161.	3,259.	14,735.	33,344.	225,480.	0.	
JEFFREY A. COOPER	(i)	239,072.	46,136.	10,297.	46,945.	9,727.	352,177.	0.	
15 ^{VP OPERATIONS KENNESTONE}	(ii)	0.	0.	0.	0.	0.	0.	0.	
TENNITEED T CIUSTI	(i)	0.	0.	0.	0.	0.	0.	0.	
16 ^{VP CLINICAL OUTCOMES}	(ii)	316,002.	60,528.	10,078.	29,970.	10,077.	426,655.	0.	

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JILL M. CASE-WIRTH	(i)	0.	0.	0.	0.	0.	0.	0.
1 SVP NURSING SERVICES	(ii)	364,467.	89,300.	20,837.	47,904.	12,558.	535,066.	0.
JIMMY K. DUNCAN	(i)	248,331.	47,948.	12,080.	29,538.	21,399.	359,296.	0.
2 VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN A. BRENNAN	(i)	0.	0.	0.	0.	0.	0.	0.
3 ^{EVP CHIEF CLIN. INTEG. OFFICER}	(ii)	850,179.	293,276.	18,081.	48,500.	35,076.	1,245,112.	0.
JOANNE ZHU	(i)	258,716.	131,641.	3,227.	23,092.	25,943.	442,619.	0.
DIR - TRANSITIONAL YR PRGM GME	(ii)	0.	0.	0.	0.	0.	0.	0.
JONATHAN D. MAURER	(i)	0.	0.	0.	0.	0.	0.	0.
5 ^{VP INFO SEC. & CISO(BEG. 8/18)}	(ii)	79,618.	73,482.	24,752.	14,373.	4,289.	196,514.	0.
JOSEPH L. BRYWCZYNSKI	(i)	0.	0.	0.	0.	0.	0.	0.
6 ^{SVP HEALTH PARKS DEVELOPMENT}	(ii)	311,426.	70,459.	89,953.	47,500.	25,913.	545,251.	62,355.
KEITH BOWERMASTER	(i)	0.	0.	0.	0.	0.	0.	0.
7 ^{VP COMMUNICATIONS (END. 12/18)}	(ii)	232,266.	46,656.	9,413.	29,425.	28,922.	346,682.	0.
KEM M. MULLINS	(i)	0.	0.	0.	0.	0.	0.	0.
8 EVP AMBULATORY & BUS.DEV.	(ii)	534,612.	164,696.	14,578.	22,750.	33,973.	770,609.	0.
KEVIN C. SCHAEFFER, MD	(i)	0.	0.	0.	0.	0.	0.	0.
9 ^{VP ONCOLOGY}	(ii)	228,440.	45,897.	10,147.	35,222.	11,506.	331,212.	0.
KIMBERLY W. MENEFEE	(i)	0.	0.	0.	0.	0.	0.	0.
10 ^{FORMER SVP STRATEGIC COMM. DEV}	(ii)	108,169.	65,436.	666,884.	11,863.	8,732.	861,084.	437,043.
KIMBERLY J. TAACA	(i)	0.	0.	0.	0.	0.	0.	0.
11 ^{VP OPS SPECIALTY DIVISION}	(ii)	198,952.	31,934.	8,702.	23,125.	23,166.	285,879.	0.
KRISTEN S. TRICE	(i)	0.	0.	0.	0.	0.	0.	0.
12 ^{VP DIAGNOSTIC OUTREACH}	(ii)	185,855.	37,370.	9,031.	14,516.	28,166.	274,938.	0.
LEO E. REICHERT	(i)	0.	0.	0.	0.	0.	0.	0.
13 ^{EVP & GENERAL COUNSEL}	(ii)	595,083.	199,021.	17,828.	30,000.	36,669.	878,601.	0.
LOUIS LOVETT	(i)	354,118.	92,930.	6,701.	48,248.	28,608.	530,605.	0.
14 ^{AVP GME/DIO}	(ii)	0.	0.	0.	0.	0.	0.	0.
MARCUS P. CHARLSON, MD	(i)	0.	0.	0.	0.	0.	0.	0.
15 ^{VP SURGERY}	(ii)	166,732.	33,333.	8,892.	13,048.	24,209.	246,214.	0.
MARY B. CHATMAN, PHD	(i)	436,016.	145,996.	9,942.	40,482.	21,989.	654,425.	0.
_16 ^{SVP & HOSPITAL PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.

Page 2

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 o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY L. TAVERNARO	(i)	0.	0.	0.	0.	0.	0.	0.
$1^{\text{VP HUMAN RESOURCES OPERATIONS}}$	(ii)	262,137.	52,736.	10,400.	29,752.	24,735.	379,760.	0.
MAXWELL S. KAGAN	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{VP FINANCE & CFO}	(ii)	250,016.	36,829.	9,794.	22,951.	16,907.	336,497.	0.
MICHAEL G. PAUL	(i)	205,326.	39,613.	12,231.	12,682.	17,348.	287,200.	0.
VP FACILITIES ENG SUPPORT SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHELLE ROBINSON	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER VP MARKETING	(ii)	226,753.	36,209.	133,409.	4,061.	10,061.	410,493.	126,106.
MONTE A. WILSON	(i)	373,733.	0.	16,036.	0.	27,061.	416,830.	0.
5 SVP HOSP. PRESIDENT(END.12/18)	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL DOUGLASS, MD	(i)	0.	0.	0.	0.	0.	0.	0.
6 ^{TRUSTEE & PHYSICIAN}	(ii)	527,447.	262,273.	6,371.	30,000.	10,795.	836,886.	0.
PAUL D. MURPHREE	(i)	0.	0.	0.	0.	0.	0.	0.
7 ^{VP MEDICAL OUTCOMES}	(ii)	359,840.	68,279.	11,551.	47,800.	29,101.	516,571.	0.
PETER R. JUNGBLUT, MD,	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER SVP & MEDICAL DIRECTOR	(ii)	251,577.	141,821.	4,902.	48,500.	30,663.	477,463.	0.
REBECCA L. RUHL	(i)	0.	0.	0.	0.	0.	0.	0.
9 FACILITY COMPLIANCE OPS	(ii)	161,556.	32,493.	9,561.	3,250.	26,745.	233,605.	0.
RICHARD S. SIEGEL	(i)	0.	0.	0.	0.	0.	0.	0.
10 ^{VP CARDIOLOGY & CVM ADMIN}	(ii)	318,274.	50,303.	14,034.	46,488.	33,797.	462,896.	0.
ROB SCHREINER	(i)	0.	0.	0.	0.	0.	0.	0.
11 ^{EVP & PRESIDENT MEDICAL GROUP}	(ii)	550,000.	163,488.	15,234.	29,435.	9,464.	767,621.	0.
ROBERT J. DECOUX	(i)	0.	0.	0.	0.	0.	0.	0.
12 ^{VP CORPORATE MED STAFF SVCS}	(ii)	188,285.	36,883.	10,190.	28,453.	26,464.	290,275.	0.
ROBERT M. LUBITZ	(i)	34,419.	63,117.	606,975.	40,087.	1,440.	746,038.	221,931.
13 FORMER VP MEDICAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBIN G BOEHRINGER	(i)	0.	0.	0.	0.	0.	0.	0.
14 ^{FORMER VP TOTAL REWARDS}	(ii)	189,295.	0.	52,043.	6,837.	4,616.	252,791.	44,873.
ROSEANN PENA	(i)	210,000.	19,047.	11,508.	10,674.	1,387.	252,616.	0.
15 ^{VP OPERATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.
SANDRA LUCTUS	(i)	0.	0.	0.	0.	0.	0.	0.
16	(ii)	236,053.	118,441.	46,279.	46,822.	2,347.	449,942.	32,043.

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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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SEAN P. TURNER	(i)	0.	0.	0.	0.	0.	0.	0.
VP REVENUE CYCLE MANAGEMENT	(ii)	310,613.	62,439.	55,903.	8,599.	30,144.	467,698.	41,533.
SNEHAL H. DOSHI	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{VP SYSTEM PHARMACIST}	(ii)	203,168.	39,835.	10,633.	28,624.	31,914.	314,174.	0.
SONYA E. ALDY	(i)	0.	0.	0.	0.	0.	0.	0.
VP TALENT ACQUISITION	(ii)	216,180.	43,457.	10,070.	9,750.	25,380.	304,837.	0.
STEPHEN L. BADGER	(i)	0.	0.	0.	0.	0.	0.	0.
4 VP STRATEGIC SERVICES	(ii)	460,803.	99,466.	59,014.	47,475.	35,510.	702,268.	41,750.
STEVEN OWEIDA, MD	(i)	0.	0.	0.	0.	0.	0.	0.
5 ^{FORMER TRUSTEE}	(ii)	0.	0.	50,171.	0.	0.	50,171.	0.
STEPHEN VAULT	(i)	0.	0.	0.	0.	0.	0.	0.
VP BUSINESS DEVELOPMENT	(ii)	189,688.	37,320.	9,073.	14,402.	10,912.	261,395.	0.
T.E. "RUSTY" DURHAM	(i)	0.	0.	0.	0.	0.	0.	0.
7 ^{FORMER TRUSTEE}	(ii)	0.	0.	15,116.	0.	0.	15,116.	0.
TIMOTHY HANEY	(i)	0.	0.	0.	0.	0.	0.	0.
8 ^{SVP R. E. FAC. & DVLP. SVCS.}	(ii)	352,261.	88,538.	20,741.	28,730.	26,814.	517,084.	0.
VALERY A. AKOPOV, MD	(i)	0.	0.	0.	0.	0.	0.	0.
9 SVP HOSPITAL DIVISION WMG	(ii)	467,530.	95,506.	27,575.	30,000.	27,469.	648,080.	0.
VARMA RAMESWAR, MD	(i)	0.	0.	0.	0.	0.	0.	0.
10 ^{VP PEDIATRIC OPERATIONS}	(ii)	196,359.	39,493.	9,674.	40,251.	12,223.	298,000.	0.
VIKTORIA NURPEISOV	(i)	277,543.	129,147.	1,129.	22,632.	1,520.	431,971.	0.
11 ^{DIR FAMILY MEDICINE PROGRAM}	(ii)	0.	0.	0.	0.	0.	0.	0.
YVETTE BREWER, MD	(i)	0.	0.	0.	0.	0.	0.	0.
12 ^{VP PRIMARY CARE & BEHAV HEALTH}	(ii)	197,886.	36,817.	12,107.	32,732.	21,804.	301,346.	0.
ZENOBIA JONES FOSTER	(i)	264,788.	203,828.	2,174.	21,506.	1,785.	494,081.	0.
13 ^{ASSOC DIR - INTERNAL MED GME}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

JSA

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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

JSA

58-2032904

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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 2018 CALENDAR

YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION:

- ELLEN LANGFORD \$188,991
- FAYE ZWIEG 44,471
- KIMBERLY W. MENEFEE 219,596
- ROBERT M. LUBITZ 377,347

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

NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC.

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

Schedule J (Form 990) 2018

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.

COLUMN (C).

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN

41,533

SCHEDULE J, PART II, COLUMN (B):

- ANTHONY M. TRUPIANO \$505,532
- BETHANY ROBERTSON 87,044
- CANDICE L. SAUNDERS 324,125
- DAVID W. ANDERSON 131,690
- ELLEN LANGFORD 300,505
- JOSEPH L. BRYWCZYNSKI 62,355
- KIMBERLY W. MENEFEE 437,043
- MICHELLE ROBINSON 126,106
- ROBERT M. LUBITZ 221,931
- ROBIN G. BOEHRINGER 44,873
- SANDRA LUCIUS 32,043
- STEPHEN L. BADGER 41,750

SEAN P. TURNER

Schedule J (Form 990) 2018

Part ||| 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 O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service Name of the organization KENNESTONE HOSPITAL, INC.

FORM 990, PART I, LINE 1 & 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,

Schedule O (Form 990 or 990-EZ) 2018		Page 2
Name of the organization	Employer identification number	
KENNESTONE HOSPITAL, INC.	58-2032904	

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.;
- CHS FOUNDATION, INC.;
- DOUGLAS HOSPITAL INC.;
- KENNESTONE HOSPITAL, INC.;

Schedule O (Form 990 or 990-EZ) 2018

- PAULDING MEDICAL CENTER, INC.;
- 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.

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 303 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

V 18-8.4F

501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. THE FOLLOWING EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS 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 2019 AND 2018, WELLSTAR AFFILIATE HOSPITALS MADE \$293 MILLION AND \$255.6 MILLION, RESPECTIVELY, IN PROVIDER PAYMENTS 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

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THE COMMUNITY DURING FLU SEASON AND HEALTH SCREENINGS, MEDICAL SUPPLIES, AND IMMUNIZATIONS ARE PROVIDED TO CHILDREN THROUGH LOCAL HEALTH 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 - 115,246

NEWBORN DISCHARGES - 14,489

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EMERGENCY ROOM VISITS - 647,911 SURGERIES - 69,516 CATH LAB/PACEMAKERS/EP - 18,856 NON-ED O/P RADIOLOGY PROCEDURES - 494,041 MED/SURG. SHORT STAY CASES - 834 GI LAB PROCEDURES - 10,810 RADIOLOGY ONCOLOGY PROCEDURES - 32,927

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 AND PAULDING COUNTIES.

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

THE GOOD LIFE CLUB CURRENTLY HAS MORE THAN 2,000 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

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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 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, AND KENNESTONE HOSPITALS PROVIDE MUCH NEEDED SUPPORT FOR MOTHERS AND THEIR NEWBORN BABIES THROUGH INPATIENT AND OUTPATIENT CONSULTATIONS, WARM LINE PHONE CALLS, CHILDBIRTH, NEWBORN CARE AND BREASTFEEDING CLASSES, AN ANNUAL MATERNITY AND BABY FAIR, 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 FY2019 THE UNREIMBURSED COSTS ASSOCIATED WITH THE PROGRAM TOTALED APPROXIMATELY \$400,000 AND MORE THAN 7,000 PARENTS PARTICIPATED IN PRENATAL AND CHILDBIRTH PROGRAMS.

IN FY2019 THE TOTAL UNCOMPENSATED CARE, OTHER COMMUNITY BENEFITS AND COMMUNITY INVESTMENTS PROVIDED BY WELLSTAR WAS OVER \$ 1.1 BILLION.

COMMITMENT TO THE COMMUNITY BREAKDOWN:

CHARITY & INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 293,047,000 MEDICAID SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 104,179,000 MEDICARE SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 237,145,000 OTHER PATIENTS (UNCOMPENSATED CARE COSTS) - \$ 135,375,000

TOTAL UNCOMPENSATED CARE - \$ 769,746,000

OTHER COMMUNITY PROGRAMS (PARTICIPATION IN COALITIONS) - \$ 344,000 OTHER COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 421,000 OTHER COMMUNITY PROGRAMS (HEALTH CARE SUPPORT) - \$ 10,092,000

TOTAL OTHER COMMUNITY PROGRAMS - \$ 10,857,000

COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 311,741,000 COMMUNITY INVESTMENTS (ALLIED HLTH/MEDICAL EDUCATION) - \$ 4,268,000 COMMUNITY INVESTMENTS (OPERATIONS - STAFF/SOFTWARE) - \$ 48,000

TOTAL COMMUNITY INVESTMENTS - \$ 316,057,000

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

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ORGANIZATION (ACO). WELLSTAR'S ACO IS THE LARGEST ACO IN GEORGIA AND 1,600 PHYSICIANS INCLUDING 50,000 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

ECRI (FORMERLY EMERGENCY CARE RESEARCH INSTITUTE) RECENTLY NAMES WELLSTAR HEALTH SYSTEM AS ONE OF ELEVEN NATIONAL HEALTHCARE ORGANIZATIONS TO RECEIVE ITS PRESTIGIOUS SUPPLY CHAIN ACHIEVEMENT AWARD. THE AWARD HONORS ORGANIZATIONS FOR EXCELLENCE IN BALANCING COST, QUALITY AND OUTCOMES. AWARD WINNERS WERE SELECTED FROM 3,000 MEMBER ORGANIZATIONS.

BECKER'S HOSPITAL REVIEW, ONE OF THE NATION'S MOST PRESTIGIOUS HEALTHCARE PUBLICATIONS, HAS NAMES WELLSTAR WEST GEORGIA MEDICAL CENTER TO ITS 2018 NATIONAL LIST OF "100 GREAT COMMUNITY HOSPITALS." WGMC IS ON OF THE ONLY TWO COMMUNITY HOSPITALS IN GEORGIA TO RECEIVE THIS HONOR. THE BECKETT TEAM SELECTED HOSPITALS FOR INCLUSION BASED ON RANKINGS AND AWARDS FROM ORGANIZATIONS INCLUDING IVANTAGE HEALTH ANALYTICS, TRUVEN HEALTH ANALYTICS, HEALTHGRADES, CARE CHEX, THE AMERICAN NURSES CREDENTIALING CENTER AND THE LEAPFROG GROUP. INCLUDED ORGANIZATIONS HAVE EARNED RECOGNITION FROM ONE OR MORE OF THESE ORGANIZATIONS.

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WELLSTAR SPALDING HOSPITAL EMS TEAM RECEIVED THE AMERICAN HEART ASSOCIATION 2018 MISSION LIFETIME EMS SILVER AWARD FOR STEMI CARE- ONE OF ONLY SIX SERVICES TO RECEIVE THE AWARD.

WORKING MOTHER MAGAZINE ONCE AGAIN NAMED WELLSTAR HEALTH SYSTEM TO ITS ANNUAL LIST OF "100 BEST COMPANIES," WHICH CELBRATES ORGANIZATIONS THAT LEAD IN THE AREAS OF FEMALE CAREER ADVANCEMENT, PAID PARENTAL, LEAVE, CHILDCARE ASSISTANCE, BENEFITS AND FLEXTIME. WELLSTAR EARNED A TOP SPOT FOR ITS INNOVATIVE WORK-LIFE BALANCE PROGRAMS AND EMPHASIS ON TEAM MEMBER WELLNESS.

THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) RECENTLY ANNOUNCE THAT WELLSTAR KENNESTONE HOSPITAL RECEIVED A THREE-YEAR ACCREDITATION FOR ITS 20-BED INPATIENT REHABILITATION UNIT/PROGRAM FOR ADULT STROKE PATIENTS. THE UNIT HAS BEEN CARF SINCE 1994.

THE WELLSTAR BREAST HEALTH CONTINUUM OF CARE AT WELLSTAR KENNESTONE HOSPITAL RECEIVED ITS SECOND CONSECUTIVE AMERICAN COLLEGE OF SURGEONS' NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS ACCREDITATION (NAPBC). NAPBC ACCREDITATION FORMALLY ACKNOWLEDGES THE COMMITMENT OF WELLSTAR TO PROVIDE THE HIGHEST QUALITY EVALUATION AND MANAGEMENT TO PATIENTS WITH BREAST DISEASE.

WELLSTAR WINDY HILL WAS NAMED A 2018 RECIPIENT OF THE GUARDIAN OF EXCELLENCE AWARD BY PRESS GANEY AT PRESS GANEY'S ANNUAL CLIENT CONFERENCE IN NOVEMBER 2018. THE AWARD WAS GIVEN IN RECOGNITION OF EXCELLENCE AT THE SURGICAL CENTERS OF WINDY HILL HOSPITAL AND EAST COBB HEALTH PARK. THE GUARDIAN OF EXCELLENCE AWARD, A NATIONALLY RECOGNIZED SYMBOL OF ACHIEVEMENT, RECOGNIZES TOP-PERFORMING HEALTHCARE ORGANIZATIONS THAT HAVE ACHIEVED 95TH PERCENTILE OR ABOVE FOR PERFORMANCE INDICATORS FOR PATIENT EXPERIENCE.

WELLSTAR PAULDING HOSPITAL HAS RECEIVED THE CNOR STRONG DESIGNATION FORM THE COMPETENCY & CREDENTIALING INSTITUTE (CCI). THIS RECOGNITION IS GIVEN TO FACILITIES THAT HAVE AT LEAST 50% OF OR NURSING STAFF CNOR CERTIFIED. WELLSTAR PAULDING HAS EXCEEDED THE REQUIREMENT TO REACH 80% CERTIFICATION RATE. THE CNOR CERTIFICATION PROGRAM IS FOR PERIOPERATIVE NURSES INTERESTED IN IMPROVING AND VALIDATING THEIR KNOWLEDGE AND SKILLS AND PROVIDING THE HIGHEST QUALITY CARE TO THEIR PATIENTS.

WELLSTAR HAS BEEN NAMED TO THE NATIONAL ASSOCIATION FOR FEMALE EXECUTIVES TOP 10 NONPROFIT COMPANIES FOR EXECUTIVE WOMEN FOR 2018. THE AWARD HONORS ORGANIZATIONS THAT HAVE MOVED WOMEN INTO TOP EXECUTIVE POSITIONS AND CREATED A CULTURE WHERE TALENTED WOMEN THRIVE.

WELLSTAR HAS BEEN NAMED TO ONE OF ATLANTA'S 2018 BEST AND BRIGHTEST COMPANIES TO WORK FOR. WELLSTAR WAS RECOGNIZED FOR EXCELLENCE IN HUMAN RESOURCE PRACTICES AND EMPLOYEE ENRICHMENT. THE ATLANTA JOURNAL- CONSTITUTION AND AJCJOBS HONORS GEORGIA'S TOP NURSES WITH THE AJCJOBS NURSING EXCELLENCE AWARDS. FIVE WELLSTAR NURSING PROFESSIONALS WERE SELECTED FROM A FIELD OF 800 NOMINATIONS FOR THEIR UNENDING SUPPORT OF PATIENTS AND THE COMMUNITY.

FORM 990, PART IV, LINE 12B

AUDITED FINANCIAL STATEMENTS

WELLSTAR KENNESTONE HOSPITAL, INC. IS AUDITED ON AN ANNUAL BASIS BY AN OUTSIDE AUDITING FIRM, KPMG, AND AS PART OF THAT AUDIT A CONSOLIDATED FINANCIAL STATEMENT IS ISSUED FOR ALL OF WELLSTAR HEALTH SYSTEM, INC. AND ITS CONTROLLED AFFILIATES. THE INDEPENDENT AUDITORS REPORT INCLUDES THE ACCOUNTS OF WELLSTAR AND ITS CONTROLLED AFFILIATES, WELLSTAR KENNESTONE HOSPITAL, INC., WELLSTAR COBB HOSPITAL, INC., WELLSTAR DOUGLAS HOSPITAL, INC., WELLSTAR PAULDING MEDICAL CENTER, INC., WELLSTAR ATLANTA MEDICAL CENTER, INC., WELLSTAR NORTH FULTON HOSPITAL, INC., WELLSTAR SPALDING REGIONAL HOSPITAL, INC., WELLSTAR SYLVAN GROVE HOSPITAL, INC., WELLSTAR WEST GEORGIA MEDICAL CENTER, INC., VERNON WOODS RETIREMENT COMMUNITY, INC., CHS FOUNDATION, INC., VARIOUS WELLSTAR OWNED PHYSICIAN PRACTICES, A HOSPICE FACILITY, A NURSING FACILITY, HOME HEALTH BUSINESS, AND ENTITIES FOR INFUSION THERAPY AND DURABLE MEDICAL EQUIPMENT. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION. THE BOARD OF TRUSTEES OF WELLSTAR HEALTH SYSTEM, INC. HAS THE AUTHORITY TO APPROVE APPOINTMENTS OF THE MEMBERS OF THE BOARD OF TRUSTEES OF ALL AFFILIATE CORPORATIONS.

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 PHYSICIAN GROUP). WELLSTAR KENNESTONE HOSPITAL, INC. WILL REPORT THIS TAX EXEMPT BOND LIABILITY 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,

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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. 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.

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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 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 AS WELL AS THE CEO IN AN ADVISORY ROLE AND NOT A VOTING MEMBER. FURTHER IN COMMITTEE DISCUSSIONS ABOUT THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, THE CEO WILL RECUSE HIM/HERSELF FROM THAT PROCESS AND 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 AROUND THE 75TH% OF COMPENSATION PAID TO SIMILAR POSITIONS AT SIMILAR

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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.

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 KENNESTONE HOSPITAL, INC. HAD A CHANGE IN NET ASSETS OF \$(188,251,248) RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR.

Schedule O (Form 990 or 990-EZ) 2018				Page 2
Name of the organization			Employer identific	ation number
KENNESTONE HOSPITAL, INC.			58-2032	904
		-	ATTACHMENT	1
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
COLLECTION FEES	11,070,804.	11,070,804.	0.	0.
OUTSIDE LAB FEES	896,626.	896,626.	0.	0.
OTHER FEES	96,120,741.	57,751,317.	38,369,424.	0.

108,088,171. 69,718,747. 38,369,424.

TOTALS

Schedule O (Form 990 or 990-EZ) 2018

0.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

2018 Open to Public Inspection Employer identification number

58-2032904

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

KENNESTONE HOSPITAL, INC.

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	Section 5 cont	g) 512(b)(13) rolled ity?
							Yes	No		
(1) CHS FOUNDATION, INC.	58-1649540									
793 SAWYER ROAD	MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	12 II	WHS, INC.	X			
(2) COBB HOSPITAL, INC.	58-0968382									
793 SAWYER ROAD	MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X			
(3) DOUGLAS HOSPITAL, INC.	58-2026750									
793 SAWYER ROAD	MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X			
(4) PAULDING MEDICAL CENTER, INC.	58-2095884									
793 SAWYER ROAD	MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X			
(5) WELLSTAR FOUNDATION, INC.	58-1627413									
793 SAWYER ROAD	MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	12 II	WHS, INC.	X			
(6) WELLSTAR HEALTH SYSTEM, INC.	58-1649541									
793 SAWYER ROAD	MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	12 II	N/A		х		
(7) WELLSTAR ATLANTA MEDICAL CENTER, 3	INC. 81-0837031									
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) 2018

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

2018 Open to Public Inspection Employer identification number

58-2032904

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

KENNESTONE HOSPITAL, INC.

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			(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) WELLSTAR NORTH FULTON HOSPITAL, INC. 81-085175	б						
793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	Х	
(2) WELLSTAR SPALDING REGIONAL HOSPITAL, INC. 81-086478	9						
793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(3) WEST GEORGIA HEALTH SERVICES, INC. 20-549762	2						
793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.	X	
(4) WEST GEORGIA MEDICAL CENTER, INC. 20-549750	6						
793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WGHS, INC.	X	
(5) VERNON WOODS RETIREMENT COMMUNITY, INC. 58-257504	9						
793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	10	WGHS, INC.	X	
(6) WEST GEORGIA HEALTH FOUNDATION, INC. 20-093637	6						
793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	12 II	WGHS, INC.	Х	
(7) WELLSTAR SYLVAN GROVE HOSPITAL, INC. 81-087506	9						
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) 2018

JSA

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

58-2032904

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

KENNESTONE HOSPITAL, INC.

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 5 contr ent	rolled
						Yes	No
(1) MEDICAL PARK FOUNDATION, INC. 58-1303478							
1514 VERNON ROAD LAGRANGE, GA 30240	FOUNDATION	GA	501(C)(3)	7	WGHS, INC.	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
_ • <i>•</i>							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page 2

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	Disprop	h) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(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)												
(7)												

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)	-	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(h) Percentage ownership	
							Yes No
(1) COMMUNITY ASSURANCE CO. 58-1649541							
3RD FL BARCLAYS HOUSE, 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)	_						
(4)	_						
(5)	_						
(6)	_						
(7)	_						

Schedule R (Form 990) 2018

KENNESTONE HOSPITAL, INC.

Schedule R (Form 990) 2018

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	5
During the tax year, did the organization engage in any of the following transactions with one o	r more related organizations lis	ted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				a	
b Gift, grant, or capital contribution to related organization(s)			1	b	
Gift, grant, or capital contribution from related organization(s)				с	
Loans or loan guarantees to or for related organization(s)				d	
e Loans or loan guarantees by related organization(s)				e	_
Dividends from related organization(s)			1	f	
g Sale of assets to related organization(s)				g	
Purchase of assets from related organization(s)				h	
Exchange of assets with related organization(s).				i	
Lease of facilities, equipment, or other assets to related organization(s)				i	1
			•••••	·	
Lease of facilities, equipment, or other assets from related organization(s)			1	k 2	:
Performance of services or membership or fundraising solicitations for related organization(s)			· · · · · ⊢	_	-
			· · · · · ⊢		-
n Performance of services or membership or fundraising solicitations by related organization(s).					-
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					-
Sharing of paid employees with related organization(s)				0	
Paimbursement paid to related organization(c) for expenses			1	n 2	
Reimbursement paid to related organization(s) for expenses					1
a Reimbursement paid to related organization(s) for expenses. a Reimbursement paid by related organization(s) for expenses				<u>۳</u>	-
Reimbursement paid by related organization(s) for expenses				9	
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s)			1 1	q r	
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 1 1	q r s	
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 1 action thresho	q q s olds.	
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must control	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	hir
q Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) b Other transfer of cash or property from related organization(s) c If the answer to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on who must compare to any of the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for informati	mplete this line, including cove	ered relationships and transa	1 1 action thresho	r s olds.	hir
q Reimbursement paid by related organization(s) for expenses • Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) i If the answer to any of the above is "Yes," see the instructions for information on who must con (a) Name of related organization	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	hir
q Reimbursement paid by related organization(s) for expenses	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	hir
q Reimbursement paid by related organization(s) for expenses • Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) i If the answer to any of the above is "Yes," see the instructions for information on who must con (a) Name of related organization	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	nir
q Reimbursement paid by related organization(s) for expenses	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	hir
q Reimbursement paid by related organization(s) for expenses	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	
q Reimbursement paid by related organization(s) for expenses	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	
q Reimbursement paid by related organization(s) for expenses	mplete this line, including cove (b) Transaction	ered relationships and transa	1 1 1 	r s olds.	hir
q Reimbursement paid by related organization(s) for expenses	mplete this line, including cove (b) Transaction	ered relationships and transa (c) Amount involved	1 1 1 	r s blds.) etermin nvolved	

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58-2032904

Schedule R (Form 990) 2018

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)													
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

 Part VII
 Supplemental Information

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