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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
DOUGLAS HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
805 Sandy Plains Road

City or town, state or country, and ZIP + 4
Marietta, GA 300666340

D Employer identification number
58-2026750

E Telephone number
(770) 792-5023

G Gross receipts $ 152,780,099

F Name and address of Principal Officer
Gregory L Simone MD
805 Sandy Plains Road
Marietta, GA 300666340

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ www wellstar org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1992

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	692
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	97,581,754	111,595,641
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,409,635	-1,281,892
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	468,858	868,806
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,460,247	111,182,555
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,029,982	34,893,580
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	63,619,989	67,486,340
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	97,649,971	102,379,920
19	Revenue less expenses Subtract line 18 from line 12	6,810,276	8,802,635

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	98,050,799	103,250,816
21	Total liabilities (Part X, line 26)	46,772,372	52,978,838
22	Net assets or fund balances Subtract line 21 from line 20	51,278,427	50,271,978

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-05-11

A JAMES BUDZINSKI CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PricewaterhouseCoopers LLP
2001 MARKET ST SUITE 1700
PHILADELPHIA, PA 19103

EIN ▶

Phone no ▶ (267) 330-3000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 88,230,196 including grants of $) (Revenue $ 111,595,641)

As discussed herein, Douglas Hospital, Inc (an affiliate of Wellstar Health System, Inc) operates as a charitable organization consistent with the requirements of Internal Revenue Code section 501 (c) (3) and the "community benefit standard" of IRS Revenue Ruling 69-545 In this regard, the governing body of the organization and/or its parent is composed of prominent citizens in the community, medical staff privileges in the hospital are available to all qualified physicians in the area consistent with the size and nature of the facility, the hospital operates a full-time emergency room open to all regardless of ability to pay, the hospital provides care to the needy members of the community consistent with its charity care policy regardless of their ability to pay for these services The hospital's excess funds are generally applied to expansion and replacement of existing facilities and equipment, amortization of indebtedness, improvement of patient care, community benefit activities, and charity care Douglas Hospital committed approximately $8 5 million in capital expenditures for the year to meet the technology and program needs of the community we serve Douglas Hospital, Inc was organized in 1992 The hospital affiliated with the Northwest Georgia Health System in 1993 In 1994 Northwest Georgia Health System helped form the PROMINA Health System and changed its name to Promina Northwest Health System In 1998 Promina Northwest changed its name to Wellstar Health System and is now totally independent of PROMINA Douglas Hospital is subordinate to, and subject to the authority of Wellstar Health System and its governing boards including the Hospital Authority of Douglas County Wellstar Douglas provides a full range of inpatient and outpatient services characteristic of a community hospital The hospital is licensed to operate 108 beds and is presently staffed to operate 102 beds The original hospital was constructed in 1974 and had one major structural addition in 1985 The following stats constitute the overall program services provided during the reporting period ended June 30, 2009 Adult Discharges 6,403 Med & Surgical Short Stay Days 2,257 Emergency Room Visits 47,381 Outpatient Surgical Cases 4,566 Inpatient Surgical Cases 1,401 Outpatient Procedures Non-ED OP Radiology 47,501 GI Laboratory 2,323 Total FTEs Paid 583 Community Benefit Reporting Community Outreach $ 188,066 incl system generated allocated benefits Unreimbursed Charity Care (at cost) $3,299,785 Medicaid Shortfalls (at cost) $3,094,290 Total $6,582,141 The Georgia Hospital Association has estimated that Douglas Hospital has an economic impact of approximately $206 million and is responsible for creating 1,415 jobs either directly or indirectly for the local and state economy As an affiliate of Wellstar Health System, Douglas Hospital participates in many community and educational programs for the overall health and benefit of the area that we serve Some examples of those programs are Community Health/Education--screenings and educational opportunities such as defensive driving for teens (offered at a minimal cost), smoking cessation, heart smart school, CPR and others Community Activities--sponsors blood drives, provides funding to school health programs for medical and dental care for the underserved population Community Events--Latino Day for the community Hispanics to have a variety of screenings for health related issues Sponorships--Employees of Douglas Hospital participated in "Go Red for Women Day" program designed to raise awareness of heart disease in women (in conjunction with the American Heart Association) A group of employees also participated in the annual "Relay for Life event to locally raise funds and awareness for cancer research and prevention (held in conjunction with the American Cancer Society) Recognition and Accomplishments Douglas Hospital continues to be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) All of the Wellstar system hospitals (including Douglas) have been awarded "Accreditation with Distinction" by the Commission on Laboratory Accreditation of the College of American Pathologists (CAP) CAP awards are considered one of the most stringent in laboratory quality assurance in the industry The Wellstar Cancer Program is accredited by the American College of Surgeons The program has grown system-wide more than 43% in the last five or six years--now serving more than 2,800 patients annually This expansion has resulted in an increase in the services provided for cancer patients at both Douglas and Paulding Hospitals The Wellstar Respiratory Care is accredited by the American Association for Respiratory Care with its "Recognition for Quality" Wellstar Health System is number eleven in the Top 100 Integrated Healthcare Network as published by SDI It is also the highest ranked integrated networks in the state Wellstar is named in the 100 Best Companies List by "Working Mothers" magazine and as a National Employer Team Member by AARP for its work on behalf of more mature workers within the organization Wellstar was also named for the second year in a row to the Companies that Care Honor Roll This distinction represents employers who create positive work environments for its employees and who are also active community partners Douglas Hospital's Ambulatory Surgery Department was selected by a national customer service company, the Studer Group, for its Fire Starter Award The department is in the 90th percentile in patient satisfaction and customer service and has been above the 90th percentile for the past three years Douglas Hospital received a Partnership for Health and Accountability Quality and Patient Safety Award from Georgia Hospital Association related to the reduction of healthcare associated infections Douglas exceeded 700 days without a case of ventilator-associated pneumonia (VAP) and central line associated bloodstream infections (CLBSI) Cleverly & Associates, a leading healthcare financial consulting firm, recognized Douglas Hospital as a "Five Star" hospital in their annual Top 100 Community Value Hospitals in the US

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 88,230,196 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	692		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 18		
b	Enter the number of voting members that are independent . .	1b 14		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

A JAMES BUDZINSKI
805 SANDY PLAINS ROAD
Marietta, GA 300666340
(770) 792-5023

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total . . . . . ▶								859,709	10,235,823	552,460

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 91

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Batchelor Kimball PO Box 70 LITHONIA, GA 30058	Maintenance	2,135,871
Cork-Howard Construction 2121 New Market Parkway Suite 118 MARIETTA, GA 30067	General Contractor	1,604,174
RCC Marietta PO Box 101518 ATLANTA, GA 303921518	Medical	1,127,019
Quest Diagnostics PO Box 740736 ATLANTA, GA 303740736	Medical Lab	216,940
Progressive Transcription Services PO Box 1357 BLUERIDGE, GA 30513	Transcription	192,819

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . . ▶ 10

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	0			
Program Service Revenue		Business Code				
	2a	HOSPITAL PATIENT REVENUE 621,990	111,595,611	111,595,611		
	b	MEDICAL RECORDS REVENUE 621,990	30	30		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 111,595,641				
	3	Investment income (including dividends, interest other similar amounts) ▶	1,159,719			1,159,719
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 218,169				
	b	Less rental expenses 110,909				
	c	Rental income or (loss) 107,260				
	d	Net rental income or (loss) ▶	107,260			107,260
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 39,045,024				
	b	Less cost or other basis and sales expenses 41,486,635				
	c	Gain or (loss) -2,441,611				
	d	Net gain or (loss) ▶	-2,441,611			-2,441,611
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	GROUND LEASE REVENUE	35,682			35,682
	b	CAFETERIA SALES	424,618			424,618
	c	LACTATION/IMMUNIZATIONS	9,359			9,359
	d	All other revenue _____	291,887			291,887
	e	**Total. Add lines 11a-11d** ▶ $ 761,546				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	111,182,555	111,595,641	0	-413,086

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	210,031	180,627	29,404	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	32,054,765	28,855,205		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	387,766	348,951	38,815	
9 Other employee benefits	0			
10 Payroll taxes	2,241,018	2,016,702	224,316	
11 Fees for services (non-employees)				
a Management	2,006		2,006	
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	2,199,713	2,107,287	92,426	
12 Advertising and promotion	0			
13 Office expenses	11,714,016	11,713,719	297	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,455,175	299,149	1,156,026	
17 Travel	40,439	28,986	11,453	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	27,737	22,262	5,475	
20 Interest	113,144		113,144	
21 Payments to affiliates	21,278,064	14,528,662	6,749,402	
22 Depreciation, depletion, and amortization	5,712,898	3,361,758	2,351,140	
23 Insurance	0			
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPAIRS & MAINT	1,324,406	1,148,674	175,732	
b BAD DEBT	23,618,093	23,618,093		
c OTHER OPERATING EXPENSE	649	121	528	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	102,379,920	88,230,196	14,149,724	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,000	1	2,150
	2	Savings and temporary cash investments		5,116,326	2	4,283,092
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		13,044,515	4	13,031,096
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		724,048	8	1,565,884
	9	Prepaid expenses and deferred charges		1,034,050	9	1,004,457
	10a	Land, buildings, and equipment cost basis	10a 97,794,350			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 50,593,914	47,172,375	10c	47,200,436
	11	Investments—publicly traded securities		28,260,881	11	32,486,656
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		2,696,604	15	3,677,045
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		98,050,799	16	103,250,816
Liabilities	17	Accounts payable and accrued expenses		8,326,892	17	8,406,361
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,801,982	23	5,385,922
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		32,643,498	25	39,186,555
	26	**Total liabilities.** *Add lines 17 through 25*		46,772,372	26	52,978,838
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		51,278,427	27	50,271,978
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		51,278,427	33	50,271,978
	34	Total liabilities and net assets/fund balances		98,050,799	34	103,250,816

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOUGLAS HOSPITAL INC

Employer identification number
58-2026750

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOUGLAS HOSPITAL INC

Employer identification number
58-2026750

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		59,570		59,570
b Buildings		40,167,112	15,135,699	25,031,413
c Leasehold improvements		838,183	410,118	428,065
d Equipment		55,941,766	35,048,097	20,893,669
e Other		787,719		787,719
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				47,200,436

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
LONG TERM PORTION OF PREPAIDS	15,924
CEMP-OTHER RECEIVABLE	2,045,802
ISSUANCE COSTS (CORP ALLOC)	546,049
INTANGIBLE ASSETS-KSU (ALLOC)	417,599
GOODWILL	460,576
GA HIGHLANDS COLLEGE LT (ALLOC	32,467
CHATTOOCHEE TECH LT (ALLOC)	21,816
OTHER RECEIVABLES	136,812
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION LIABILITY	7,605,411
INSURANCE RESERVE	858,551
UNCLAIMED PROPERTY	108,641
ASSET RETIREMENT OBLIGATION LT LIABILITY	569,716
OTHER LONG TERM LIABILITIES	775,264
TAX EXEMPT BOND LIAB - DUE TO WHS	29,268,972
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	39,186,555

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOUGLAS HOSPITAL INC

Employer identification number
58-2026750

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Douglas Hospital Inc 8954 Hospital Drive Douglasville, GA 30134	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOUGLAS HOSPITAL INC

Employer identification number
58-2026750

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule J, Part II, Column(F)		As all compensation amounts are reported on a calendar year basis per the Form 990 instructions, amounts provided to certain persons for the period of January 1, 2008 through June 30, 2008 were also included on the 2007 Form 990 filed by the organization for its tax year ended June 30, 2008
Severance Benefits	Schedule J	PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING OFFICERS ARE ENTITLED TO SERVERANCE PAYMENTS BASED ON THEIR BASE SALARY AND WAGES AT THAT TIME IN THE EVENT OF CERTAIN IDENTIFIED CIRCUMSTANCES OFFICER SEVERENCE BENEFIT PERIOD DAVID W ANDERSON 24 MONTHS DONALD H CAMPBELL 18 MONTHS LINDA C CLARK 24 MONTHS RANDY COOK 12 MONTHS BARBARA B COREY 18 MONTHS MARCIA L DELK, M D 18 MONTHS DAROLD ETHERIDGE 12 MONTHS LEE EVINS 12 MONTHS T MARK HANEY 18 MONTHS BRUCE HARRISON 12 MONTHS NANCY KEMP 12 MONTHS JOHN LAW 12 MONTHS LOU LITTLE 18 MONTHS KIMBERLY W MENEFEE 18 MONTHS JOHN MICHAEL POORE, JR 18 MONTHS TAREY RAY 18 MONTHS ANDY TATNALL 18 MONTHS LEIGH COX 12 MONTHS BONNIE L WILSON 24 MONTHS MARSHA BURKE 24 MONTHS GREGORY L SIMONE 24 MONTHS CHRISTOPHER KANE 18 MONTHS RON STRACHAN 12 MONTHS CANDICE SAUNDERS 18 MONTHS JIM BUDZINSKI 18 MONTHS MIKE GRAUE 18 MONTHS ROBERT HAMILTON 12 MONTHS ROBERT JANSEN 12 MONTHS ELLEN LANGFORD 12 MONTHS During the year, the following individuals received a payout in the amounts listed in accordance with their severance agreements as set forth above MARSHA BURKE $362,882 LINDA CLARK $236,146 LEIGH COX $144,000 NANCY KEMP $ 55,878 TERESA RAY $ 65,111
Supplemental Nonqualified Retirement Plan	Form 990 Schedule J Part 1 Line 4b	During the reporting period, Mark Haney, Sr VP Business Developement for Wellstar Health System accrued an amount of $11,500 in a supplemental nonqualified retirement plan
Non-Fixed Payments to Officers	Form 990 Schedule J Part 1 Line 7	Wellstar has instituted an annual incentive plan for key leaders in the company On an annual basis performance measures are proposed by management and subsequently approved by the Compensation Committee of the Board The plan is designed to retain and reward leaders with incentives that keep them competitive with the market and comparably sized health systems The criteria used to measure the performance consists of weighted factors in the areas of financial performance, customer service, employee engagement and quality and growth indicators Upon successful achievement up to various targeted levels for each factor the performance payout is recommended and approved by the board after the annual financial audit is finalized and approved
Other Compensation	Form 990 Schedule J Part 1 Line 1b and 2	While Wellstar Health System does not have a written policy regarding payment or reimbursement of the items listed in Part 1 Line 1a, the organization follows IRS guidelines in the payment of any items to individuals listed in Form 990 Part VII Section A All of these items are added as taxable wages on the individual's W-2

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-2026750
Name: DOUGLAS HOSPITAL INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Thomas E Gearhard	(I)	0	0	0	0	0	0	0
	(II)	272,155	106,047	3,500	15,904	4,681	402,287	0
Jeffrey Tharp MD	(I)	0	0	0	0	0	0	0
	(II)	249,193	97,655	1,723	14,954	3,626	367,151	0
A James Budzinski	(I)	0	0	0	0	0	0	0
	(II)	196,690	135,591	6,058	10,377	1,383	350,099	0
Linda A Clark	(I)	0	0	0	0	0	0	0
	(II)	416,638	208,330	8,061	22,347	1,709	657,085	235,185
Gregory L Simone MD	(I)	0	0	0	0	0	0	0
	(II)	770,360	245,789	12,762	34,920	3,039	1,066,870	349,646
Bonnie Wilson	(I)	0	0	0	0	0	0	0
	(II)	413,060	120,342	12,600	20,840	4,659	571,501	244,553
David Anderson	(I)	0	0	0	0	0	0	0
	(II)	362,797	107,800	13,817	18,850	2,852	506,116	209,220
Donald Campbell MD	(I)	0	0	0	0	0	0	0
	(II)	290,634	78,111	10,800	15,800	3,017	398,362	174,976
Barbara B Corey	(I)	0	0	0	0	0	0	0
	(II)	258,035	73,173	10,800	14,857	1,500	358,365	156,440
Bruce Dean	(I)	0	0	0	0	0	0	0
	(II)	185,569	18,896	4,350	10,164	4,805	223,784	0
Marcia Delk MD	(I)	0	0	0	0	0	0	0
	(II)	324,182	84,212	10,800	16,965	358	436,517	187,531
K Darold Etheridge	(I)	0	0	0	0	0	0	0
	(II)	187,267	51,359	8,700	11,301	4,828	263,455	114,880
Lee Evins	(I)	0	0	0	0	0	0	0
	(II)	170,269	53,033	8,700	10,873	3,717	246,592	98,353
Mark Haney	(I)	0	0	0	0	0	0	0
	(II)	253,697	71,856	10,800	25,787	3,582	365,722	145,929
Bruce Harrison	(I)	0	0	0	0	0	0	0
	(II)	280,255	96,050	11,511	16,184	4,426	408,426	168,441
Patrick M Jansen	(I)	0	0	0	0	0	0	0
	(II)	183,825	0	8,700	9,538	1,552	203,615	100,412
Christopher M Kane	(I)	0	0	0	0	0	0	0
	(II)	263,701	69,124	10,300	10,916	3,796	357,837	90,365
Nancy Kemp	(I)	0	0	0	0	0	0	0
	(II)	174,483	52,530	8,700	10,669	3,506	249,888	101,121
Kenneth C Kunze MD	(I)	0	0	0	0	0	0	0
	(II)	303,348	68,745	7,864	15,805	394	396,156	92,333
Louis W Little	(I)	0	0	0	0	0	0	0
	(II)	209,845	67,571	10,800	13,296	6,929	308,441	130,510
Kimberly W Menefee	(I)	0	0	0	0	0	0	0
	(II)	234,032	68,552	13,550	13,951	3,181	333,266	142,695
Teresa M Rae	(I)	0	0	0	0	0	0	0
	(II)	217,165	130,451	10,800	15,250	5,261	378,927	134,159
Ronald J Strachan	(I)	0	0	0	0	0	0	0
	(II)	195,051	119,448	36,762	13,262	3,956	368,479	80,000
Andrew W Tatnall	(I)	0	0	0	0	0	0	0
	(II)	184,527	84,986	9,167	11,612	1,771	292,063	116,584
Marsha L Burke	(I)	0	0	0	0	0	0	0
	(II)	572,228	150	4,958	21,811	4,408	603,555	281,718
A Leigh Cox	(I)	0	0	0	0	0	0	0
	(II)	193,631	27,122	2,215	6,623	788	230,379	115,194
Martha Seahorn	(I)	135,856	10,975	415	5,033	3,181	155,460	62,704
	(II)	0	0	0	0	0	0	0
Margaret W Chastain	(I)	131,589	12,522	0	6,932	580	151,623	55,866
	(II)	0	0	0	0	0	0	0
Michael Poore	(I)	171,049	25,000	7,942	9,738	2,474	216,203	103,202
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOUGLAS HOSPITAL INC

Employer identification number
58-2026750

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Pamela Etheridge	Wife of Officer	50,660	Employee of Wellstar		No
Greg Fortgang	Son-in-Law of Trustee	79,240	Employee of Wellstar		No
Amy Simone	Daughter of Officer	41,188	Employee of Wellstar		No
George Fleming	Brother of Officer	50,312	Employee of Wellstar		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOUGLAS HOSPITAL INC

Employer identification number
58-2026750

Identifier	Return Reference	Explanation
Filing of 990 T	Part V Line 3 a & b	Douglas Hospital, Inc has elected to file a blank 990-T for the reporting period as there is no known unrelated business income However in the event a subsequent disclosure of any unrelated business income is made we will amend the currently filed return

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990 Part VI Section B Line 12	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 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 annually 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

Identifier	Return Reference	Explanation
Process for Determining Compensation for Top Execs	Form 990 Part VI Section B Line 15	Wellstar engages the Hay Group 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 current members of the Wellstar committee are Kessel Stelling Chair Pete Wood Janie Maddox Al Separk Steven Oweida, MD Ex Officio Greg L Simone, MD Ex Officio In committtee discussions about the compensation for the Chief Executive Officer, Dr Simone will recuse himself from that process but 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 trustee 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 When performance is at a predetermined targeted level, the compensation is intended to be at or around the median of compensation paid to similar positions at similar organizations (the "market") 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 the Hay Group 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 approved at the following committee meeting

Identifier	Return Reference	Explanation
Process for Public Disclosure of Important Documents	Form 990 Part VI Section C Line 19	The organization and its subsidiaries 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 for charitable organizations 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

Identifier	Return Reference	Explanation
Audited Financial Statements	Form 990 Part IV Line 12	Douglas Hospital, Inc was audited for the reporting period ended June 30, 2009 as part of the consolidated financial statement audit of the Wellstar Health System, Inc and Affiliates

Identifier	Return Reference	Explanation
Tax Exempt Bond Reporting	Form 990 Part IV Line 24a	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) Douglas Hospital, Inc will report this tax exempt bond liability on Part X, Line 25 Other Liabilities Douglas Hospital, Inc has also restated its beginning balance sheet with respect to tax exempt bond liabilities as the amounts allocated to tax exempt bond liabilities are now included on Line 25

Identifier	Return Reference	Explanation
Current Officers/Directors Relationships	Form 990 Part 6 Section A Line 2	Two of the current officers and directors for Wellstar Health System, Inc --EIN 58-1649541 are related to each other through family Gregory Simone, President and CEO is the brother-in-law of Lou Little, Sr VP Post Acute Services and Administrator of Windy Hill Hospital

Identifier	Return Reference	Explanation
Organizational Structure	Form 990 Part VI Section A Lines 6, 7a & 7b	As per the articles of incorporation, the sole member of the organization is Wellstar Health System, Inc , a GA nonprofit corporation As sole member, Wellstar Health System holds certain powers of elections 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

Identifier	Return Reference	Explanation
Officers Hours Worked	Form 990 General Statement and Schedule J	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

Identifier	Return Reference	Explanation
Compensation	Schedule J, Part II	All compensation amounts reported on Form 990 Part V, Part VII, and Part IX as well as Schedule J represent compensation provided to individuals that provide services to the organization Likewise, the number of employees reported on Form 990 represent 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) PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING OFFICERS AE ENTITLED TO SERVERANCE PAYMENTS BASED ON THEIR BASE SALARY AND WAGES AT THAT TIME IN THE EVENT OF CERTAIN IDENTIFIED CIRCUMSTANCES OFFICER

Identifier	Return Reference	Explanation
990 Board Review	Form 990 Part VI Line 10	Internal staff prepare the organization's Form 990 Before filing the return with the Internal Revenue Service an external accounting firm, PricewaterhouseCoopers reviews and sign-offs on the completed return This reviewed form is then made available to both the organization's Finance committee of the Board of Directors as well as the full board in the form of an electronic (pdf format) version and hard copy of the return The organization's CFO subsequently signs the return for either manual or electronic filing by the appropriate due date

Identifier	Return Reference	Explanation
Bylaws Changes	Form 990, Part VI, Line 4	On March 5, 2009, the organization amended its bylaws to allow the board term for the Chairman of the Board of Trustees to be extended beyond any term limit for such trustee for only as long as he/she serves as Chairman of the Board Other than current Trustees, the amendment allows additional individuals, who are so appointed by the Chairman of the Board of Trustees, to serve on the Strategic Planning Committee, the Medical Affairs Committee and the Finance Committee of the Board On June 4, 2009, the organization amended its bylaws to clarify that it can own and operate a captive insurance company and that only Trustees then serving on the Board of Trustees may serve on the Audit Committee, Compensation Committee and Governance Committee of the Board The amendment also provides that in the event more than two Trustees vacate the Board in any given year, such Trustees who are vacating due to a term limit are eligible to be reappointed by the Board of Trustees for additional terms of one year each It also allows for a Trustee to take a leave of absence at the discretion of the Board of Trustees

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOUGLAS HOSPITAL INC

Employer identification number
58-2026750

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
CHS Foundation 805 Sandy Plains Road Marietta, GA30066 58-1649540	Foundation	GA	501(c)(3)	11	NONE
Cobb Hospital Inc 805 Sandy Plains Road Marietta, GA30066 58-0968382	Healthcare	GA	501(c)(3)	3	NONE
Kennestone Hospital Inc 805 Sandy Plains Road Marietta, GA30066 58-2032904	Healthcare	GA	501(c)(3)	3	NONE
Paulding Medical Center Inc 805 Sandy Plains Road Marietta, GA30066 58-2095884	Healthcare	GA	501(c)(3)	3	NONE
Wellstar Foundation 805 Sandy Plains Road Marietta, GA30066 58-1627413	Foundation	GA	501(c)(3)	11	NONE
Wellstar Health System 805 Sandy Plains Road Marietta, GA30066 58-1649541	Healthcare	GA	501(c)(3)	3	NONE

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
Cobb Hospital Parking Company LLC 805 Sandy Plains Road Marietta, GA300666340 75-2999669	PARKING	GA	NA	INVESTMENT	55,453	878,092		No			No
Kennestone East Parking Deck LLC 805 Sandy Plains Road Marietta, GA300666340 20-0537100	PARKING	GA	NA	INVESTMENT	103,400	2,870,288		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Community Assurance Co 805 Sandy Plains Road Marietta, GA300666340 58-1649541	Insurance	CJ	WHS Inc	C	0	51,993,841	100 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-2026750
Name: DOUGLAS HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
CHS Foundation 805 Sandy Plains Road Marietta, GA 30066 58-1649540	Foundation	GA	501(c)(3)	11	NONE
Cobb Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-0968382	Healthcare	GA	501(c)(3)	3	NONE
Kennestone Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-2032904	Healthcare	GA	501(c)(3)	3	NONE
Paulding Medical Center Inc 805 Sandy Plains Road Marietta, GA 30066 58-2095884	Healthcare	GA	501(c)(3)	3	NONE
Wellstar Foundation 805 Sandy Plains Road Marietta, GA 30066 58-1627413	Foundation	GA	501(c)(3)	11	NONE
Wellstar Health System 805 Sandy Plains Road Marietta, GA 30066 58-1649541	Healthcare	GA	501(c)(3)	3	NONE

Additional Data

Software ID:
Software Version:
EIN: 58-2026750
Name: DOUGLAS HOSPITAL INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Randall Bentley , Board Member- Vice Chair	10	X						0	16,084	0
Robert N Cross MD , Board Member	10	X						0	2,994	0
T E Durham , Board Member	10	X						0	23,626	645
Thomas E Gearhard , Board Member	10	X						0	381,702	20,585
David Hafner MD , Board Member EX OFFICIO	10	X						0	15,098	0
Charles J Jones , Board Member	10	X						0	11,423	0
Connie Kirk , Board Member	10	X						0	2,333	0
Janie Maddox , Board Member	10	X						0	2,420	0
Gary A Miller , Board Member	10	X						0	2,705	0
Steven W Oweida MD , Board Member	10	X						0	18,619	0
Tom Phillips , Board Member	10	X						0	1,649	0
Walter G Robinson , Board Member	10	X						0	2,119	0
Ronald P Roper MD , Board Member	10	X						0	9,997	0
W Allen Separk , Board Member	10	X						0	6,107	0
Kessel D Stelling , Board Member	10	X						0	1,225	0
Jeffrey Tharp MD , Board Member	10	X						0	348,571	18,580
Ken Thigpen , Board Member	10	X						0	11,239	0
Robert G Warner MD , Board Member	10	X						0	1,514	0
Charles Pete Wood , Board Member	10	X						0	10,631	0
A James Budzinski , Exec VP and CFO	20			X				0	338,339	11,760
Linda A Clark , Exec VP and COO	20			X				0	633,029	24,056
Gregory L Simone MD , President & CEO	20			X				0	1,028,911	37,959
Bonnie Wilson , Exec VP & Gen Counsel	20			X				0	546,002	25,499
David Anderson , Exec VP HR/OL/CCO	20			X				0	484,414	21,702
Donald Campbell MD , Sr VP & Medical Director	20			X				0	379,545	18,817
Barbara B Corey , Sr VP Managed Care	20			X				0	342,008	16,357
Bruce Dean , VP & Asst Gen Counsel	20			X				0	208,815	14,969
Marcia Delk MD , Sr VP Med Affairs & CQO	20			X				0	419,194	17,323
K Darold Etheridge , VP Finance	20			X				0	247,326	16,129
Lee Evins , VP Revenue Cycle Mgmt	20			X				0	232,002	14,590

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Haney , Sr VP Business Development	2 0			X				0	336,353	29,369
Bruce Harrison , Sr VP and CAO Phys Group	2 0			X				0	387,816	20,610
Patrick M Jansen , VP Cardiac Services	2 0			X				0	192,525	11,090
Christopher M Kane , Sr VP Strategic Planning	2 0			X				0	343,125	14,712
Nancy Kemp , VP Medical Mgmt	2 0			X				0	235,713	14,175
Kenneth C Kunze MD , Sr VP Chief Med Officer	2 0			X				0	379,957	16,199
Louis W Little , Sr VP Post Acute Srv & Admin	2 0			X				0	288,216	20,225
Kimberly W Menefee , Sr VP Public & Govt Affairs	2 0			X				0	316,134	17,132
Teresa M Rae , Sr VP Nursing Srv & CNE	2 0			X				0	358,416	20,511
Ronald J Strachan , Sr VP Chief Info Officer	2 0			X				0	351,261	17,218
Andrew W Tatnall , Sr VP Operations	2 0			X				0	278,680	13,383
Michael Poore , Sr VP & Adminstrator	50 0			X				203,991	0	12,212
ROBERT HAMILTON , VP MED AFFAIRS	2 0			X				0	40,762	1,443
MICHAEL GRAUE , EXEC VP COO	2 0			X				0	3,725	110
ROBERT JANSEN , VP MED AFFAIRS	2 0			X				0	57,800	1,711
ELLEN LANGFORD , VP & COO PHY GROUP	2 0			X				0	135,395	8,828
CRAIG OWENS , SR VP & ADMIN	2 0			X				0	0	0
Martha Seahorn , Asst VP & CNO Patient Services	50 0					X		147,246	0	8,214
Margaret W Chastain , Dir Pharmacy	50 0					X		144,111	0	7,512
Rosalyn H Cranford , RN	50 0					X		131,789	0	9,004
Steven W Harris , Pharmacist	50 0					X		118,217	0	7,265
Beverly A McKown , RN	50 0					X		114,355	0	8,936
Marsha L Burke , Former Exec VP & CFO	2 0						X	0	577,336	26,219
A Leigh Cox , Former Sr VP CIO	2 0						X	0	222,968	7,411