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<div> <div>Form 990</div> <div>  </div> <div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> </div> </div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</div> <div> <div>▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.</div> <div>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</div> </div>	<div>OMB No 1545-0047</div> <div>2013</div> <div>Open to Public Inspection</div>
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A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014





B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WELLSTAR HEALTH SYSTEM INC		D Employer identification number 58-1649541	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 805 SANDY PLAINS ROAD	Room/suite	E Telephone number (770) 792-5023	
	City or town, state or province, country, and ZIP or foreign postal code MARIETTA, GA 300666340		G Gross receipts \$ 747,040,515	
	F Name and address of principal officer REYNOLD J JENNINGS 805 Sandy Plains Road Marietta,GA 300666340		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ www.wellstar.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1994	M State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO DELIVER WORLD-CLASS CHARITABLE HEALTHCARE TO THE COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5,817
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	275,210
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	653,903,471	664,865,794
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,077,016	54,674,985
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,014,857	26,362,125
		702,995,344	745,902,904
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,518,880	1,167,763
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	397,394,838	420,122,898
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	7b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,899,305		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	215,783,890	239,109,495
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	614,697,608	660,400,156
	19 Revenue less expenses Subtract line 18 from line 12	88,297,736	85,502,748
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		2,074,237,739	2,289,388,627
21 Total liabilities (Part X, line 26)		830,212,494	1,012,073,035
22 Net assets or fund balances Subtract line 21 from line 20		1,244,025,245	1,277,315,592

Part II Signature Block

















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

Sign Here				2016-07-05	
	JAMES SWARTZ VP ACCOUNTING Type or print name and title			Date	
Paid Preparer Use Only	Print/Type preparer's name MATTHEW D PETROSKI		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed				PTIN P00853132
	Firm's name 				Firm's EIN 
Firm's address 					Phone no (770) 956-7827

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

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	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	5,817
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JAMES M SWARTZ 805 SANDY PLAINS ROAD MARIETTA,GA 300666340 (770)792-5023

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

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	26,654,255	1,982,497	2,762,485

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization: 595

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION, POBOX 88314 MILWAUKEE WI 532880314	INFORMATION TECH SRV	14,148,735
IMPACT ADVISORS LLC, 931 W 75TH STREET SUITE 137-304 NAPERVILLE IL 60565	CONSULTING	7,641,896
PRESIDIO NETWORKED SOLUTIONS, PO BOX 822169 PHILADELPHIA PA 191822169	IS	15,300,075
INGLETT AND STUBBS INC, PO BOX 932506 ATLANTA GA 311932506	GENERAL CONTRACTOR	7,305,643
BRASFIELD AND GORRIE LLC, 1190 VAUGHN RD NW SUITE 100 KENNESAW GA 30144	GENERAL CONTRACTOR	5,247,939

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶5

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	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	2a	PATIENT REVENUE	621990	264,493,282	264,493,282		
	b	COBB COUNTY DETENTION CENTER	621990	5,324,465	5,324,465		
	c	EQUITY IN EARNINGS OF HOSP AFFILIATES	621990	136,583,663	136,583,663		
	d	SHARED SERVICES COSTS RECOUPMENT	621990	233,018,502	233,018,502		
	e	WELLNESS CENTER	621400	2,292,478	2,292,478		
	f	All other program service revenue		23,153,404	23,153,404		
	g	Total. Add lines 2a-2f		664,865,794			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		55,812,596		55,812,596
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross rents	(i) Real	(ii) Personal			
			1,349,416				
		b	Less rental expenses				
		c	Rental income or (loss)	1,349,416	0		
d		Net rental income or (loss)		1,349,416		1,349,416	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses		1,137,611		
		c	Gain or (loss)		-1,137,611		
d		Net gain or (loss)		-1,137,611		-1,137,611	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events		0		
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities		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	LAUNDRY	812300	275,210	275,210			
b	CHILDCARE REVENUE	621990	1,387,060			1,387,060	
c	OTHER REVENUE	621990	23,350,439			23,350,439	
d	All other revenue						
e	Total. Add lines 11a-11d		25,012,709				
12	Total revenue. See Instructions		745,902,904	664,865,794	275,210	80,761,900	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	339,155	339,155		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	828,608	828,608		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	22,812,505	18,009,223	4,491,508	311,774
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.	323,807,851	252,426,836	70,633,972	747,043
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	28,140,705	20,819,535	7,213,514	107,656
9	Other employee benefits.	20,989,839	9,932,618	10,915,783	141,438
10	Payroll taxes.	24,371,998	17,152,410	7,110,705	108,883
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	1,453,940		1,453,940	
c	Accounting.	477,157		477,157	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	81,232,735	45,233,289	35,726,416	273,030
12	Advertising and promotion.	8,246,585	1,403,010	6,778,728	64,847
13	Office expenses.	8,155,453	7,849,492	216,480	89,481
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	24,740,298	16,641,484	8,096,311	2,503
17	Travel.	2,088,805	1,036,870	1,041,199	10,736
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	2,696,371	1,093,453	1,591,769	11,149
20	Interest.	11,545,875		11,545,875	
21	Payments to affiliates.	233,340	203,193	30,147	0
22	Depreciation, depletion, and amortization.	32,743,635	12,344,727	20,385,353	13,555
23	Insurance.	22,990,883	6,336,766	16,654,117	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	REPAIRS & MAINTENANCE	29,401,164	20,375,373	9,025,791	
b	MEDICAL SUPPLIES	11,349,481	11,349,481		
c	OTHER OPERATING EXPENSES	1,753,773	591,302	1,145,261	17,210
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	660,400,156	443,966,825	214,534,026	1,899,305
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		28,636	1	65,044
	2	Savings and temporary cash investments		16,858,777	2	33,898,944
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		23,238,153	4	32,995,490
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,024,689	8	8,096,858
	9	Prepaid expenses and deferred charges		40,502,038	9	34,888,229
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a630,949,041			
	b	Less: accumulated depreciation	10b274,611,543	260,732,010	10c	356,337,498
	11	Investments—publicly traded securities		786,154,750	11	675,250,308
	12	Investments—other securities. See Part IV, line 11.		0	12	0
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		39,437,459	14	0
	15	Other assets. See Part IV, line 11.		901,261,227	15	1,147,856,256
	16	Total assets. Add lines 1 through 15 (must equal line 34).		2,074,237,739	16	2,289,388,627
Liabilities	17	Accounts payable and accrued expenses		106,542,553	17	227,603,596
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		515,306,698	20	516,089,829
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		94,088	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		208,269,155	25	268,379,610
	26	Total liabilities. Add lines 17 through 25.		830,212,494	26	1,012,073,035
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,233,913,516	27	1,262,583,371
	28	Temporarily restricted net assets		6,144,876	28	9,983,343
	29	Permanently restricted net assets		3,966,853	29	4,748,878
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,244,025,245	33	1,277,315,592
	34	Total liabilities and net assets/fund balances		2,074,237,739	34	2,289,388,627

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	745,902,904
2	Total expenses (must equal Part IX, column (A), line 25)	2	660,400,156
3	Revenue less expenses Subtract line 2 from line 1	3	85,502,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,244,025,245
5	Net unrealized gains (losses) on investments	5	5,844,055
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-58,056,456
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,277,315,592

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD CAMPBELL MD	40 0			X				437,419	0	45,134
SVP PHYS EDUC & STUDENT AFF	10 0			X						
LEE RANDOLPH COOK	40 0			X				292,193	0	48,389
VP MEDICINE & BEHAVIORAL HLTH	10 0			X						
BARBARA B COREY	40 0			X				353,009	0	44,619
SVP MANAGED CARE	10 0			X						
BRUCE A DEAN	40 0			X				260,414	0	64,294
VP REAL ESTATE & DEP GEN COUN	10 0			X						
SARATH DEGALA	40 0			X				289,953	0	34,966
VP REVENUE CYCLE MGMT	10 0			X						
MARCIA DELK-PAYNE MD	40 0			X				434,313	0	51,552
SVP MED AFFAIRS & CQO	10 0			X						
T MARK HANEY	2 0			X				0	334,058	46,179
SVP & HOSPITAL PRESIDENT	48 0			X						
ROBERT D JANSEN MD	40 0			X				791,804	0	71,531
EXEC VP & PRES MEDICAL GROUP	10 0			X						
REYNOLD J JENNINGS	40 0			X				1,389,700	0	2,200
PRESIDENT & CEO	12 0			X						
CHRISTOPHER M KANE	40 0			X				403,363	0	54,031
SVP STRATEGIC PLAN & BUS DEV	10 0			X						
BETH KOST	40 0			X				278,339	0	37,798
VP Compliance/Chf Privacy Ofcr	10 0			X						
ELLEN LANGFORD	40 0			X				251,119	0	36,691
VP & COO WMG	10 0			X						
LOUIS W LITTLE	2 0			X				0	303,532	53,864
SVP POST ACUTE/HOSP PRES	48 0			X						
ROBERT MANDLER	40 0			X				274,343	0	59,721
VP DIAGNOSTIC OUTREACH	10 0			X						
CAROL B MAXWELL	40 0			X				128,331	0	12,302
VP TALENT ACQUISTION	10 0			X						
KIMBERLY W MENELEE	40 0			X				334,382	0	49,550
SVP MARKETING & GOV AFFAIRS	10 0			X						
JONATHAN B MORRIS MD	40 0			X				479,551	0	47,874
SVP CHIEF INFORMATION OFFICR	10 0			X						
KEM M MULLINS	2 0			X				0	429,024	43,672
SVP & HOSP PRESIDENT	48 0			X						
BRADFORD B NEWTON	40 0			X				215,090	0	38,727
VP INFORMATION TECH ADMIN	10 0			X						
CRAIG OWENS	2 0			X				0	382,729	40,702
SVP & HOSP PRESIDENT	48 0			X						
LEO E REICHERT	40 0			X				595,331	0	27,431
EXEC VP & GENERAL COUNSEL	10 0			X						
MICHELLE M ROBINSON	40 0			X				230,978	0	33,982
VP MARKETING/PR/INTERNAL COMM	10 0			X						
DEBORAH ROEGGE DE VITA	40 0			X				243,970	0	8,440
VP WOMEN & NEWBORN SVC LINE	10 0			X						
CANDICE L SAUNDERS	40 0			X				539,392	108,137	65,639
EXEC VP & COO	10 0			X						
CHRISTOPHER B SCULLEN	40 0			X				196,607	0	2,497
VP PULMONARY OPERATIONS	10 0			X						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

[illegible]

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number

58-1649541

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☒

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

a

☐

Type I

b

☒

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☒

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									233,026,502

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	96.260 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM INC

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) COBB HOSPITAL INC	580968382	03	Yes		Yes		Yes		62612216
(A) PAULDING MEDICAL CENTER INC	582095884	03	Yes		Yes		Yes		13508132
(B) KENNESTONE HOSPITAL INC	582032904	03	Yes		Yes		Yes		134780804
(C) DOUGLAS HOSPITAL INC	582026750	03	Yes		Yes		Yes		22125350

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization WELLSTAR HEALTH SYSTEM INC	Employer identification number 58-1649541
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		5,300
d	Mailings to members, legislators, or the public?	Yes		2,549
e	Publications, or published or broadcast statements?	Yes		2,322
f	Grants to other organizations for lobbying purposes?	Yes		190,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		211,772
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		6,541
i	Other activities?	Yes		144,207
j	Total. Add lines 1c through 1i.			562,691
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Other Lobbying Expenses	During the reporting period Wellstar Health System, Inc. held a retainer for a local firm to provide professional services for community related activities including support in community benefit reporting and legislative healthcare initiatives affecting the system hospitals. Wellstar is also a party to several healthcare related coalitions that protect the interests of all member hospitals.

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

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

2

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

a

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

b

Assets included in Form 990, Part X ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☐ No
- b

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,915,000	4,286,000	4,416,000	3,810,000	3,578,000
b Contributions	771,000	162,000	75,000	24,000	19,000
c Net investment earnings, gains, and losses	799,000	467,000	-37,000	-70,000	-8,000
d Grants or scholarships					
e Other expenditures for facilities and programs			168,000	652,000	221,000
f Administrative expenses					
g End of year balance	6,485,000	4,915,000	4,286,000	3,112,000	3,368,000

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment 73 000 %
- c

Temporarily restricted endowment 27 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes
- b

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

3b

Yes
- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,066,660		45,066,660
b Buildings		163,176,432	47,178,681	115,997,751
c Leasehold improvements		12,292,883	7,744,590	4,548,293
d Equipment		408,700,403	219,326,850	189,373,553
e Other		1,712,663	361,422	1,351,241
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				356,337,498

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Form 990 Schedule D Part V Line 4	The endowment funds held on Wellstar Health System are intended to be held in perpetuity and the earnings thereon are to be used for financial assistance for patients in the Wellstar Hospice Program. All funds were expended during the fiscal year for the Wellstar Hospice Program and a new inpatient Hospice facility at Kennestone Hospital.
SCHEDULE D PART X, LINE 2 TAX LIABILITY	The following footnote from the WellStar Health System and Affiliates audited financial statements details the income tax position for the reporting period: "WellStar and all but one of its affiliates have been recognized as exempt from Federal income tax under Internal Revenue Code Section 501 (a) as organizations described in Section 501 (c)(3) and, therefore, related income is generally not subject to Federal or state income taxes. CAC is a controlled foreign corporation not subject to Federal Tax. WellStar applies FASB ASC 740, Income Taxes, which addresses accounting for uncertainties in income tax positions. It also provides guidance on when tax positions are recognized in an entity's financial statements and how the values of these positions are determined. There is no impact on WellStar's combined financial statements as a result of the application of ASC 740."

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

12

3

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

6

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
SCHEDULE I PART I LINE 2	WELLSTAR HEALTH SYSTEM, INC AND ITS AFFILIATES HAVE SET ASIDE FUNDS FOR CONTRIYUTIONS AND SPONSORSHIPS ON AN ANNUAL BASIS THAT PROVIDE ASSISTANCE TO NATIONAL AND LOCAL TAX EXEMPT ORGANIZATIONS IN THE FURTHERANCE OF THE COMMUNITY NEEDS WELLSTAR ALSO HAS SEVERAL AGREEMENTS WITH AREA COLLEGES AND UNIVERSITIES TO PROMOTE HEALTHCARE RELATED CAREER OPPORTUNITIES WELLSTAR PROVIDES SCHOLARSHIPS TO LOCAL STUDENTS FOR HEALTHCARE COURSES OF STUDY ALL SPONSORSHIPS AND SCHOLARSHIPS ARE AWARD BASED ON SPECIFIC QUALIFICATIONS WITHOUT REGARD TO AGE, GENDER, OR ETHNICITY

Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 1825 Barrett Lakes Blvd Suite 280 Kennesaw,GA 30144	13-1623888	501 (c) (3)	86,000				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 1101 Northchase Parkway Suite 1 Marietta, GA 30067	58-0198114	501 (c) (3)	40,000				Sponsor Fundraiser

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cherokee County Chamber of Commerce PO Box 4998 Canton,GA 30114	58-2487501	501 (c) (6)	10,590				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cobb Chamber of Commerce PO Box 671868 Marietta,GA 30006	58-2487501	501 (c) (6)	12,225				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes 1775 The Exchange Suite 515 Atlanta, GA 30339	13-1846366	501 (c) (3)	15,000				Sponsor Fundraiser

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Paulding County Chamber of Commerce 455 Jimmy Campbell Pkwy Dallas,GA 30132			5,540				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA of Northwest Georgia 48 Henderson St Marietta,GA 30064	58-0617782	501 (c) (3)	25,000				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rotary Club of East Cobb PO Box 72081 Marietta,GA 30007	58-1654204	501 (c) (3)	7,500				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colon Cancer Alliance 1025 Vermont Ave NW Washington, DC 20005	86-0947831	501 (c) (3)	6,000				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Towne Center at Cobb 400 Barrett Pkwy Kennesaw, GA 30144	74-3214411	501 (c) (3)	5,250				Sponsor Fundraiser

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army 740 Marietta St NW Atlanta, GA 30318	58-0660606	501 (c) (3)	6,000				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Careplace 1707 N Blairs Bridge Rd Austell, GA 30168	27-0070164	501 (c) (3)	7,500				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sope Creek Foundation P O Box 681691 Marietta,GA 30068	58-2266191	501 (c) (6)	10,000				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lung Cancer Alliance 888 16th St NW Suite 150 Washington, DC 20006	91-1821040	501 (c) (3)	10,000				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Museums Inc P O Box 3248 Caterville,GA 30120	20-1234015	501 (c) (3)	10,000				Sponsor Fundraising

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WFSH - FM 2970 Peachtree Rd NW Suite 700 Atlanta, GA 30305	77-0388924	501 (c) (6)	11,000				Sponsor Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Kennesaw 2529 J O Stephenson Ave NW Kennesaw, GA 30144	58-6010582		16,550				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Goshen Vallley 387 Gosgen Church Way Waleska,GA 30183	58-2361483	501 (c) (3)	25,000				Sponsor Fundraiser

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate 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</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>		No
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
NON-FIXED PAYMENTS TO OFFICERS	As part of the WellStar Executive Compensation Philosophy a performance pay plan was instituted several years ago whereby the WellStar Board of Trustees approves an annual incentive plan which consists of several performance goals or factors that upon attainment will result in payouts to eligible plan participants. Those factors are: People & Customer Service goal for employee "Trust Index", Quality & Safety goal for clinical excellence and patient satisfaction, Financial goal for attaining a positive operating margin. Confirmation of achieving these goals is typically received through the annual external audit process and approved by the Board of Trustees at that time.
SEVERANCE PAYMENTS	Pursuant to their respective employment agreements, the following groups of officers are entitled to severance payments based on their compensation at that time in the event of certain identified circumstances. The severance payment periods are 24 months for Executive Vice Presidents, 18 months for Senior Vice Presidents, and 12 months for Vice Presidents. The following officers received severance pay during the period: Michael Graue \$323,718, Kenneth Kunze, MD \$334,351, and Elizabeth Person \$41,928.
OTHER COMPENSATION	While WellStar Health System and its affiliates do 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 of these items to individuals listed in Form 990 Part VII Section A. These items are added as taxable wages on the individual's Form W-2 as appropriate.
SCHEDULE J PART III	On Schedule J of IRS Form 990 the following individual was employed as an officer of WellStar Health System and/or its Affiliates during the reporting period but did not have salary and benefits in the calendar year for which this schedule applies: Kevin Deter.

Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM 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				
AVRIL P BECKFORD MD TRUSTEE	(i) (ii)	389,384 0	60,399 0	7,126 0	28,100 0	1,870 0	486,879 0	0 0
THOMAS GEARHARD MD TRUSTEE	(i) (ii)	384,953 0	90,185 0	9,104 0	43,876 0	28,431 0	556,549 0	0 0
JEFFERY THARP MD TRUSTEE	(i) (ii)	468,886 0	90,202 0	7,232 0	45,600 0	27,348 0	639,268 0	0 0
VALERY A AKOPOV MD VP & CHIEF OF HOSPITALISTS	(i) (ii)	310,404 0	70,715 0	13,236 0	28,100 0	25,683 0	448,138 0	0 0
DAVID WANDERSON EXEC VP HR/OL/CCO	(i) (ii)	404,417 0	159,785 0	25,957 0	45,600 0	18,519 0	654,278 0	0 0
NICOLE ASHE VP FINANCE & CFO WMG	(i) (ii)	214,535 0	31,427 0	10,870 0	22,501 0	23,629 0	302,962 0	0 0
TRACEY ATWATER VP & FOUNDATION PRESIDENT	(i) (ii)	225,168 0	26,358 0	13,342 0	22,353 0	25,844 0	313,065 0	0 0
BARBARA BALLARD VP HOMECARE & HOSPICE	(i) (ii)	232,916 0	126,392 0	17,562 0	45,600 0	27,807 0	450,277 0	0 0
JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i) (ii)	260,476 0	40,655 0	18,606 0	45,600 0	13,922 0	379,259 0	0 0
A JAMES BUDZINSKI EXEC VP & CFO	(i) (ii)	526,234 0	102,668 0	16,473 0	45,600 0	22,049 0	713,024 0	0 0
DONALD CAMPBELL MD SVP PHYS EDUC & STUDENT AFF	(i) (ii)	319,526 0	97,801 0	20,092 0	26,376 0	18,758 0	482,553 0	0 0
LEE RANDOLPH COOK VP MEDICINE & BEHAVIORAL HLTH	(i) (ii)	250,291 0	29,549 0	12,353 0	28,100 0	20,289 0	340,582 0	0 0
BARBARA B COREY SVP MANAGED CARE	(i) (ii)	294,105 0	45,904 0	13,000 0	21,192 0	23,427 0	397,628 0	0 0
BRUCE A DEAN VP REAL ESTATE & DEP GEN COUN	(i) (ii)	222,219 0	26,013 0	12,182 0	45,600 0	18,694 0	324,708 0	0 0
SARATH DEGALA VP REVENUE CYCLE MGMT	(i) (ii)	256,000 0	24,631 0	9,322 0	14,300 0	20,666 0	324,919 0	0 0
MARCIA DELK-PAYNE MD SVP MED AFFAIRS & CQO	(i) (ii)	361,498 0	56,423 0	16,392 0	45,600 0	5,952 0	485,865 0	0 0
MICHAEL L GRAUE FMR EXEC VP & COO	(i) (ii)	539,531 0	596,480 0	30,063 0	22,000 0	14,144 0	1,202,218 0	0 0
T MARK HANEY SVP & HOSPITAL PRESIDENT	(i) (ii)	0 266,032	0 49,532	0 18,494	0 28,100	0 18,079	0 380,237	0 0
ROBERT D JANSEN MD EXEC VP & PRES MEDICAL GROUP	(i) (ii)	576,801 0	191,534 0	23,469 0	45,600 0	25,931 0	863,335 0	0 0
REYNOLD J JENNINGS PRESIDENT & CEO	(i) (ii)	975,000 0	392,445 0	22,255 0	0 0	2,200 0	1,391,900 0	0 0

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				
CHRISTOPHER M KANE SVP STRATEGIC PLAN & BUS DEV	(i) (ii)	333,404 0	52,038 0	17,921 0	28,100 0	25,931 0	457,394 0	0 0
BETH KOST VP Compliance/Chf Privacy Ofcr	(i) (ii)	238,762 0	27,950 0	11,627 0	22,218 0	15,580 0	316,137 0	0 0
KENNETH C KUNZE MD FMR SVP CHIEF MED OFFICER	(i) (ii)	557,251 0	79,798 0	28,936 0	21,789 0	4,818 0	692,592 0	0 0
ELLEN LANGFORD VP & COO WMG	(i) (ii)	215,010 0	25,595 0	10,514 0	17,494 0	19,197 0	287,810 0	0 0
LOUIS W LITTLE SVP POST ACUTE/HOSP PRES	(i) (ii)	0 241,301	0 46,915	0 15,316	0 30,800	0 23,064	0 357,396	0 0
ROBERT MANDLER VP DIAGNOSTIC OUTREACH	(i) (ii)	209,039 0	45,374 0	19,930 0	45,168 0	14,553 0	334,064 0	0 0
KIMBERLY W MENEFEE SVP MARKETING & GOV AFFAIRS	(i) (ii)	275,658 0	43,175 0	15,549 0	28,100 0	21,450 0	383,932 0	0 0
JONATHAN B MORRIS MD SVP CHIEF INFORMATION OFFICR	(i) (ii)	360,500 0	104,879 0	14,172 0	22,174 0	25,700 0	527,425 0	0 0
KEM M MULLINS SVP & HOSP PRESIDENT	(i) (ii)	0 370,800	0 36,921	0 21,303	0 22,600	0 21,072	0 472,696	0 0
BRADFORD B NEWTON VP INFORMATION TECH ADMIN	(i) (ii)	187,990 0	17,821 0	9,279 0	20,733 0	17,994 0	253,817 0	0 0
CRAIG OWENS SVP & HOSP PRESIDENT	(i) (ii)	0 263,719	0 105,293	0 13,717	0 19,770	0 20,932	0 423,431	0 0
LEO E REICHERT EXEC VP & GENERAL COUNSEL	(i) (ii)	477,407 0	93,142 0	24,782 0	0 0	27,431 0	622,762 0	0 0
MICHELLE M ROBINSON VP MARKETING/PR/INTERNAL COMM	(i) (ii)	191,580 0	29,902 0	9,496 0	13,817 0	20,165 0	264,960 0	0 0
DEBORAH ROEGGE DE VITA VP WOMEN & NEWBORN SVC LINE	(i) (ii)	190,963 0	41,450 0	11,557 0	0 0	8,440 0	252,410 0	0 0
CANDICE L SAUNDERS EXEC VP & COO	(i) (ii)	442,689 88,750	80,407 16,120	16,296 3,267	37,680 7,554	16,997 3,408	594,069 119,099	0 0
CHRISTOPHER B SCULLEN VP PULMONARY OPERATIONS	(i) (ii)	168,216 0	19,691 0	8,700 0	953 0	1,544 0	199,104 0	0 0
JEFFERY D STANLEY VP PHARMACY & SYS COORD	(i) (ii)	172,016 0	19,203 0	9,518 0	20,004 0	7,943 0	228,684 0	0 0
JAMES M SWARTZ VP ACCOUNTING	(i) (ii)	195,357 0	22,869 0	10,644 0	15,918 0	20,584 0	265,372 0	0 0
MARY TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i) (ii)	206,877 0	24,217 0	10,441 0	27,803 0	13,384 0	282,722 0	0 0
ADAM C THOMPSON VP SURGERY	(i) (ii)	162,787 0	19,056 0	20,841 0	0 0	17,822 0	220,506 0	0 0

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				
ANTHONY M TRUPIANO SVP SUPPLY CHAIN	(i) (ii)	261,720 0	84,521 0	15,444 0	45,600 0	1,793 0	409,078 0	0 0
MARY L WESLEY SVP NURSING SERVICES CNE	(i) (ii)	285,516 0	48,277 0	15,840 0	43,701 0	13,159 0	406,493 0	0 0
ROBIN WILSON MD SVP CHIEF INNOVATION OFFICER	(i) (ii)	386,250 0	107,359 0	16,755 0	0 0	28,431 0	538,795 0	0 0
CHESTER ZBOROWSKI VP Health Park Operations	(i) (ii)	161,710 0	35,101 0	10,529 0	0 0	18,413 0	225,753 0	0 0
BARRY MANGEL MD CHIEF CARDIAC SERVICES	(i) (ii)	618,839 0	76,084 0	5,724 0	40,100 0	28,431 0	769,178 0	0 0
WILLIAM R MAYFIELD MD CHIEF OF SURGERY SERVICES	(i) (ii)	527,869 0	51,034 0	3,763 0	40,100 0	21,357 0	644,123 0	0 0
ALAN R MUSTER MD CHIEF PULMONARY SERVICES	(i) (ii)	483,374 0	56,536 0	3,193 0	40,794 0	24,880 0	608,777 0	0 0
PERRY G BUSBEE MD CHIEF WOMENS SERVICES	(i) (ii)	307,297 0	35,403 0	5,682 0	27,946 0	24,985 0	401,313 0	0 0
SAID ELAHIHABI MD MD	(i) (ii)	998,529 0	435,634 0	4,654 0	40,100 0	26,585 0	1,505,502 0	0 0
AHMAD KHALDI MD MD	(i) (ii)	875,300 0	25,728 0	5,040 0	22,600 0	25,931 0	954,599 0	0 0
WILLIAM BENEDICT JR MD MD	(i) (ii)	698,798 0	249,220 0	3,161 0	34,267 0	19,524 0	1,004,970 0	0 0
MARK MCLAUGHLIN MD MD	(i) (ii)	640,389 0	371,218 0	3,270 0	0 0	8,705 0	1,023,582 0	0 0
PETER JUNGBLUT MD SVP & MEDICAL DIRECTOR	(i) (ii)	288,480 0	47,451 0	22,336 0	40,100 0	16,295 0	414,662 0	0 0
KRISTYN GREIFER MD VP POPULATION HEALTH MGMT	(i) (ii)	219,245 0	36,675 0	7,788 0	0 0	10,138 0	273,846 0	0 0
JIMMY FRANCIS VP INFO TECHNOLOGY OPERATIONS	(i) (ii)	96,160 0	39,913 0	14,270 0	0 0	580 0	150,923 0	0 0
ELIZABETH LOUDERMILK VP ENT INTELLIGENCE & INTGRTN	(i) (ii)	206,215 0	24,140 0	10,091 0	0 0	11,978 0	252,424 0	0 0
SANDRA LUCIUS VP INFO TECHNOLOGY APPS	(i) (ii)	161,658 0	12,427 0	3,374 0	23,999 0	2,571 0	204,029 0	0 0
BETHANY ROBERTSON VP & CHIEF LEARNING OFFICER	(i) (ii)	177,162 0	16,307 0	7,176 0	11,898 0	27,419 0	239,962 0	0 0
RICHARD SIEGEL VP CARDIOLOGY & CVM ADMIN	(i) (ii)	266,559 0	59,361 0	11,909 0	40,777 0	22,033 0	400,639 0	0 0
SALVATORE MANNINO MD	(i) (ii)	412,489 0	363,106 0	5,040 0	40,100 0	27,406 0	848,141 0	0 0

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				
DANIEL WOODS SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	357,456	49,403	18,158	44,249	25,378	494,644	0
DANIEL STYF SVP PW HEALTH PLAN	(i)	148,086	30,000	7,568	9,327	4,049	199,030	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY OF COBB COUNTY	58-2464600	19081PEM4	04-30-2004	25,000,000	EQUIPMENT POOL		X		X		X
B	COBB COUNTY KENNESTONE HOSPITAL AUTHORITY	58-1147004	190813LN3	10-31-2005	120,000,000	CAPITAL IMPROVEMENTS (Series A & B		X		X		X
C	HOSPITAL AUTHORITY OF COBB COUNTY	58-2464600	19081PEN2	06-30-2006	25,000,000	EQUIPMENT POOL		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		3,875,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	25,000,000		120,000,000		25,000,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	0		1,167,300		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	25,000,000		116,948,276		25,000,000			
11	Other spent proceeds	0		1,884,424		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2004		2007		2006			
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
			X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		
			X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 020 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 020 %					
6	Total of lines 4 and 5			0 040 %					
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X			
c	No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

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

Return Reference	Explanation
SCH K PART V POST ISSUANCE TAX COMPLIANCE FOR TAX EXEMPT BONDS	WELLSTAR HEALTH SYSTEM, INC (THE BORROWER ON TAX EXEMPT BONDS) HAS ESTABLISHED POLICIES AND PROCEDURES THAT WILL MAXIMIZE THE LIKELIHOOD THAT ALL APPLICABLE POST-ISSUANCE REQUIREMENTS OF FEDERAL INCOME TAX LAW NEEDED TO PRESERVE THE TAX-EXEMPT STATUS OF THE BONDS ARE MET THE PROCEDURES INCLUDE EXTERNAL ADVISORS SUCH AS BOND COUNSEL AND OTHER LEGAL COUNSEL WHO ASSIST THE BORROWER IN MAINTAINING THE TAX-EXEMPT STATUS OF ALL BONDS, ARBITRAGE REBATE CALCULATIONS THAT NEED TO BE MADE FOR EACH BOND ISSUE, DOCUMENTATION OF THE USE OF BOND PROCEEDS INCLUDING POTENTIAL PRIVATE BUSINESS USE APPLICABLE TO THE BONDS AFTER AN ANNUAL INTERNAL REVIEW OF THOSE USES, AND PROPER RECORD KEEPING OF ALL DOCUMENTS RELATED TO THE ISSUANCE OF TAX-EXEMPT BONDS THESE PROCEDURES APPLY TO ALL LISTED TAX-EXEMPT BONDS

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div> <div>▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2013
		Open to Public Inspection

Name of the organization WELLSTAR HEALTH SYSTEM INC	Employer identification number 58-1649541
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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COBB COUNTY KENNESTONE HOSPITAL AUTHORITY	58-1147004	190813NM3	11-01-2011	127,345,930	CONSTRUCTION		X		X		X
B PAULDING COUNTY HOSPITAL AUTHORITY	58-6011214	703596DH6	06-28-2012	32,711,016	CONSTRUCTION SERIES A		X		X		X
C PAULDING COUNTY HOSPITAL AUTHORITY	58-6011214	703596DK9	06-28-2012	68,750,000	CONSTRUCTION SERIES B		X		X		X
D COBB COUNTY KENNESTONE HOSPITAL AUTHORITY	58-1147004	190813PH2	11-15-2012	122,366,879	ADVANCED REFUNDING CONSTRUCTION				X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,205,000		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	127,345,930		32,711,016		68,750,000		122,366,879	
4	Gross proceeds in reserve funds	0		14,896,852		27,382,125			
5	Capitalized interest from proceeds	0		446,282		1,945,963			
6	Proceeds in refunding escrows	50,962,739		0		0		121,287,509	
7	Issuance costs from proceeds	1,383,191		437,500		471,875		1,079,370	
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	75,000,000		17,151,433		39,576,733			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2011							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X	X	
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?			X		X		X	
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?				X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

3

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) THOMAS GEARHARD MD	TRUSTEE	SALARY ADVANCE		X	3,384	3,384		No	Yes		Yes	
(2) JEFFREY THARP MD	TRUSTEE	SALARY ADVANCE		X	5,307	5,307		No	Yes		Yes	
Total ▶ \$						8,691						

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCH L PART IV TRANSACTIONS WITH INTERESTED PARTIES	WELLSTAR HEALTH SYSTEM IS ONE OF THE LARGEST COMPANIES AND EMPLOYERS IN THE COMMUNITIES WE SERVE. FURTHER, AS A COMMUNITY BASED, NOT-FOR-PROFIT HEALTH SYSTEM, WELLSTAR HEALTH SYSTEM SEEKS BOARD MEMBERS FROM VARIOUS BUSINESSES WITHIN THE COMMUNITIES WE SERVE, FOR THE PURPOSE OF ENSURING WELLSTAR HEALTH SYSTEM HAS COMMUNITY REPRESENTATION ON ITS BOARD. IN LIGHT OF THE ABOVE, IT IS INEVITABLE THAT WELLSTAR HEALTH SYSTEM WILL HAVE ROUTINE BUSINESS TRANSACTIONS WITH INTERESTED PERSONS, ASSOCIATED WITH ITS BOARD MEMBERS AND OFFICERS. All of these services or transactions disclosed are in the normal course of business within the system. On Schedule L Part IV we have several interested parties that require additional explanation for the transactions. Board Trustee Gary Miller is President of Greystone Power which provides electric service to certain Wellstar Hospitals and Physician practices in the normal course of business. The total amount of the transactions with Greystone is \$911,408--\$601,917 related to Douglas Hospital, \$163,626 and \$145,865 related to Wellstar Medical Group. Steve Puckett is the brother-in-law of Ellen Langford, an officer with Wellstar Health System. Mr. Puckett is the President of Puckett EMS Ambulance Service which provides ambulance services to several Wellstar Health System affiliates. Individually all of the entity specific transactions are less than \$100,000 but in aggregate total \$168,934.

Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAMELA ETHERIDGE	WIFE OF OFFICER	61,285	EMPLOYEE OF WELLSTAR		No
(2) GREG FORTGANG	SON-IN-LAW OF TRUSTEE	100,521	EMPLOYEE OF WELLSTAR		No
(3) JESSICA HANEY	DAUGHTER OF OFFICER	62,455	EMPLOYEE OF WELLSTAR		No
(4) GEORGE FLEMING	BROTHER OF OFFICER	66,332	EMPLOYEE OF WELLSTAR/COBB		No
(5) GREYSTONE POWER	BOARD MEMBER	911,408	EXPLANATION IN PART V		No
(6) MATTHEW MADDOX	SON OF BOARD MEMBER	78,440	EMPLOYEE OF WELLSTAR		No
(7) PUCKETT EMS AMBULANCE SERVICE	BROTHER-IN-LAW OF OFFICER	168,934	EXPLANATION IN PART V		No
(8) BONNIE MILLER	WIFE OF BOARD MEMBER	34,394	EMPLOYEE OF WELLSTAR		No
(9) GREG KOST	BROTHER-IN-LAW OF OFFICER	49,327	EMPLOYEE OF WELLSTAR		No
(10) BRIAN BUSBEE	SON OF KEY EMPLOYEE	84,069	EMPLOYEE OF WELLSTAR		No
(11) JENNIFER HANEY	DAUGHTER-IN-LAW OF OFFCER	79,812	EMPLOYEE OF WELLSTAR		No

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2013****Open to Public
Inspection**Name of the organization
WELLSTAR HEALTH SYSTEM INC**Employer identification number**

58-1649541

Return Reference	Explanation
AMENDED RETURN	<p>Form 990, Heading, Item B, Amended Return SCHEDULE L, PART II HAS BEEN AMENDED TO REFLECT CERTAIN SALARY ADVANCES WITH INTERESTED PERSONS THESE HAVE OCCURRED THROUGH THE NORMAL COURSE OF THE ADMINISTRATION OF COMPENSATION PLANS FOR PHYSICIANS AND HAVE BEEN APPROVED BY THE COMPENSATION COMMITTEE OF WELLSTAR HEALTH SYSTEM VOLUNTEERS Form 990 Part I General Information WellStar Health System, Inc through its affiliated business organizations operates five hospitals and throughout the system there are approximately 800 volunteers who make up the network of people who donate their time to serving our healthcare community Kennestone Hospital, Inc has approximately 400 volunteers between Kennestone and Windy Hill The Cobb Auxiliary has approximately 200 volunteers Douglas Hospital and Paulding Hospital have approximately 100 volunteers each in their respective auxiliaries AUDITED FINANCIAL STATEMENTS Form 990 Part IV Line 12 and Part XI WellStar Health System, Inc is audited on an annual basis by an outside auditing firm, KPMG, and as part of that audit a consolidated financial statement is issued for all of WellStar Health System, Inc and its Affiliates "The independent auditors report includes the accounts of Wellstar and its controlled affiliates, Kennestone Hospital, Inc , Cobb Hospital, Inc , Douglas Hospital, Inc , Paulding Medical Center, Inc , Wellstar Foundation, Inc CHS Foundation, Inc , Community Assurance Company, Ltd , various Wellstar owned physician practices, a hospice facility, a nursing facility, home health business, and entities for infusion therapy and durable medical equipment All significant intercompany accounts and transactions have been eliminated in combination The Board of Trustees of Wellstar has the authority to approve appointments of the members of the board of trustees of all affiliate corporations " PROCESS OF 990 BOARD REVIEW Form 990 PART VI LINE 11A 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 of each organization Generally, Form 990 is then reviewed by the Finance Committee along with a question and answer session A motion is then made by the Finance committee to approve the returns and present to the full board copies of the forms in an electronic (pdf format) version as well as a hard copy The organization's CFO or designee subsequently signs the return for either manual or electronic filing by the appropriate due date appropriate due date</p>

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 policy requires an on-going disclosure obligation in the event a conflict arises during the year. The following is our process to regularly and consistently monitor and enforce the policy. Compliance identifies all covered persons who must complete the Survey and Attestation. Compliance verifies that the Survey and Attestation is distributed to these persons. Compliance verifies that these persons return a fully completed and signed Survey and Attestation. Compliance reviews each completed and signed Survey and Attestation to identify all conflicts listed in the document. All conflicts, potential conflicts and incidences of non-compliance are referred to the Chief Compliance Officer. The CCO takes appropriate action to completely resolve all identified conflicts and incidences of non-compliance.

Return Reference	Explanation
PROCESS OF EXEC COMPENSATION	<p>FORM 990 PART VI SECTION B Lines 15a & 15b 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. Currently the executive compensation committee consists of five members of the Board of Trustees as well as the CEO. In committee discussions about the compensation for the Chief Executive Officer, the CEO 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.</p>

Return Reference	Explanation
DISCLOSURE OF FINANCIAL 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. 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.

Return Reference	Explanation
COMPENSATION INFORMATION ON FORM 990	FORM 990 PART VII COMPENSATION, PART IX LINES 5-7 & SCHEDULE J & J-1 ALL COMPENSATION AMOUNTS REPORTED ON FORM 990, PART VII, PART IX, LINES 5-7, AND SCHEDULE J REPRESENT COMPENSATION PROVIDED TO INDIVIDUALS THAT PROVIDE SERVICES TO THE ORGANIZATION. LIKEWISE, THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF INDIVIDUALS PROVIDING SERVICES TO THE ORGANIZATION. ALL FEDERAL EMPLOYMENT TAX RESPONSIBILITIES FOR THESE INDIVIDUALS (INCLUDING FEDERAL EMPLOYMENT TAX REPORTING RESPONSIBILITIES) ARE HANDLED BY WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541)

Return Reference	Explanation
OFFICERS HOURS WORKED	FORM 990 GENERAL STATEMENT & SCHEDULE J The officers devote their time to all of the organizations with WellStar Health System that are listed in Schedule R, Part II As such, the total hours worked by the officers across all of the organizations exceeds 40 hours per week

Return Reference	Explanation
Other Changes In Net Assets	FORM 990 PART XI LINE 9 The other changes in net assets for Wellstar Health System, Inc are as result of pension adjustments, assets released from restriction, and other changes in net assets, totaling (\$58,056,456)

Return Reference	Explanation
Transactions with Related Organizations	Form 990 Schedule R Part V Line 2 The dollar amounts reported on Form 990 Schedule R Part V Line 2 for WellStar Health System, Inc include the overhead allocations to affiliates and consists of the following types of transactions as listed in Line 1 (a-r) h) Exchange of Assets, i) Lease of facilities, equipment, or other assets to other organizations, j) Lease of facilities, equipment, or other assets from other organizations, n) Sharing of paid employees, o) Reimbursement paid to other organizations, q) Other transfers of cash or property to other organizations, r) Other transfers of cash or property from other organizations

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHS Foundation Inc 805 Sandy Plains Road Marietta, GA 30066 58-1649540	Foundation	GA	501(C)(3)	11 Type 2	WHS	Yes	
(2) Cobb Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-0968382	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(3) Douglas Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-2026750	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(4) Kennestone Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-2032904	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(5) Paulding Medical Center Inc 805 Sandy Plains Road Marietta, GA 30066 58-2095884	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(6) Wellstar Foundation Inc 805 Sandy Plains Road Marietta, GA 30066 58-1627413	Foundation	GA	501(C)(3)	11 Type 2	WHS	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Kennestone South Parking Deck 805 Sandy Plains Road Marietta, GA 300666340 58-1649541	PARKING	GA	NA	INVESTMENT	108,373	1,673,218		No			No	45 000 %
(2) Cobb Hospital Parking Company LLC 805 Sandy Plains Road Marietta, GA 300666340 75-2999669	PARKING	GA	NA	INVESTMENT	32,610	727,353		No			No	62 500 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Community Assurance Co 3rd Fl Barclays Hse Shedden Rd George Town, Cayman Islands CJ 58-1649541	INSURANCE	CJ	WHS INC	C-CORP		64,703,036	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

Yes

Yes

No

Yes

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Cobb Hospital Inc	q	62,612,216	actual cost
(2) Douglas Hospital Inc	q	22,125,350	actual cost
(3) Kennestone Hospital Inc	q	134,780,804	actual cost
(4) Paulding Medical Center Inc	q	13,500,132	actual cost

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 58-1649541

Name: WELLSTAR HEALTH SYSTEM INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) Wellstar Medical Group LLC 805 Sandy Plains Road Marietta, GA 30066 27-3818647	Healthcare	GA		62,621,914	WHS Inc
(1) Cobb Gynecologists 2 LLC 805 Sandy Plains Road Marietta, GA 30066 02-0808099	Healthcare	GA		0	NA
(2) South Cobb OB-GYN 2 LLC 805 Sandy Plains Road Marietta, GA 30066 02-0808071	Healthcare	GA		0	NA
(3) WellStar Acworth Family Practice LLC 805 Sandy Plains Road Marietta, GA 30066 41-2243451	Healthcare	GA		0	NA
(4) WellStar Atlanta General Surgery LLC 805 Sandy Plains Road Marietta, GA 30066 26-4271578	Healthcare	GA		0	NA
(5) WellStar Behavioral Health LLC 805 Sandy Plains Road Marietta, GA 30066 58-2500211	Healthcare	GA		0	NA
(6) Wellstar Cardiovascular Medicine LLC 805 Sandy Plains Road Marietta, GA 30066 26-3557639	Healthcare	GA		0	NA
(7) WellStar Cherokee Street Internal and Pr 805 Sandy Plains Road Marietta, GA 30066 16-1735178	Healthcare	GA		0	NA
(8) WellStar Cobb Family Medicine LLC 805 Sandy Plains Road Marietta, GA 30066 58-2560699	Healthcare	GA		0	NA
(9) WellStar Cobb Gynecologists LLC 805 Sandy Plains Road Marietta, GA 30066 58-2502440	Healthcare	GA		0	NA
(10) WellStar Cobb Hospitalists LLC 805 Sandy Plains Road Marietta, GA 30066 75-3140245	Healthcare	GA		0	NA
(11) WellStar Cobb Medical Group LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586050	Healthcare	GA		0	NA
(12) WellStar Cobb Rehabilitation Medicine L 805 Sandy Plains Road Marietta, GA 30066 58-2587322	Healthcare	GA		0	NA
(13) WellStar Cobb Surgical Associates LLC 805 Sandy Plains Road Marietta, GA 30066 56-2469675	Healthcare	GA		0	NA
(14) WellStar Cooper Lake Family Medicine LL 805 Sandy Plains Road Marietta, GA 30066 26-4295540	Healthcare	GA		0	NA
(15) WellStar Cornerstone Family Medicine LL 805 Sandy Plains Road Marietta, GA 30066 06-1745258	Healthcare	GA		0	NA
(16) WellStar Cousins and Cantrell LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586291	Healthcare	GA		0	NA
(17) WellStar Creekside Pediatrics LLC 805 Sandy Plains Road Marietta, GA 30066 58-2499179	Healthcare	GA		0	NA
(18) WellStar Douglas Surgical Associates LL 805 Sandy Plains Road Marietta, GA 30066 30-0364595	Healthcare	GA		0	NA
(19) WellStar Douglasville Medical Center at 805 Sandy Plains Road Marietta, GA 30066 75-3245214	Healthcare	GA		0	NA

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) WellStar Douglasville Medical Center LL 805 Sandy Plains Road Marietta, GA 30066 58-2577971	Healthcare	GA		0	NA
(1) WellStar East Cobb Medical Center LLC 805 Sandy Plains Road Marietta, GA 30066 58-2598851	Healthcare	GA		0	NA
(2) WellStar East Paulding Pediatric Center 805 Sandy Plains Road Marietta, GA 30066 58-2598855	Healthcare	GA		0	NA
(3) WellStar East Paulding Primary Care Cent 805 Sandy Plains Road Marietta, GA 30066 58-2598856	Healthcare	GA		0	NA
(4) WellStar Infectious Disease LLC 805 Sandy Plains Road Marietta, GA 30066 58-2502436	Healthcare	GA		0	NA
(5) WellStar Internal Medicine Associates of 805 Sandy Plains Road Marietta, GA 30066 58-2586054	Healthcare	GA		0	NA
(6) WellStar Internal Medicine at Douglasvil 805 Sandy Plains Road Marietta, GA 30066 58-2598842	Healthcare	GA		0	NA
(7) WellStar Internal Medicine at Paulding 805 Sandy Plains Road Marietta, GA 30066 30-0355547	Healthcare	GA		0	NA
(8) WellStar Internal Medicine of Cobb LLC 805 Sandy Plains Road Marietta, GA 30066 56-2445102	Healthcare	GA		0	NA
(9) WellStar KenMar Pediatrics LLC 805 Sandy Plains Road Marietta, GA 30066 58-2577974	Healthcare	GA		0	NA
(10) WellStar Kennesaw Medical Center LLC 805 Sandy Plains Road Marietta, GA 30066 58-2568534	Healthcare	GA		0	NA
(11) WellStar Kennestone OBGYN 2 LLC 805 Sandy Plains Road Marietta, GA 30066 30-0355553	Healthcare	GA		0	NA
(12) WellStar Kennestone OBGYN LLC 805 Sandy Plains Road Marietta, GA 30066 58-2499183	Healthcare	GA		0	NA
(13) WellStar Kennestone Pediatric Associates 805 Sandy Plains Road Marietta, GA 30066 58-2586286	Healthcare	GA		0	NA
(14) WellStar Marietta Adult Medicine Associa 805 Sandy Plains Road Marietta, GA 30066 58-2635392	Healthcare	GA		0	NA
(15) WellStar Marietta Family Medicine LLC 805 Sandy Plains Road Marietta, GA 30066 58-2577972	Healthcare	GA		0	NA
(16) WellStar Marietta Internal Medicine LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586289	Healthcare	GA		0	NA
(17) WellStar Marietta Pediatrics LLC 805 Sandy Plains Road Marietta, GA 30066 58-2598854	Healthcare	GA		0	NA
(18) WellStar Marietta Primary Care LLC 805 Sandy Plains Road Marietta, GA 30066 58-2577979	Healthcare	GA		0	NA
(19) WellStar Marietta Pulmonary Medicine LL 805 Sandy Plains Road Marietta, GA 30066 58-2586292	Healthcare	GA		0	NA

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(41) WellStar Medical Specialists 2 LLC 805 Sandy Plains Road Marietta, GA 30066 75-3261729	Healthcare	GA		0	NA
(1) WellStar Medical Specialists LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586293	Healthcare	GA		0	NA
(2) WellStar Midani Pediatric Practice LLC 805 Sandy Plains Road Marietta, GA 30066 58-2598853	Healthcare	GA		0	NA
(3) WellStar Neurosurgery LLC 805 Sandy Plains Road Marietta, GA 30066 30-0067488	Healthcare	GA		0	NA
(4) WellStar North Cobb Pediatrics LLC 805 Sandy Plains Road Marietta, GA 30066 58-2518119	Healthcare	GA		0	NA
(5) WellStar North Cobb Women's Health 2 LL 805 Sandy Plains Road Marietta, GA 30066 41-2243450	Healthcare	GA		0	NA
(6) WellStar North Cobb Women's Health LLC 805 Sandy Plains Road Marietta, GA 30066 58-2499178	Healthcare	GA		0	NA
(7) WellStar North Douglas OBGYN LLC 805 Sandy Plains Road Marietta, GA 30066 58-2598852	Healthcare	GA		0	NA
(8) WellStar Northwest Women's Care LLC 805 Sandy Plains Road Marietta, GA 30066 58-2499181	Healthcare	GA		0	NA
(9) WellStar Occupational Health LLC 805 Sandy Plains Road Marietta, GA 30066 58-2510194	Healthcare	GA		0	NA
(10) WellStar Palliative Medicine LLC 805 Sandy Plains Road Marietta, GA 30066 22-3972021	Healthcare	GA		0	NA
(11) WellStar Paulding Surgical Associates L 805 Sandy Plains Road Marietta, GA 30066 74-3130874	Healthcare	GA		0	NA
(12) WellStar Pediatric & Adolescent Center 805 Sandy Plains Road Marietta, GA 30066 58-2570392	Healthcare	GA		0	NA
(13) WellStar Pediatric & Family Wellness Cen 805 Sandy Plains Road Marietta, GA 30066 26-4687089	Healthcare	GA		0	NA
(14) WellStar Pediatric Professionals LLC 805 Sandy Plains Road Marietta, GA 30066 32-0093335	Healthcare	GA		0	NA
(15) WellStar Pediatrics at Brookstone LLC 805 Sandy Plains Road Marietta, GA 30066 58-2598844	Healthcare	GA		0	NA
(16) WellStar Phillips Women's Care LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586058	Healthcare	GA		0	NA
(17) WellStar Physicians Group Douglas Hospit 805 Sandy Plains Road Marietta, GA 30066 16-1735192	Healthcare	GA		0	NA
(18) WellStar Physicians Group ENT LLC 805 Sandy Plains Road Marietta, GA 30066 58-2473668	Healthcare	GA		0	NA
(19) WellStar Physicians Group Hospitalists 805 Sandy Plains Road Marietta, GA 30066 58-2461494	Healthcare	GA		0	NA

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(61) WellStar Physicians Group Pathologists 805 Sandy Plains Road Marietta, GA 30066 58-2461493	Healthcare	GA		0	NA
(1) WellStar Powder Springs Medical Center 805 Sandy Plains Road Marietta, GA 30066 58-2586052	Healthcare	GA		0	NA
(2) WellStar Rehab Medicine LLC 805 Sandy Plains Road Marietta, GA 30066 58-2532917	Healthcare	GA		0	NA
(3) WellStar Rheumatology Associates of Mari 805 Sandy Plains Road Marietta, GA 30066 45-0559274	Healthcare	GA		0	NA
(4) WellStar Shallowford Medical Center LLC 805 Sandy Plains Road Marietta, GA 30066 58-2598849	Healthcare	GA		0	NA
(5) WellStar Smyrna Primary Care Center LLC 805 Sandy Plains Road Marietta, GA 30066 58-2598843	Healthcare	GA		0	NA
(6) WellStar South Cobb Primary Care LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586290	Healthcare	GA		0	NA
(7) WellStar South Cobb Rheumatology LLC 805 Sandy Plains Road Marietta, GA 30066 41-2243448	Healthcare	GA		0	NA
(8) WellStar Surgical Associates of Marietta 805 Sandy Plains Road Marietta, GA 30066 56-2469677	Healthcare	GA		0	NA
(9) WellStar Thoracic Surgery Associates LLC 805 Sandy Plains Road Marietta, GA 30066 26-3540626	Healthcare	GA		0	NA
(10) WellStar Towne Lake Medical Center LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586287	Healthcare	GA		0	NA
(11) WellStar Towne Lake Pediatrics LLC 805 Sandy Plains Road Marietta, GA 30066 58-2577980	Healthcare	GA		0	NA
(12) WellStar Urgent Care at Cooper Lake LLC 805 Sandy Plains Road Marietta, GA 30066 30-0378808	Healthcare	GA		0	NA
(13) WellStar Urgent Care at Towne Lake LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586061	Healthcare	GA		0	NA
(14) WellStar Urgent Care in Kennesaw LLC 805 Sandy Plains Road Marietta, GA 30066 58-2568565	Healthcare	GA		0	NA
(15) WellStar Urgent Care on Delk Road LLC 805 Sandy Plains Road Marietta, GA 30066 58-2577976	Healthcare	GA		0	NA
(16) WellStar Urgent Care on Sandy Plains Roa 805 Sandy Plains Road Marietta, GA 30066 58-2598845	Healthcare	GA		0	NA
(17) WellStar West Cobb Medical Center LLC 805 Sandy Plains Road Marietta, GA 30066 58-2586288	Healthcare	GA		0	NA
(18) WellStar Woodlawn Commons Family Practic 805 Sandy Plains Road Marietta, GA 30066 58-2586053	Healthcare	GA		0	NA
(19) Homecare Billing Services LLC 805 Sandy Plains Road Marietta, GA 30066 58-2479534	Healthcare	GA		2,994,511	NA

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(81) Wellstar Windy Hill Apothecary LLC 805 Sandy Plains Road Marietta, GA 30066 56-2511925	Healthcare	GA		1,102,029	NA
(1) Wellstar Bi-County ENT LLC 805 Sandy Plains Road Marietta, GA 30066 27-2258194	Healthcare	GA		0	NA
(2) Wellstar Comprehensive Bariatric Srv LLC 805 Sandy Plains Road Marietta, GA 30066 27-1716783	Healthcare	GA		0	NA
(3) Wellstar Family Medicine LLC 805 Sandy Plains Road Marietta, GA 30066 27-3565358	Healthcare	GA		0	NA
(4) Wellstar Home Health LLC 805 Sandy Plains Road Marietta, GA 30066 27-0277843	Healthcare	GA		5,812,873	WHS Inc
(5) Wellstar Health Network LLC 805 Sandy Plains Road Marietta, GA 30066 27-3870970	Healthcare	GA			WHS Inc
(6) Wellstar Health Ventures LLC 805 Sandy Plains Road Marietta, GA 30066 45-3754932	Healthcare	GA		883,513	WHS Inc
(7) Wellstar IPA LLC 805 Sandy Plains Road Marietta, GA 30066 58-1649541	Insurance	GA		0	NA
(8) Wellstar Community Hospice LLC 805 Sandy Plains Road Marietta, GA 30066 13-4350580	Healthcare	GA		8,807,384	NA
(9) Center for Health Transformation 805 Sandy Plains Road Marietta, GA 30066 58-1649541	Healthcare	GA		0	NA

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) CHS Foundation Inc 805 Sandy Plains Road Marietta, GA 30066 58-1649540	Foundation	GA	501(C)(3)	11 Type 2	WHS	Yes	
(1) Cobb Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-0968382	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(2) Douglas Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-2026750	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(3) Kennestone Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-2032904	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(4) Paulding Medical Center Inc 805 Sandy Plains Road Marietta, GA 30066 58-2095884	Healthcare	GA	501(C)(3)	3	WHS	Yes	
(5) Wellstar Foundation Inc 805 Sandy Plains Road Marietta, GA 30066 58-1627413	Foundation	GA	501(C)(3)	11 Type 2	WHS	Yes	