See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134040706

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
KENNESTONE HOSPITAL INC
% JAMES M SWARTZ
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Marietta, GA 300666340

D Employer identification number
58-2032904

E Telephone number
(770) 792-5023

G Gross receipts $ 948,418,808

F Name and address of principal officer
CANDICE L SAUNDERS
805 SANDY PLAINS ROAD
MARIETTA, GA 30066

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www wellstar org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To provide world-class charitable healthcare to the community

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	5,481
6	Total number of volunteers (estimate if necessary)	**6**	381
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	115,636
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	816,044,685	922,320,839
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	242,878	199,405
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,151,284	25,898,564
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	836,438,847	948,418,808
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	500	16,550
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)	291,503,229	312,606,840
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	431,687,279	453,460,066
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	723,191,008	766,083,456
19	Revenue less expenses Subtract line 18 from line 12	113,247,839	182,335,352

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	650,984,427	628,535,643
21	Total liabilities (Part X, line 26)	265,817,652	252,608,997
22	Net assets or fund balances Subtract line 21 from line 20	385,166,775	375,926,646

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2016-05-12 Date

▶ JAMES M SWARTZ VP, ACCOUNTING
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOANNE KRUEGER	JOANNE KRUEGER			P01235586

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103

Phone no (267) 330-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO CREATE AND DELIVER HIGH QUALITY HOSPITAL, PHYSICIAN AND OTHER HEALTHCARE RELATED SERVICES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 666,449,587 including grants of $ 16,550) (Revenue $ 922,320,839)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 666,449,587

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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	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	5,481		
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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		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		No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		No
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	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	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**		No
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**		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ JAMES M SWARTZ
805 SANDY PLAINS ROAD
Marietta, GA 300666340 (770) 792-5023

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,068,345	21,978,308	2,758,049

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶255

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
BRASSFIELD AND GORRIE, 1990 Vaughn Rd NW STE 100 KENNESAW, GA 30144	General Contractor	25,880,985
CDH Partners Inc, 675 Tower Road MARIETTA, GA 30060	General Contractor	1,566,417
FRESENIUS MEDICAL CARE- DBA RCC MAR, PO BOX 101518 ATLANTA, GA 303921518	Medical Services	1,150,750
Quest Diagnostics, PO Box 740736 ATLANTA, GA 303740736	Medical Services	2,060,831
SOUTHERN PRESCRIPTION SERVICE, PO BOX 888387 ATLANTA, GA 30356	TRANSCRIPTION SRVS	994,489

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 ▶44

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		Business Code				
	2a	PATIENT REVENUE	621990	915,965,098	915,965,098	
	b	MEDICAL RECORDS	621990	845	845	
	c	INDEPENDENT & ASSISTED LIVING REVENUE	623000	6,319,865	6,319,865	
	d	PATIENT EDUCATION	621990	35,031	35,031	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		922,320,839		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		0		
	4	Income from investment of tax-exempt bond proceeds . . ▶		0		
	5	Royalties . . . . . ▶		0		
		(i) Real / (ii) Personal				
	6a	Gross rents: 3,128,387 /				
	b	Less rental expenses: 0 /				
	c	Rental income or (loss): 3,128,387 / 0				
	d	Net rental income or (loss) . . . . . ▶		3,128,387		3,128,387
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: / 199,405				
	b	Less cost or other basis and sales expenses: / 0				
	c	Gain or (loss): / 199,405				
	d	Net gain or (loss) . . . . . ▶		199,405		199,405
Other Revenue	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	PHARMACY/RETAIL PHARMACY 446199	10,224,480		115,636	10,108,844
	b	LAB OUTREACH 621990	340,497			340,497
	c	CAFETERIA 621990	4,888,670			4,888,670
	d	All other revenue	7,316,530			7,316,530
	e	**Total.** Add lines 11a–11d . . . . . ▶	22,770,177			
	12	**Total revenue.** See Instructions . . . . . ▶	948,418,808	922,320,839	115,636	25,982,333

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	16,550	16,550		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,049,198	2,687,378	361,820	
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	243,623,727	220,409,473	23,214,254	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,043,902	10,895,245	1,148,657	
9 Other employee benefits	36,119,704	32,677,042	3,442,662	
10 Payroll taxes	17,770,309	16,072,149	1,698,160	
11 Fees for services (non-employees)				
a Management	0			
b Legal	66,243		66,243	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,744,360	36,092,951	2,651,409	
12 Advertising and promotion	630,949	172,643	458,306	
13 Office expenses	24,150,658	16,689,057	7,461,601	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	12,937,187	5,636,580	7,300,607	
17 Travel	250,025	101,856	148,169	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	338,459	127,386	211,073	
20 Interest	9,121,505		9,121,505	
21 Payments to affiliates	146,797,654	132,776,768	14,020,886	
22 Depreciation, depletion, and amortization	35,249,651	16,190,772	19,058,879	
23 Insurance	6,143,685		6,143,685	
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	12,530,921	9,488,209	3,042,712	0
b MEDICAL SUPPLIES	165,791,728	165,683,853	107,875	
c OTHER OPERATING EXPENSES	707,041	731,675	-24,634	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	766,083,456	666,449,587	99,633,869	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		32,275	1	0
	2	Savings and temporary cash investments		104,910	2	896,320
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		193,622,402	4	164,823,168
	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		15,840,014	8	16,375,511
	9	Prepaid expenses and deferred charges		4,384,708	9	1,378,887
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 810,762,526			
	b	Less accumulated depreciation	10b 370,965,818	432,526,642	10c	439,796,708
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		4,473,476	15	5,265,049
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		650,984,427	16	628,535,643
Liabilities	17	Accounts payable and accrued expenses		29,668,001	17	21,282,581
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		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		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		236,149,651	25	231,326,416
	26	**Total liabilities.** Add lines 17 through 25		265,817,652	26	252,608,997
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		385,166,775	27	375,926,646
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		385,166,775	33	375,926,646
	34	Total liabilities and net assets/fund balances		650,984,427	34	628,535,643

Part XI Reconcilliation 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	948,418,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	766,083,456
3	Revenue less expenses Subtract line 2 from line 1	3	182,335,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	385,166,775
5	Net unrealized gains (losses) on investments	5	
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	-191,575,481
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	375,926,646

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 58-2032904
Name: KENNESTONE HOSPITAL INC

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			
(1) Avril P Beckford MD TRUSTEE	2 0 48 0	X						0	484,008	29,400
(1) Jeffrey L Tharp MD TRUSTEE	2 0 48 0	X						0	630,869	74,725
(2) RANDALL BENTLEY SR TRUSTEE	1 0 5 0	X						0	19,268	0
(3) OTIS A BRUMBY III TRUSTEE	1 0 5 0	X						0	14,475	0
(4) ROBERT N CROSS MD TRUSTEE	1 0 5 0	X						0	14,446	0
(5) TE RUSTY DURHAM TRUSTEE EMERITUS	1 0 5 0	X						0	661	0
(6) THOMAS E GEARHARD MD TRUSTEE	2 0 48 0	X						0	347,375	73,211
(7) DAVID H HAFNER MD TRUSTEE	1 0 5 0	X						0	26,223	0
(7) DAVID H HAFNER MD TRUSTEE	1 0 5 0	X						0	26,223	0
(8) T FITZ JOHNSON TRUSTEE	1 0 7 0	X						0	20,712	0
(9) CHARLES J JONES TRUSTEE	1 0 5 0	X						0	4,075	0
(10) JANIE MADDOX TRUSTEE - CHAIR	1 0 5 0	X						0	8,850	0
(11) GARY A MILLER TRUSTEE - VICE CHAIR	1 0 5 0	X						0	4,387	0
(12) MITZI MOORE TRUSTEE	1 0 5 0	X						0	1,730	0
(13) TOM PHILLIPS TRUSTEE	1 0 5 0	X						0	2,903	0
(14) WALTER ROBINSON TRUSTEE	1 0 5 0	X						0	4,672	0
(15) FRANK ROS TRUSTEE	1 0 5 0	X						0	2,820	0
(16) ORIN SWAYZE MD TRUSTEE	1 0 5 0	X						0	4,624	0
(17) GREG MORGAN TRUSTEE	1 0 5 0	X						0	1,624	0
(18) WILLIAM C BROCK TRUSTEE	1 0 5 0	X						0	20,247	0
(19) STEVEN W OWEIDA MD TRUSTEE EMERITUS	1 0 5 0	X						0	31,409	0
(20) W ALLEN SEPARK TRUSTEE EMERITUS	1 0 7 0	X						0	8,177	0
(21) Valery A Akopov MD VP & Chief of Hospitalist Svcs	2 0 48 0			X				0	399,745	53,663
(22) David W Anderson EVP HR OL CCO	2 0 48 0			X				0	648,929	70,290
(23) Nicole V Ashe VP Finance & CFO WMG	2 0 48 0			X				0	262,185	45,885
(24) Barbara G Ballard VP Homecare & Hospice	2 0 48 0			X				0	282,836	64,915

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			
(26) Betty A Brakovich VP CNO Patient Care Services	50 0 0 0			X				196,569	0	35,792
(1) Joseph L Brywczynski SVP Health Parks Development	2 0 48 0			X				0	570,096	70,144
(2) Anthony J Budzinski EVP & CFO	2 0 50 0			X				0	689,236	71,096
(3) Donald Campbell MD SVP Phys Educ & Student Aff	2 0 48 0			X				0	513,317	62,483
(4) Laura Caramanica VP CNO Patient Care Services	50 0 0 0			X				454,652	0	55,534
(5) Jill M Case-Wirth SVP Nursing SRVS (BEGIN 12/1)	2 0 48 0			X				0	72,410	4,759
(6) James E Clements VP Bus Dev & Strategic Prtnrsp	2 0 48 0			X				0	264,016	17,453
(7) Lee R Cook VP Med & Behavioral Health	2 0 48 0			X				0	592,708	45,052
(8) Barbara B Corey SVP Managed Care	2 0 48 0			X				0	379,163	48,129
(9) Bruce A Dean VP Real Estate Deputy Gen Cnsl	2 0 48 0			X				0	282,461	69,841
(10) Sarath Degala VP Revenue Cycle Management	2 0 48 0			X				0	19,850	2,923
(11) Marcia Delk-Payne MD SVP Med Affair & Chf Qlty Ofcr	2 0 48 0			X				0	925,812	49,890
(12) Nancy R Doelling VP Pediatric SRVS (BEGIN 8/4)	2 0 48 0			X				0	141,009	11,811
(13) Jimmy E Francis VP Info Technology Operations	2 0 48 0			X				0	257,027	36,192
(14) Steven L Grace VP Talent Acquisition	2 0 48 0			X				0	266,953	32,731
(15) Kristyn M Greifer MD VP Population Management	2 0 48 0			X				0	369,983	28,680
(16) Martin L Gutkin VP Finance & Hospital CFO	50 0 0 0			X				258,323	0	9,294
(17) Joel W Helmke VP Oncology (BEGIN 7/21)	2 0 48 0			X				0	165,514	28,875
(18) Robert D Jansen MD EVP & Pres Medical Group	2 0 48 0			X				0	782,540	75,243
(19) Reynold J Jennings PRESIDENT & CEO	2 0 50 0			X				0	1,701,981	2,056
(20) Peter R Jungblut MD SVP & Medical Dir WMG	2 0 48 0			X				0	398,803	69,399
(21) Christopher M Kane SVP Strategic Plan & Bus Dev	2 0 48 0			X				0	806,400	42,332
(22) Beth Kost VP Compliance Chf Privacy Ofcr	2 0 48 0			X				0	331,700	34,022
(23) Ellen Langford SVP & COO WellStar Med Group	2 0 48 0			X				0	279,307	58,966
(24) Louis W Little SVP Post Acute Svc & Hosp Pres	40 0 10 0			X				579,061	0	66,520

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			
(51) Elizabeth H Loudermilk	2 0			X				0	308,160	25,651
VP Ent Intelligence & Intgrtn	48 0									
(1) Robert M Lubitz MD	50 0			X				421,782	0	50,548
VP Medical Affairs	0 0									
(2) Sandra Lucius	2 0			X				0	224,424	46,993
VP Info Technology Apps	48 0									
(3) Robert Mandler	2 0			X				0	290,840	61,524
VP Diagnostic Outreach	48 0									
(4) Patricia A Mayne	40 0			X				311,329	0	50,119
VP Emergency Services	10 0									
(5) Kimberly W Menefee	2 0			X				0	362,955	46,026
SVP Strategic Community Dev	48 0									
(6) Christopher L Morgan	2 0			X				0	168,139	21,747
VP & Admin CLIO (BEGIN 7/7)	48 0									
(7) Jonathan B Morris MD	2 0			X				0	462,389	50,258
SVP Chief Info Officer	48 0									
(8) Bradford B Newton	2 0			X				0	232,340	47,711
VP Information Technology Admi	48 0									
(9) Michael G Paul	2 0			X				0	220,953	24,150
VP Facilities Eng Support Svcs	48 0									
(10) Leo E Reichert	2 0			X				0	752,077	29,200
EVP & General Counsel	48 0									
(11) Bethany Robertson	2 0			X				0	218,673	41,608
VP & Chief Learning Officer	48 0									
(12) Michelle M Robinson	2 0			X				0	238,847	40,651
VP Mktng/PR/Internal Comm	48 0									
(13) Wanda Y Robinson	2 0			X				0	82,927	2,538
VP Compliance PWHP(BEGIN 9/15)	48 0									
(14) Deborah Roegge De Vita	2 0			X				0	231,925	31,900
VP Women & Newborn Svc Line	48 0									
(15) Candice L Saunders	2 0			X				0	812,226	72,916
President & CEO	48 0									
(16) Christopher B Scullen	2 0			X				0	292,246	17,839
VP Pulmonology Operations	48 0									
(17) Richard S Siegel	2 0			X				0	323,664	70,462
VP Cardiology & CVM Admin	48 0									
(18) Jeffery D Stanley	2 0			X				0	216,271	30,238
VP Pharmacy & System Coor	48 0									
(19) Daniel J Styf	2 0			X				0	337,033	27,733
SVP PW Health Plan	48 0									
(20) James M Swartz	2 0			X				0	272,353	42,262
VP Accounting	48 0									
(21) Mary L Tavernaro	2 0			X				0	259,157	49,126
VP Human Resources Operations	48 0									
(22) Adam C Thompson	2 0			X				0	228,073	21,830
VP Surgery	48 0									
(23) Anthony M Trupiano	2 0			X				0	345,219	47,596
SVP Supply Chain	48 0									
(24) Sean P Turner	2 0			X				0	273,082	46,665
VP Rev Cycle MGMT (BEGIN 9/28)	48 0									

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			
(76) Monte A Wilson VP & COO Kennestone Hospital	50 0 0 0			X				346,226	0	26,235
(1) Robin Wilson MD SVP Chief Hlth Innov Officer	2 0 48 0			X				0	637,993	22,144
(2) Daniel J Woods SVP & Hospital President	48 0 2 0			X				482,590	0	70,359
(3) Chester A Zborowski VP Health Parks Operations	2 0 48 0			X				0	223,151	24,265
(4) LOUIS LOVETT AVP GME/DIO	50 0 0 0					X		288,896	0	65,491
(5) JYOTSNA R VANAPALLI Rad Oncology Chief Physicist	50 0 0 0					X		199,632	0	42,396
(6) SHERRON KURTZ Exec Dir Surgical Svcs KH/CH	50 0 0 0					X		184,199	0	14,981
(7) JANET P MEMARK MD Physician Group	50 0 0 0					X		176,192	0	20,499
(8) CAROLE J HARMAN Exec Dir Women's Nursing	50 0 0 0					X		168,894	0	33,082
(9) Michael L Graue FORMER EVP & COO	0 0 0 0						X	0	522,266	0
(10) Kenneth C Kunze MD FRMR SVP CHIEF MEDICAL OFFICER	0 0 0 0						X	0	383,389	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134040706

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134040706

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

4 Describe in Part 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		44,606,550		44,606,550
b Buildings		434,179,416	152,148,081	282,031,335
c Leasehold improvements		16,143,183	6,148,551	9,994,632
d Equipment		304,437,750	211,062,951	93,374,799
e Other		11,395,627	1,606,235	9,789,392
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				439,796,708

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ASSET RETIREMENT - OTHER LT	1,909,185
TAX EXEMPT BOND LIAB-DUE TO WH	229,417,231
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	231,326,416

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' 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
SCHEDULE D, PART X, LINE 2	The following footnote is related to the organization's application of FIN 48 (ASC 740) "Wellstar (including KENNESTONE Hospital) 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 Community Assurance Corporation 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 "

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134040706

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☐ 200% ☑ Other 125 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			60,436,392		60,436,392	7 890 %
b Medicaid (from Worksheet 3, column a)			61,648,929	54,261,148	7,387,781	0 960 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			122,085,321	54,261,148	67,824,173	8 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,480,786		1,480,786	0 190 %
f Health professions education (from Worksheet 5)			264,354		264,354	0 040 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			1,745,140		1,745,140	0 230 %
k **Total.** Add lines 7d and 7j			123,830,461	54,261,148	69,569,313	9 080 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 24,248,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 2,481,868		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	281,631,693
6	Enter Medicare allowable costs of care relating to payments on line 5	6	321,956,762
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-40,325,069
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **2**

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group KENNESTONE HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☑ Other website (list url) SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

KENNESTONE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 % and FPG family income limit for eligibility for discounted care of 300 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KENNESTONE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group WINDY HILL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

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

Part V Facility Information *(continued)*

WINDY HILL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 % and FPG family income limit for eligibility for discounted care of 300 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

WINDY HILL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	PUBLICATION OF COMMUNITY BENEFIT REPORT Kennestone Hospital, Inc (consisting of Kennestone Hospital and Windy Hill Hospital) is an affiliate of Wellstar Health System, Inc which on an annual basis issues a community benefit report This report is subsequently distributed in and around the five county service area of the health system It is also annually filed with Cobb County and the state of Georgia Department of Community Health Additionally the information on community benefit is included in aggregate for Wellstar Health System, Inc and affiliated hospitals as part of the Georgia Hospital Association's annual report On an annual basis the hospital reports its community health benefits report to the Georgia Hospital Association (GHA) GHA aggregates the hospital specific reports into a statewide community health benefit report The State of Georgia also requires hospitals to file the Hospital Financial Survey and the Indigent Care Trust Fund Survey so that it can collect information on hospital financial class categories and also to determine the amount of uncompensated care by hospital THE COMMUNITY BENEFIT REPORT CAN BE FOUND AT THE FOLLOWING WEBSITES Kennestone HOSPITAL http //www wellstar org/ about-Us/documents/chna/kennestone_chna_06172013 PDF Windy Hill HOSPITAL http //www wellstar org/ about-us/documents/chna/windyhill_chna_06172013 PDF

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COST TO CHARGE RATIO For purposes of the IRS Form 990 Schedule H, Wellstar Health System and Affiliates (including Kennestone and Windy Hill Hospitals) have estimated the current year cost to charge ratio for each hospital as it is reported in the annual community benefit report and as it will be reported in the state's Annual Hospital Financial Survey

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT The reported bad debt charges is derived from the unpaid balances of patient accounts that are deemed uncollectible after 120 days of collection effort by the hospital's patient financial services staff The unpaid patient accounts are then sent to collection agencies and any collected amount is deemed as bad debt recovery The source of this data is the hospital's detailed financial trial balance The net reported bad debt charges are then multiplied by the Hospital Financial Survey calculated cost to charge ratio to arrive at the estimated bad debt expense SCHEDULE H, PART III, SECTION A, LINE 3 METHOLODOGY & RATIONALE USED TO DETERMINE BAD DEBT ATTRIBUTABLE TO PATIENT'S ELIGIBLE UNDER ORGANIZATION'S FAP The bad debt attributable to patients eligible under the hospital's financial assistance program is determined using a weekly bad debt conversion report for a period of twelve months The conversion rate for this period is used to determine this bad debt category The total reported conversion charges is multiplied by a calculated cost to charge ratio to arrive at the cost of bad debt attributable to patient's eligible under the hospital's FAP SCHEDULE H, PART III, SECTION A, LINE 4 FOOTNOTE ON BAD DEBT & RATIONALE FOR COMMUNITY BENEFIT The following footnote is detailed in the Wellstar Health System, Inc and Affiliates Combined Financial Statements related to bad debt or uncollectible accounts "During 2011, Wellstar adopted the provisions of FASB Accounting Standards Update (2011-07), Healthcare Entities (Topic 954) ASU 2011-07 requires the reclassification of the provision for uncollectible accounts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) " "Wellstar recognizes patient service revenue associated with services provided to patients with third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for community financial aid, Wellstar recognizes revenue on the basis of its discounted rates for services provided On the basis of historical experience, a significant portion of Wellstar's uninsured patients are unable or unwilling to pay for the services provided Thus, Wellstar records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided " Subsequent to the end of the reporting period a propensity to pay review of patient accounts often results in prior year bad debt accounts which are deemed eligible for the organization's financial assistance policy Those bad debt accounts are reclassified as charity and thus our rationale for including in community benefit

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	MEDICARE SHORTFALLS Kennestone and Windy Hill Hospitals are providers of inpatient and outpatient services to Medicare program beneficiaries at determined rates Without the participation in the Medicare program these patients may not have had convenient access to those services The Medicare shortfall on SCHEDULE H, Part III, Section B, line 7 represents the uncompensated difference between the expected reimbursement and the Medicare charges for those services stated at cost We determine a cost to charge ratio for Medicare patients as part of the annual filing of the Medicare cost report

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION PRACTICES The policy written for collection practices that applies to all Wellstar Health System entities incorporates guidelines for personnel in the admissions and patient access areas to be trained in identifying patients that might qualify for financial assistance It is also the policy of all Wellstar facilities to have at least one employee or contractor available at all times, especially in the hospitals with emergency rooms, who can provide assistance with the paperwork necessary to help patients who would qualify for governmental and other assistance programs

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT To assess the current health and well-being of the community served, WELLSTAR HEALTH SYSTEM, INC , KENNESTONE HOSPITAL, AND WINDY HILL HOSPITAL, conducted a Community Health Needs Assessment (CHNA), a collaborative effort involving hospital leadership, public health agencies, Cobb2020, and a diverse coalition of community stakeholders Partners represented a broad knowledge base of the hospital's primary service area comprising Bartow, Douglas, Cherokee, Cobb, and Paulding counties and some outlying zip codes determined by utilization To assess the current community health status and capture a broad base of input, collaborators engaged IN a strategic process called Mobilizing for Action Through Planning and Partnerships (MAPP) Launched by Cobb & Douglas Public Health (CDPH) MAPP provides the framework for creating a community-driven health improvement plan through different assessments to evaluate - Prevalent health issues - Health issues that are important to the community members - Availability of health services - Forces that impact community health WellStar Health System (and affiliates) is a key stakeholder in MOBLIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS ("MAPP") MAPP, developed by the National Association of County and City Health Officials ("NACCHO") in collaboration with the CDC, provides a structured guidance on creating and implementing a community-wide strategic planning process focused on improving the health and safety of our population Through MAPP, a broad collection of community partners and residents come together to identify and prioritize health and safety issues and to identify resources for addressing them The process results in an actionable community health improvement plan (CHIP) for measurable improvements in the community's health and quality of life as well as a scorecard for implementation and evaluation The resulting community plan does not focus on one agency or community health challenge, rather, MAPP provides a long-term strategy that addresses the multiple factors that affect health in the community Community involvement throughout the creation and the implementation of a health improvement plan results in creative solutions to community health problems with an improved focus on priorities, reduced duplication of services, increased collaboration on projects and activities, and increased capacity to garner additional resources Moreover, continuous community involvement leads to community ownership of the process Community ownership, in turn, increases the credibility and sustainability of the health improvement efforts

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBLITY FOR ASSISTANCE The hospital provides notice of the availability of community financial Assistance via - Signage - Patient Brochure - Billing Statement - Collection Action Letter - Online at http //www wellstar org/pages/online-bill-pay aspx Kennestone and Windy Hill Hospitals provide its patients with hospital personnel or contracted personnel who are trained in all aspects of governmental programs, payments plans, charity discounts, and other financial assistance offered to assist them in their hospital bills If the patient is eligible for federal or state assistance programs, a staff member is knowledgeable in the steps necessary to qualify those individuals If a patient is indigent or charity eligible they will be offered assistance through the hospital's charity and indigent care policy including the state's indigent care trust fund If the patient has no other insurance and fails to qualify for indigent care assistance, the financial counselor can then offer the patient an opportunity to accept a payment plan with discounted payment options based on their ability to pay immediately or over time All patient are afforded these opportunities

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION As part of an integrated health system, WellStar Health system, inc and Kennestone and Windy Hill hospitals' service area overlaps with the other three WellStar hospitals This intersecting impact across WellStar's five-county primary service area of approximately 1 3 million residents in Bartow, Cherokee, Cobb, Douglas, and Paulding counties is not easily determined by a county by county analysis The majority of patient volume comes from this service area although other health systems have a presence in the area as well Demographically, the region is one of the fastest growing in the state as well as the country and the expansion of the services for the patient population reflects a desire to offer healthcare "closer to home" since WellStar is considered a part of a larger metropolitan Atlanta MARKET ECONOMICALLY, the region is strong in per capita income but given recent trends a rise in the uninsured and indigent population has occurred Kennestone and Windy Hill Hospitals are two of five hospitals that are affiliated with Wellstar Health System the primary service area of the system is located in the Northwest Georgia area and receives the majority of its patients from one of five counties (Cherokee, Cobb, Douglas, Bartow and Paulding) Generally about 85% to 90% of the patient volume comes from this service area although other health systems have a presence in the area as well

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH As stated in the Wellstar Health System, Inc and Affiliates audited financial statements for the period ended 6/30/2015, Kennestone and Windy Hill Hospitals (affiliates of Wellstar Health System, Inc) operate as charitable organizations consistent with the requirements of Internal Revenue Code SECTION 501(c)(3) and the "community benefit standard" of IRS Ruling 69-545 In this regard the governing body of the organization and/or its parent is composed of prominent citizens in the community, medical staff privileges in the hospital are available to all qualified physicians in the area consistent with the size and nature of the facility, Kennestone Hospital operates a full-time emergency room open to all regardless of ability to pay, and the hospitals (Kennestone and Windy Hill) provide care to the needy members of the community consistent with its charity care policy The hospital's excess funds are generally applied to expansion and replacement of existing facilities and equipment, amortization of indebtedness, improvement of patient care, community benefit activities including health education, preventive screenings and health fairs, research, subsidized health services, and charity care Kennestone Hospital committed approximately $ 19 7 million and Windy Hill Hospital committed approximately $ 67 4 million in capital expenditures for the year to meet those needs

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM Recognized as the fifth most integrated healthcare delivery system in the country, WellStar Health System is one of the largest not-for-profit health systems in Georgia and serves a population of nearly 1 3 million residents in five counties The vision of WellStar is to deliver world-class healthcare WellStar includes WellStar Kennestone Regional Medical Center (anchored by WellStar Kennestone Hospital) and WellStar Cobb, Douglas, Paulding and Windy Hill hospitals, the WellStar Medical Group, Urgent Care Centers, Acworth Health Park, Health Place, Homecare, Hospice, Atherton Place, Paulding Nursing Center, and the WellStar Foundation

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT On an annual basis the hospital reports its community health benefits report to the Georgia Hospital Association (GHA) GHA aggregates the hospital specific reports into a statewide community health benefit report The State of Georgia also requires hospitals to file the Hospital Financial Survey and the Indigent Care Trust Fund Survey so that it can collect information on hospital financial class categories and also to determine the amount of uncompensated care by hospital

Additional Data

Software ID:
Software Version:
EIN: 58-2032904
Name: KENNESTONE HOSPITAL INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION, LINE 3J	OTHER DESCRIPTIONS FROM THE COMMUNITY HEALTH NEEDS ASSSESSMENT (CHNA) The Community Health Needs Assessment for Kennestone hospital and Windy Hill HOSPITAL, provides a list of WellStar Health System CHNA collaborators including individuals, organizations, and governmental agencies that were consulted and contributed special knowledge of medically underserved and low income populations and/or expertise in public health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES Kennestone and Windy Hill Hospitals integrated multiple sources of data from national and state web-based data platforms with multiple primary data gathering methods (see list below) As a partner in the strategic planning process utilized by Cobb & Douglas Public Health (CDPH) called Mobilizing for Action through Planning and Partners (MAPP) from the National Association of County & City Health Officials, the hospital leveraged the findings from the community health needs assessments conducted in tax year 2012 Through a grant by the Centers for Disease Control and Prevention, Kennestone and Windy Hill hospitals partnered with CDPH and formed coalition, Cobb 2020, to conduct its needs assessment via multiple modalities MAPP workgroups, focus groups, surveys, Key Informant interviews, and implementation teams to act upon identified strategic issues in the community To collect robust data for counties WellStar serves outside of Cobb, WellStar enlisted expertise of county and regional public health officials, independent consultants, and other Key Informants A listing of collaborators can be found in the Appendix of the hospital facility's CHNA reports publicly available at wellstar org Quantitative Data Sources Including 1 Georgia Department of Public Health, OASIS 2 Centers for Disease Control and Prevention (CDC) Vital Statistics 3 Agency for Healthcare Research and Quality (AHRQ) 4 U S Census Bureau 5 U S Department of Health and Human Services 6 Kaiser Permanente Web-Based CHNA Platform 7 Catholic Health Association CHNA resources 8 County Health Rankings & Roadmaps, University of Wisconsin 9 Healthy People 2020 10 Behavorial Risk Factor Surveillance System (BRFSS) 11 WellStar Health System - Kennestone & Windy Hill Hospital's FY2012 utilization data to assess service area zip codes accounting for 90 percent of hospital admissions and visits and primary service areas Qualitative Data Sources Including 1 Cobb County Focus Group Report - 58 people participated in six focus group representing 14 zip codes Demographics varied among the groups indicative of the zip codes represented Two groups were conducted in Spanish and reflected low-income, low education attainment and medically underserved populations 2 MAPP Assessment Workgroups with representatives from Douglas and Cobb counties conducted four community assessments which helped develop the Cobb 2020 Community Health Improvement Plan This included the 2011 Field Test Local Public Health System Assessment by the National Public Health Performance Standards Program (NPHPSP) 3 Cobb Key Informant Interview Report - 20 participants identified by Cobb 2020's Community Strengths and Themes Workgroup to represent different sectors of the Cobb community who possessed above average knowledge of the healthcare issues, healthcare system or the community 4 Cobb MAPP Community Survey Report - A 44 question telephone survey of 1,244 adults ages 18-94 performed by the A L Burruss Institute for Public Service and Research, Kennesaw State University 5 Cobb County 2010 - How Healthy Are We? 6 Cobb County MAPP Forces of Change Assessment Summary Report 7 Bartow, Cherokee and Paulding County Key Informant interviews of community stakeholders led by Ron Chapman, Principal, Magnetic North, LLC, a third-party consultanT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	ORGANIZATIONS INCLUDED IN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) While both Kennestone and Windy Hill HOSPITALs each conduct its own community health needs assessment there may be some overlap with the other hospitals in WellStar Health System simply because of the geographic constraints and structure of the organization The community served therefore is defined by similar zip codes and areas of services

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 7A & 7B	THE KENNESTONE HOSPITAL, INC CHNA / WINDY HILL HOSPITAL CHNA CAN BE FOUND ONLINE AT THE FOLLOWING KENNESTONE HOSPITAL,INC WEBSITE http //www wellstar org/locations/pages/wellstar-kennestone-hospital aspx AND WELLSTAR HEALTH SYSTEM WEBSITE http //www wellstar org/pages/default aspx

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	KENNESTONE HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE found ON ITS WEBSITE AT http //www wellstar org/aboutus/documents/implementation_strategy/kennesT one_implementation_strategy_11112013 pdf AND WINDY HILL HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE found ON ITS WEBSITE AT http //www wellstar org/aboutus/Documents/ImplEMentation_Strategy/windyhil l_implementation_strategy_11112013 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY KENNESTONE / WINDY HILL HOSPITAL Based on the prioritized health needs, WellStar will implement a five-year, two-phased Community Benefit program that is sustainable and strategically aligned with the WellStar Health System mission and vision to address the prioritized health needs of the uninsured and low-income populations This is accomplished through expanding provider participation, education, outreach and prevention activities/programs to promote healthy lifestyles and access to care (Phase 1) and creating a collaborative safety net organization for shared accountability to leverage and maximize complementary skills and capacity building (Phase 2) Currently, Phase 2 has shifted from creating an organization to integrating this type of care delivery into the community benefit services WellStar delivers at a health system-level across all hospitals Progress ongoing in Phase 2 Strategy Improve access to care to vulnerable populations - Strengthen collaborative partnerships with community stakeholders to increase access to preventative and primary care, improve quality and reduce costs - Reduce preventable hospital admissions, re-admissions and Emergency Department visits by redirecting care to community clinics and primary care via the hospital-based care management program - Increase the number of hospital-affiliated/WellStar Physicians Group primary care providers and specialists providing free or low-cost healthcare programs/clinics via a Graduate Medical Education program (Commences in 2017) - Participate as a Cobb Access Health integrator/partner to build a low-income healthcare delivery system in Cobb County (not being pursued as a separate entity, but as a part of community benefit services delivered by WellStar) - Improve medication access through centralized reduced cost Pharmaceutical Patient Access Programs and the Federal 340B Drug Pricing Program for the management of chronic disease and to reduce complications (Currently assessing the program) - Evaluate hospital-based subsidized health services to more effectively and efficiently allocate assets addressing prioritized needs of the medically underserved and uninsured STRATEGY Promote healthy lifestyles via preventative care, programs and activities - Engage faith-based organizations in coordination and provision of care (MEMPHIS Model) (Pilot to be conducted at WellStar Paulding Hospital) - Expand free health screenings to the underserved and uninsured through WellStar Corporate & Community Health - Provide at-risk, low income first time moms with care and education for healthy pregnancies via nurse home visiting program (Not being pursued at this time) - Collaborate with Cobb2020 Healthy Lifestyle initiatives (including physical activity, healthy eating, and obesity) - Provide community benefit leadership/consultation for the prevention and management of diabetes, cancer and cardiovascular disease (Being delivered on a System-wide level) - Increase cancer prevention and education community outreach (including smoking cessation program) utilizing WellStar Cancer Program team (Underway) - Improve prevention-based educational resources and the referral process to free or low-cost healthcare clinics for continuity of care within the Emergency Department UNADDRESSED CHNA NEEDS - Selection criteria for KENNESTONE HOSPITAL'S prioritized health needs were primarily based upon the bandwidth to build a sustainable community benefit model focused on preventable health behaviors and access to care Sexually transmitted infections and teen pregnancy are not addressed leaving awareness education with schools, family and churches since the health needs are more cultural and societal Improvement to health needs stemming from socioeconomic and physical environmental FACTORS such as air quality and transportation, gain traction from public policy and education A health system can complement efforts to impact policy, but has to rely on public health, state and local municipalities and federal governmental agencies to drive these types of health improvements Key questions when addressing health needs are 1) Do we have existing facilities and resources dedicated to the health needs showing clear disparities and poor performance? And, 2) do we have effective and feasible interventions, a successful solution that has the potential to solve multiple problems, and the opportunity to intervene at the prevention level? Other needs not addressed are either beyond the scope or expertise of KENnESTONE Hospital, not being addressed at this time or are being addressed by WellStar on a system level or via other partners in public health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B	FAP ELIGBILITY CRITERIA - INCOME LEVEL OTHER THAN FPG The hospital abides by the financial assistance requirements under IRC 501(R)(5) IRC 501(R)(5) requires health care facilities to limit the amounts charged for emergency and other medically necessary care that is provided to individuals eligible for assistance under the health care facilities financial assistance policy to not more than the amounts generally billed to individuals who have insurance The hospital extends its sliding scale for Community Financial Aid eligibility well beyond the minimum government levels to 300% of FPG WellStar has chosen to use the average of the three best negotiated commercial rates as the trigger to not exceed in the application of the discounts/amounts charged to patients, on our sliding scale

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	FAP ELIGBILITY CRITERIA - OTHER CRITERIA Other special circumstances may qualify a patient for full indigent or sliding scAle Charity benefits Special circumstances may include but not limited to - Patient deceased, with verification that there is no estate - Unable to contact patient but Propensity to Pay software returns a low ability/low propensity designation

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15	METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE In order to qualify for Financial Assistance, cooperation with WellStar Health System hospital Community Financial Assistance staff is necessary in identifying and determining alternative sources of payment or coverage from public and private payment programs For qualification of financial assistance under the hospital's policy, a patient (or his or her guardian or family member) must - Submit a true, accurate, signed and completed application for financial assistance, - Provide a copy of the prior year Federal Income Tax Return and W2/1099 (including all schedules), or Provide two of the following if unable to provide a copy of the most recent Federal Income Tax Return - Provide THREE months of the most recent pay stubs (or certification of unemployment) or, - Separation Notice or unemployment claim if unemployed, or - Provide THREE current bank statements for all checking and savings accounts, or - Provide award letter from social Security Office, or - Provide Current Profit and Loss report for all self-employed applicants, or - Current CD, 401k, 403b, IRA and other investment statements, or - Provide Asset Statement, with equity adjustments (Rental property, land second houses) Community Financial Assistance eligibility will be determined based on a thorough review of the submitted information

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	THE WELLSTAR HEALTH SYSTEM COMMUNITY FINANCIAL ASSISTANCE POLICY CAN BE FOUND ON ITS WEBSITE http //www wellstar org/about-us/policies-procedures/pages/community-finan cial-assistance-policy aspx SCHEDULE H, PART V, SECTION B, LINE 16B THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE http //www wellstar org/about-us/policies-procedures/documents/community-f inancial-aid-application pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16I	PUBLICATION OF THE FINANCIAL ASSISTANCE POLICY (FAP) In addition to the other methods of posting the financial assistance policy, the hospital makes available for patients in admissions and outpatient registration areas a brochure including frequently asked questions

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E	ADDITIONAL EFFORTS MADE BEFORE COLLECTIONS ACTION INITIATED The hospital facility also notified individuals of the financial assistance policy online at http //www wellstar org/pages/online-bill-pay aspx Furthermore, the hospital facility utilizes a propensity to pay software Individuals with a low ability/low propensity designation may qualify for full indigent or sliding scale charity benefits

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134040706

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 in column(B) 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
SCHEDULE J, PART I, LINE 1B	REIMBURSEMENT POLICY While WellStar Health System and its affiliates do not have a written policy regarding payment or reimbursement of the items listed in Part I Line 1a, the organization follows IRS guidelines in the payment of any of these items to individuals listed in Form 990 Part VII Section A These items are added as taxable wages on the individual's Form W-2 as appropriate SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS Pursuant to their respective employment agreements, the following groups of officers are entitled to severance payments based on their 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/KEY EMPLOYEES received severance pay during the 2014 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION KENNETH C KUNZE, MD $ 383,389 MICHAEL L GRAUE, MD 522,266 SCHEDULE J, PART I, LINE 4B The following officers/KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN DURING THE YEAR Valery Akopov Nicole Ashe JOSEPH L BRYWCZYNSKI ANTHONY J BUDZINSKI Laura Caramanica James Clements BARBARA B COREY BRUCE ALAN DEAN Sarath Degala Marcia Delk-Payne JIMMY E FRANCIS KRISTYN M GREIFER ROBERT D JANSEN PETER R JUNGBLUT CHRISTOPHER MICHAEL KANE Beth Kost Ellen Langford Elizabeth Loudermilk PATRICIA A MAYNE KIMBERLY W MENEFEE JONATHAN B MORRIS Bradford Newton Leo Reichert Bethany Robertson Michelle Robinson CANDICE LYNN SAUNDERS Richard Siegel CHRISTOPHER B SCULLEN Jeffery Stanley Daniel Styf JAMES M SWARTZ MARY LOUISE TAVERNARO Adam Thompson ANTHONY MICHAEL TRUPIANO Monte Wilson Robin Wilson DANIEL WOODS DONALD CAMPBELL ROBERT MANDLER DEBORAH ROEGGE DE VITA DAVID W ANDERSON CHESTER ZBOROWSKI BARBARA BALLARD Betty Brakovich Lee R Cook Louis Little Robert Lubitz Martin Gutkin SCHEDULE J, PART I, LINE 7B 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

Additional Data

Software ID:
Software Version:
EIN: 58-2032904
Name: KENNESTONE HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Valery A Akopov MD, VP & Chief of Hospitalist Svcs	(I)	0	0	0	0	0	0	0
	(II)	329,534	59,170	11,041	28,200	25,463	453,408	0
David W Anderson, EVP HR OL CCO	(I)	0	0	0	0	0	0	0
	(II)	414,523	205,272	29,134	45,700	24,590	719,219	0
Nicole V Ashe, VP Finance & CFO WMG	(I)	0	0	0	0	0	0	0
	(II)	219,898	32,783	9,504	22,403	23,482	308,070	0
Barbara G Ballard, VP Homecare & Hospice	(I)	0	0	0	0	0	0	0
	(II)	238,742	33,691	10,403	43,913	21,002	347,751	0
Betty A Brakovich, VP CNO Patient Care Services	(I)	157,685	28,582	10,302	23,465	12,327	232,361	0
	(II)	0	0	0	0	0	0	0
Joseph L Brywczynski, SVP Health Parks Development	(I)	0	0	0	0	0	0	0
	(II)	266,989	285,443	17,664	45,700	24,444	640,240	0
Anthony J Budzinski, EVP & CFO	(I)	0	0	0	0	0	0	0
	(II)	539,386	134,954	14,896	45,700	25,396	760,332	0
Donald Campbell MD, SVP Phys Educ & Student Aff	(I)	0	0	0	0	0	0	0
	(II)	327,517	167,537	18,263	45,700	16,783	575,800	0
Laura Caramanica, VP CNO Patient Care Services	(I)	271,856	171,232	11,564	45,700	9,834	510,186	0
	(II)	0	0	0	0	0	0	0
James E Clements, VP Bus Dev & Strategic Prtnrsp	(I)	0	0	0	0	0	0	0
	(II)	207,563	49,762	6,691	0	17,453	281,469	0
Lee R Cook, VP Med & Behavioral Health	(I)	0	0	0	0	0	0	0
	(II)	256,547	327,425	8,736	27,624	17,428	637,760	0
Barbara B Corey, SVP Managed Care	(I)	0	0	0	0	0	0	0
	(II)	301,454	65,765	11,944	21,292	26,837	427,292	0
Bruce A Dean, VP Real Estate Deputy Gen Cnsl	(I)	0	0	0	0	0	0	0
	(II)	227,781	40,345	14,335	45,675	24,166	352,302	0
Marcia Delk-Payne MD, SVP Med Affair & Chf Qlty Ofcr	(I)	0	0	0	0	0	0	0
	(II)	370,531	544,886	10,395	45,700	4,190	975,702	0
Nancy R Doelling, VP Pediatric SRVS (BEGIN 8/4)	(I)	0	0	0	0	0	0	0
	(II)	117,427	16,910	6,672	11,120	691	152,820	0
Jimmy E Francis, VP Info Technology Operations	(I)	0	0	0	0	0	0	0
	(II)	205,005	42,280	9,742	33,822	2,370	293,219	0
Steven L Grace, VP Talent Acquisition	(I)	0	0	0	0	0	0	0
	(II)	200,013	52,892	14,048	14,653	18,078	299,684	0
Michael L Graue, FORMER EVP & COO	(I)	0	0	0	0	0	0	0
	(II)	0	0	522,266	0	0	522,266	0
Kristyn M Greifer MD, VP Population Management	(I)	0	0	0	0	0	0	0
	(II)	307,528	52,230	10,225	18,722	9,958	398,663	0
Martin L Gutkin, VP Finance & Hospital CFO	(I)	190,902	52,190	15,231	0	9,294	267,617	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Joel W Helmke, VP Oncology (BEGIN 7/21)	(I)	0	0	0	0	0	0	0
	(II)	110,000	51,610	3,904	20,081	8,794	194,389	0
Robert D Jansen MD, EVP & Pres Medical Group	(I)	0	0	0	0	0	0	0
	(II)	591,219	170,344	20,977	45,700	29,543	857,783	0
Reynold J Jennings, PRESIDENT & CEO	(I)	0	0	0	0	0	0	0
	(II)	975,000	708,390	18,591	0	2,056	1,704,037	0
Peter R Jungblut MD, SVP & Medical Dir WMG	(I)	0	0	0	0	0	0	0
	(II)	307,528	78,959	12,316	40,200	29,199	468,202	0
Christopher M Kane, SVP Strategic Plan & Bus Dev	(I)	0	0	0	0	0	0	0
	(II)	341,744	454,243	10,413	21,954	20,378	848,732	0
Beth Kost, VP Compliance Chf Privacy Ofcr	(I)	0	0	0	0	0	0	0
	(II)	244,733	77,006	9,961	22,318	11,704	365,722	0
Kenneth C Kunze MD, FRMR SVP CHIEF MEDICAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	0	0	383,389	0	0	383,389	0
Ellen Langford, SVP & COO WellStar Med Group	(I)	0	0	0	0	0	0	0
	(II)	220,376	46,995	11,936	36,643	22,323	338,273	0
Louis W Little, SVP Post Acute Svc & Hosp Pres	(I)	247,333	321,759	9,969	44,057	22,463	645,581	0
	(II)	0	0	0	0	0	0	0
Elizabeth H Loudermilk, VP Ent Intelligence & Intgrtn	(I)	0	0	0	0	0	0	0
	(II)	225,680	73,283	9,197	6,309	19,342	333,811	0
Robert M Lubitz MD, VP Medical Affairs	(I)	348,421	62,338	11,023	45,700	4,848	472,330	0
	(II)	0	0	0	0	0	0	0
Sandra Lucius, VP Info Technology Apps	(I)	0	0	0	0	0	0	0
	(II)	185,834	30,026	8,564	44,758	2,235	271,417	0
Robert Mandler, VP Diagnostic Outreach	(I)	0	0	0	0	0	0	0
	(II)	214,261	58,412	18,167	45,249	16,275	352,364	0
Patricia A Mayne, VP Emergency Services	(I)	177,986	122,895	10,448	26,305	23,814	361,448	0
	(II)	0	0	0	0	0	0	0
Kimberly W Menefee, SVP Strategic Community Dev	(I)	0	0	0	0	0	0	0
	(II)	282,547	66,726	13,682	28,200	17,826	408,981	0
Christopher L Morgan, VP & Admin CLIO (BEGIN 7/7)	(I)	0	0	0	0	0	0	0
	(II)	110,770	52,731	4,638	20,102	1,645	189,886	0
Jonathan B Morris MD, SVP Chief Info Officer	(I)	0	0	0	0	0	0	0
	(II)	369,512	80,613	12,264	23,553	26,705	512,647	0
Bradford B Newton, VP Information Technology Admi	(I)	0	0	0	0	0	0	0
	(II)	192,691	30,661	8,988	20,598	27,113	280,051	0
Michael G Paul, VP Facilities Eng Support Svcs	(I)	0	0	0	0	0	0	0
	(II)	181,401	27,532	12,020	0	24,150	245,103	0
Leo E Reichert, EVP & General Counsel	(I)	0	0	0	0	0	0	0
	(II)	489,341	247,184	15,552	0	29,200	781,277	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Bethany Robertson, VP & Chief Learning Officer	(I)	0	0	0	0	0	0	0
	(II)	178,067	31,215	9,391	13,097	28,511	260,281	0
Michelle M Robinson, VP Mktng/PR/Internal Comm	(I)	0	0	0	0	0	0	0
	(II)	196,373	33,264	9,210	14,300	26,351	279,498	0
Deborah Roegge De Vita, VP Women & Newborn Svc Line	(I)	0	0	0	0	0	0	0
	(II)	195,728	27,621	8,576	25,759	6,141	263,825	0
Candice L Saunders, President & CEO	(I)	0	0	0	0	0	0	0
	(II)	621,461	174,240	16,525	45,334	27,582	885,142	0
Christopher B Scullen, VP Pulmonology Operations	(I)	0	0	0	0	0	0	0
	(II)	172,411	112,906	6,929	0	17,839	310,085	0
Richard S Siegel, VP Cardiology & CVM Admin	(I)	0	0	0	0	0	0	0
	(II)	271,627	40,496	11,541	45,700	24,762	394,126	0
Jeffery D Stanley, VP Pharmacy & System Coor	(I)	0	0	0	0	0	0	0
	(II)	176,156	30,945	9,170	21,580	8,658	246,509	0
Daniel J Styf, SVP PW Health Plan	(I)	0	0	0	0	0	0	0
	(II)	281,902	39,983	15,148	18,663	9,070	364,766	0
James M Swartz, VP Accounting	(I)	0	0	0	0	0	0	0
	(II)	200,242	63,140	8,971	16,856	25,406	314,615	0
Mary L Tavernaro, VP Human Resources Operations	(I)	0	0	0	0	0	0	0
	(II)	212,056	37,659	9,442	27,690	21,436	308,283	0
Adam C Thompson, VP Surgery	(I)	0	0	0	0	0	0	0
	(II)	166,858	51,698	9,517	0	21,830	249,903	0
Anthony M Trupiano, SVP Supply Chain	(I)	0	0	0	0	0	0	0
	(II)	268,258	61,742	15,219	45,700	1,896	392,815	0
Sean P Turner, VP Rev Cycle MGMT (BEGIN 9/28)	(I)	0	0	0	0	0	0	0
	(II)	233,395	36,468	3,219	20,091	26,574	319,747	0
Monte A Wilson, VP & COO Kennestone Hospital	(I)	287,019	48,986	10,221	0	26,235	372,461	0
	(II)	0	0	0	0	0	0	0
Robin Wilson MD, SVP Chief Hlth Innov Officer	(I)	0	0	0	0	0	0	0
	(II)	395,907	232,368	9,718	0	22,144	660,137	0
Daniel J Woods, SVP & Hospital President	(I)	379,267	87,679	15,644	45,700	24,659	552,949	0
	(II)	0	0	0	0	0	0	0
Chester A Zborowski, VP Health Parks Operations	(I)	0	0	0	0	0	0	0
	(II)	165,755	45,188	12,208	0	24,265	247,416	0
Avril P Beckford MD, TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	395,084	86,393	2,531	27,460	1,940	513,408	0
Jeffrey L Tharp MD, TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	480,597	147,676	2,596	45,700	29,025	705,594	0
THOMAS E GEARHARD MD, TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	293,273	48,916	5,186	42,668	30,543	420,586	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LOUIS LOVETT, AVP GME/DIO	(I)	245,575	39,483	3,838	42,138	23,353	354,387	0
	(II)	0	0	0	0	0	0	0
JYOTSNA R VANAPALLI, Rad Oncology Chief Physicist	(I)	198,869	315	448	21,484	20,912	242,028	0
	(II)	0	0	0	0	0	0	0
SHERRON KURTZ, Exec Dir Surgical Svcs KH/CH	(I)	160,326	18,484	5,389	11,459	3,522	199,180	0
	(II)	0	0	0	0	0	0	0
JANET P MEMARK, MD Physician Group	(I)	160,000	14,344	1,848	19,367	1,132	196,691	0
	(II)	0	0	0	0	0	0	0
CAROLE J HARMAN, Exec Dir Women's Nursing	(I)	149,760	17,172	1,962	11,615	21,467	201,976	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134040706

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
KENNESTONE HOSPITAL INC	58-2032904

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	
FORM 990, PART IV, LINE 12B	AUDITED FINANCIAL STATEMENTS Kennestone Hospital, Inc is audited on an annual basis by an outside auditing firm, KPMG, and as part of that audit a consolidated financial statement is issued for all of WellStar Health System, Inc and its Affiliates "The independent au ditors 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 , vario us Wellstar owned physician practices, a hospice facility, a nursing facility, home health business, and entities for infusion therapy and durable medical equipment All significan t 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 boar d of trustees of all affiliate corporations " FORM 990, PART IV, LINE 24A TAX EXEMPT BOND REPORTING For purposes of the Form 990 reporting, Wellstar Health System, Inc (EIN 58-164 9541) will list all tax-exempt bonds issued since January 1, 2003 on Schedule K as it typi cally allocates the proceeds of the bonds to members of the Obligated Group (including the hospitals and physician group) Kennestone Hospital, Inc will report this tax exempt bon d liability on Part X, Line 25 Other Liabilities-Due to WHS, Inc FORM 990, PART VI, SECTI ON A, LINE 7B POWERS OF THE BOARD As per the Articles of Incorporation, the sole member of the organization is Wellstar Health System, Inc , a GEORGIA nonprofit corporation As sol e member, Wellstar Health System, Inc holds certain powers of election and approval in co nnection with the governing body of the organization These powers are presented in detail in the governing documents which the company makes available to the public upon request FORM 990, PART VI, SECTION B, LINE 11B BOARD REVIEW OF FORM 990 Internal staff prepareS th e organization's Form 990 Before filing the return with the Internal Revenue Service an e xternal accounting firm, PricewaterhouseCoopers LLP, reviews and sign-offs on the complete d return of each organization The current year Form 990 is then reviewed by the Finance C ommittee along with a question and answer session A motion is then made by the Finance co mmittee to approve the returns and present to the full board copies of the forms in an ele ctronic (pdf format) version as well as a hard copy The organization's CFO or designee s ubsequently signs the return for either manual or electronic filing by the appropriate due date FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY Our conflict of interest policy requires all covered persons to annually review the policy and then comple te, sign and return the Conflicts of Interest Survey and Attestation to the Compliance Off ice 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 en force the policy Compliance identifies all covered persons who must complete the Survey a nd Attestation Compliance verifies that the Survey and Attestation is distributed to thes e persons Compliance verifies that these persons return a fully completed and signed Surv ey and Attestation Compliance reviews each completed and signed Survey and Attestation to identify all conflicts listed in the document All conflicts, potential conflicts and inc idences of non-compliance are referred to the Chief Compliance Officer The CCO takes appr opriate action to completely resolve all identified conflicts and incidences of non-compli ance FORM 990, PART VI, SECTION B, LINES 15A & 15B COMPENSATION OF OFFICERS Wellstar enga ges the Hay Group to work with the governing board to review and recommend executive compe nsation The executive compensation process at Wellstar is overseen by a committee of inde pendent trustees, which follows a board-approved executive compensation philosophy The co mpensation committee consists of five trustees as well as the CEO in an advisory role and not a voting member Further in committee discussions about the compensation for the Chief Executive Officer, The CEO will recuse him/herself from that process and is a non-voting committee member for discussions on all other officers The executive compensation philoso phy empowers the committee to oversee the executive compensation process and administer th e executive compensation program on behalf of the full board of trustee of Wellstar, provi ded, however, the full Board of Trustees evaluates and approves the compensation of the Ch ief Executive Officer The philosophy requires annual disclosure of the committee's action s 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 compen sation 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 def ines the market as being comprised of comparable not-for-profit health care delivery syste ms, i e , not-for-profit organizations similar in complexity and scale to Wellstar To ass ist 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 comm ittee oversees The committee uses this data to provide context when making decisions in a dministering the compensation program Accurate minutes of the committee's discussion and decisions are recorded during each committee meeting, and reviewed and approved by the ful l Board of Trustees at its next scheduled meeting FORM 990, PART VI, SECTION C, LINE 19 D OCUMENTS MADE AVAILABLE TO THE PUBLIC The organization and its subsidiaries are subject to the Open Records Law in the State of Georgia Therefore, by law, citizens are permitted t o inspect and copy its governing documents, policies and financial statements as may be re quested from time to time Additionally, the organization's Form 990 is made readily avail able on the Guidestar website Periodically, the organization publishes its financial perf ormance in the local newspaper for citizens to review, and it also publishes a community b enefit report once a year for distribution to the public FORM 990, PART VII OFFICERS HOUR S WORKED The officers devote their time to all of the organizations within Wellstar Health System that are listed in Schedule R, Part II As such, the total hours worked by the off icers across all organizations exceeds 40 hours a week. FORM 990, PART VII & FORM 990, SCH EDULE J COMPENSATION All compensation amounts reported on Form 990 Part V, Part VII, and P art IX as well as Schedule J represent compensation provided to individuals that provide s ervices to the organization Likewise, the number of employees reported on Form 990 repres ent the number of individuals providing services to the organization All Federal employme nt tax responsibilities for these individuals (including Federal Employment Tax reporting responsibilities) are handled by Wellstar Health System, Inc (EIN 58-1649541) FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS For the reporting period Kennestone Hospital, Inc had a change in net assets of ($191,575,481) related to transfers to affiliates as pa rt of the allocation of income statement and balance sheet transactions over the year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134040706

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

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

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	(g) No
(1) CHS Foundation Inc 805 Sandy Plains Road Marietta, GA 30066 58-1649540	Foundation	GA	501(C)(3)	11 Type 2	WHS Inc	Yes	
(2) Cobb Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-0968382	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
(3) Douglas Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-2026750	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
(4) Paulding Medical Center Inc 805 Sandy Plains Road Marietta, GA 30066 58-2095884	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
(5) Wellstar Foundation Inc 805 Sandy Plains Road Marietta, GA 30066 58-1627413	Foundation	GA	501(C)(3)	11 Type 2	WHS Inc	Yes	
(6) Wellstar Health System Inc 805 Sandy Plains Road Marietta, GA 30066 58-1649541	Healthcare	GA	501(C)(3)	11 Type 2	NA		No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Cobb Hospital Parking Company LLC 805 Sandy Plains Road Marietta, GA 300666340 75-2999669	Parking	GA	WHS	N/A	0	0			0			
(2) KENNESTONE EAST PARKING DECK LLC 793 SAWYER ROAD MARIETTA, GA 30060 20-0537100	PARKING	GA	WHS	N/A	0	0			0			

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	(i) No
(1) Community Assurance Co 3rd Fl Barclays House Shedden Rd George Town, Grand Cayman CJ 58-1649541	Insurance	CJ		C-CORP					

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-2032904
Name: KENNESTONE HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if 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 Inc	Yes	
(1) Cobb Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-0968382	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
(2) Douglas Hospital Inc 805 Sandy Plains Road Marietta, GA 30066 58-2026750	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
(3) Paulding Medical Center Inc 805 Sandy Plains Road Marietta, GA 30066 58-2095884	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
(4) Wellstar Foundation Inc 805 Sandy Plains Road Marietta, GA 30066 58-1627413	Foundation	GA	501(C)(3)	11 Type 2	WHS Inc	Yes	
(5) Wellstar Health System Inc 805 Sandy Plains Road Marietta, GA 30066 58-1649541	Healthcare	GA	501(C)(3)	11 Type 2	NA		No