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Form 990

Return of Organization Exempt From Income Tax

2014

Open to Public
Inspection

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

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable	C Name of organization WEST GEORGIA MEDICAL CENTER INC		D Employer identification number 20-5497506
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (706) 882-1411
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 1514 VERNON ROAD	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code LAGRANGE, GA 30240		G Gross receipts \$ 211,540,322
F Name and address of principal officer GERALD FULKS 1514 VERNON ROAD LAGRANGE, GA 30240		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► WWW WGHEALTH.ORGK Form of organization Corporation Trust Association Other ►H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 2006 M State of legal domicile GA

Part I Summary

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

THE PRIMARY MISSION OF WEST GEORGIA MEDICAL CENTER IS TO PROVIDE ACCESS TO QUALITY, COST-EFFECTIVE COMMUNITY-BASED HEALTHCARE SERVICES TO RESIDENTS OF COUNTIES IN WESTERN GEORGIA AND EASTERN ALABAMA

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,538
6 Total number of volunteers (estimate if necessary)	6	148
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	215,450
b Net unrelated business taxable income from Form 990-T, line 34	7b	88,712

	Prior Year		Current Year	
8 Contributions and grants (Part VIII, line 1h)	749,267		332,841	
9 Program service revenue (Part VIII, line 2g)	204,325,789		205,916,717	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,875,989		1,455,454	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,251,797		3,387,987	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211,202,842		211,092,999	

	Prior Year		Current Year	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	258,304		244,873	
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)	77,273,624		77,164,525	
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)	126,730,463		121,364,535	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	204,262,391		198,773,933	
19 Revenue less expenses Subtract line 18 from line 12	6,940,451		12,319,066	

	Beginning of Current Year		End of Year	
20 Total assets (Part X, line 16)	185,495,578		187,302,342	
21 Total liabilities (Part X, line 26)	95,650,747		147,120,743	
22 Net assets or fund balances Subtract line 21 from line 20	89,844,831		40,181,599	

Part II Signature Block

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

Sign Here	*****	2016-08-11
	Signature of officer	Date
PAUL PEROTTI CFO/SENIOR VICE PRESIDENT		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date	Check <input type="checkbox"/> if self-employed	PTIN P00445891
	Firm's name ► DIXON HUGHES GOODMAN LLP			Firm's EIN ► 56-0747981	
Firm's address ► 500 RIDGEFIELD COURT ASHEVILLE, NC 28806			Phone no (828) 254-2254		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

WEST GEORGIA HEALTH SERVES THE HEALTH CARE NEEDS OF PEOPLE WITHIN OUR REGION THROUGH PROFESSIONAL SERVICE, COMPASSIONATE TREATMENT AND A SAFE ENVIRONMENT, WHILE COLLABORATING WITH COMMUNITY LEADERS TO PRODUCE BETTER HEALTH FOR OUR CITIZENS

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 \$ 154,796,552 including grants of \$ 244,873) (Revenue \$ 182,214,982)
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THE HOSPITAL SERVICES PROGRAMS' GOAL IS TO PROVIDE THE BEST POSSIBLE HEALTH CARE SERVICES TO MEET THE NEEDS OF THE PEOPLE IN TROUP AND OTHER COUNTIES IN THE GEOGRAPHICAL AREA. THE PROGRAM HAD 8,438 ADMISSIONS, 30,599 INPATIENT DAYS, 55,969 OUTPATIENT EMERGENCY ROOM VISITS, 5,425 INPATIENT EMERGENCY ROOM VISITS, 1,843 INPATIENT SURGERIES, 4,202 OUTPATIENT SURGERIES, 664 INPATIENT ENDOSCOPIES, 3,710 OUTPATIENT ENDOSCOPIES, AND 1,106 DELIVERIES

4b	(Code) (Expenses \$ 9,587,246 including grants of \$) (Revenue \$ 16,982,293)
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LONG TERM CARE INCLUDES TWO NURSING HOMES. THIS PROGRAM PROVIDED 87,737 INPATIENT DAYS IN SKILLED NURSING CARE

4c	(Code) (Expenses \$ 3,329,235 including grants of \$) (Revenue \$ 4,163,894)
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HOSPICE PROGRAM PROVIDED 4,041 INPATIENT DAYS OF HOSPICE CARE AND 12,883 DAYS OF HOSPICE HOME CARE

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 4,486,719 including grants of \$) (Revenue \$ 2,754,029)

4e **Total program service expenses** 172,199,752

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8	Yes	
9	Yes	
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	Section 501(c)(3), 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)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	Yes	
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	35a	No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
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	36	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	37	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	38	Yes	
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			

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	375	
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	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	1,538	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> 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).	7a	No	
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? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year			
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		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
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.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O	13b		
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 . . .	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	9	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	
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	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed GA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 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
 PAUL PEROTTI SR VPCFO

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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	Former			
(1) MIKE PATTON	1 00			X					0	0
CHAIR	1 00				X					0
(2) JOHN MCKIBBEN	1 00			X					0	0
VICE CHAIR	2 00				X					0
(3) SPEER BURDETTE	1 00			X					0	0
TREASURER	1 00				X					0
(4) ANIL MODI MD	1 00			X					19,956	0
SECRETARY					X					0
(5) BOBBY CARMICHAEL	1 00			X					0	0
BOARD MEMBER					X					0
(6) NANCY DURAND	1 00			X					0	0
BOARD MEMBER	3 00				X					0
(7) RANDY COMERFORD MD	1 00			X					0	0
BOARD MEMBER	1 00				X					0
(8) KENNETH MCCAMEY	1 00			X					0	0
BOARD MEMBER	1 00				X					0
(9) GEORGE STEFENELLI MD	1 00			X					6,000	0
BOARD MEMBER					X					0
(10) GERALD N FULKS	40 00				X				472,740	0
PRESIDENT/CEO	2 00					X				92,545
(11) PAUL R PEROTTI	40 00					X			318,015	0
SENIOR VP FINANCE/CFO	3 00						X			52,549
(12) CHARIS ACREE	40 00						X		268,720	0
SENIOR VP OPERATIONS								X		84,769
(13) TRIPP PENN	40 00							X	182,275	0
VP SUPPORT SERVICES										32,903
(14) DEBORAH W BURTON	40 00							X	188,277	0
VP/CHIEF NURSING OFFICER										64,332

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	
		Or director	Individual trustee	Insti tutional trustee	Offi cer	Key employee	Highest employee compensat ion per person			
(15) TOMMY BRITT	40 00				X			160,689	0	28,183
VP HUMAN RESOURCES									
(16) LIZA FRITCHLEY	40 00				X			160,584	0	27,927
VP SENIOR SERVICES									
(17) MARY SPARROW	40 00					X		138,646	0	42,410
PHARMACIST									
(18) DON DAVIS	40 00					X		165,979	0	44,932
DIRECTOR, PHARMACY									
(19) ALFRED MCNAIR	40 00					X		151,397	0	71,488
PHARMACIST									
(20) CAROL TODD	40 00					X		177,806	0	30,025
GENERAL COUNSEL									
(21) JANICE PAGE	40 00					X		131,989	0	28,278
PHARMACIST									

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	2,543,073	0	600,341

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 ►49

	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	No
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
CONIFER HEALTH SOLUTIONS LLC 1500 S DOUGLASS RD ANAHEIM, CA 92806	MANAGEMENT	5,327,196
GEORGIA RADIOLOGY SERVICES LLC 5665 NEW NORTHSIDE DR ATLANTA, GA 30328	OUTSIDE RADIOLOGY	3,135,663
SOUTHERN CRESCENT ANESTHESIOLOGY 80 NEWNAN STATION DRIVE NEWNAN, GA 30265	ANESTHESIOLOGY SERVICES	1,056,865
MICROSOFT LICENSING GP 1950 N STEMMONS FWY DALLAS, TX 75207	SOFTWARE	525,745
HSS INC 900 SOUTH BROADWAY SUITE A DENVER, CO 80209	SECURITY SERVICES	484,981

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 ►114

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 325,141			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,700			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		332,841		
Program Service Revenue	Business Code				
	2a PATIENT SERVICE REVENUE	621400	204,161,527	204,161,527	
	b PREMIER PSHP INCOME	900099	942,140	942,140	
	c PHARMACY	621400	529,882	529,882	
	d EHR INCENTIVE PROGRAM REVENUE	621400	227,402	227,402	
	e LIFELINE	621400	55,766	55,766	
	f All other program service revenue				
	g Total. Add lines 2a-2f		205,916,717		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,473,564		1,473,564
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(I) Real	(II) Personal			
	6a Gross rents	36,251	395,139		
	b Less rental expenses	0	0		
	c Rental income or (loss)	36,251	395,139		
	d Net rental income or (loss)		431,390	36,251	395,139
(I) Securities	(II) Other				
7a Gross amount from sales of assets other than inventory		31,084			
b Less cost or other basis and sales expenses	46,642	2,552			
c Gain or (loss)	-46,642	28,532			
d Net gain or (loss)		-18,110		-18,110	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
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					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b 596,610	398,129	198,481	198,481	
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MANAGEMENT FEES	900099	1,297,453		1,297,453	
b CAFETERIA AND VENDING	900099	797,171		797,171	
c MISCELLANEOUS	621400	344,812	179,199	165,613	
d All other revenue		318,680		318,680	
e Total. Add lines 11a-11d		2,758,116			
12 Total revenue. See Instructions		211,092,999	206,115,198	215,450	4,429,510

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	244,873	244,873		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,084,923	662,265	1,422,658	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	57,627,120	51,423,584	6,203,536	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,066,680	3,547,647	519,033	
9 Other employee benefits	9,216,036	8,039,787	1,176,249	
10 Payroll taxes	4,169,766	3,637,576	532,190	
11 Fees for services (non-employees)				
a Management	334,845	247,250	87,595	
b Legal	1,560,845		1,560,845	
c Accounting	254,591		254,591	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	134,463		134,463	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,065,851	25,721,956	2,343,895	
12 Advertising and promotion	655,702	35,933	619,769	
13 Office expenses	10,268,071	7,691,045	2,577,026	
14 Information technology	4,852,691	631,397	4,221,294	
15 Royalties				
16 Occupancy	2,303,556	2,101,796	201,760	
17 Travel	603,445	373,759	229,686	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	193,136	115,212	77,924	
20 Interest	3,379,411		3,379,411	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,486,538	10,568,489	918,049	
23 Insurance	825,052	742,458	82,594	
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 BAD DEBT	33,914,141	33,914,141		
b MEDICAL SUPPLIES	22,486,049	22,486,049		
c UBI TAX	31,613		31,613	
d MED STAFF DEVELOPMENT D	14,535	14,535		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	198,773,933	172,199,752	26,574,181	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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	11,669,888	1 11,667,455
2	Savings and temporary cash investments	376,039	2 778,382
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	24,541,252	4 24,076,144
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
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	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	3,018,100	8 3,078,360
9	Prepaid expenses and deferred charges	2,335,772	9 1,584,213
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 255,014,263	
b	Less accumulated depreciation	10b 98,173,524	10c 90,881,320
11	Investments—publicly traded securities	39,009,726	11 49,676,517
12	Investments—other securities See Part IV, line 11	12	
13	Investments—program-related See Part IV, line 11	130,115	13 192,100
14	Intangible assets	14	
15	Other assets See Part IV, line 11	6,241,162	15 5,367,851
16	Total assets. Add lines 1 through 15 (must equal line 34)	185,495,578	16 187,302,342
Liabilities			
17	Accounts payable and accrued expenses	16,716,701	17 19,009,682
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	67,734,565	20 65,465,835
21	Escrow or custodial account liability Complete Part IV of Schedule D	70,022	21 54,049
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	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	24	
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	11,129,459	25 62,591,177
26	Total liabilities. Add lines 17 through 25	95,650,747	26 147,120,743
Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	82,512,313	27 33,072,301
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	7,332,518	29 7,109,298
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	89,844,831	33 40,181,599
34	Total liabilities and net assets/fund balances	185,495,578	34 187,302,342

Part XI Reconciliation of Net AssetsCheck 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	211,092,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	198,773,933
3	Revenue less expenses Subtract line 2 from line 1	3	12,319,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,844,831
5	Net unrealized gains (losses) on investments	5	-1,856,310
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	-60,125,988
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,181,599

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

Additional Data

Software ID:

Software Version:

EIN: 20-5497506

Name: WEST GEORGIA MEDICAL CENTER INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	(Expenses \$	4,486,719	including grants of \$) (Revenue \$	2,754,029)
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ADDITIONAL EXEMPT ACTIVITY PROGRAMS INCLUDING HOME HEALTH, DIALYSIS, PHYSICIAN PRACTICES, OCCUPATIONAL EXPENSES, OCCUPATIONAL HEALTH, SCHOLARSHIPS, ETC IN ADDITION ALL FY 2015 PROFITS FROM SALES AT THE GIFT SHOP WERE DONATED TO THE FOUNDATION TO SUPPORT THE UPCOMING CANCER PROGRAM

SCHEDULE A
(Form 990 or 990EZ)**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.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

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

The organization is not a private foundation because it is (For lines 1 through 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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**.

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).

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).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 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**.

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.

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).

11 Has the organization accepted a gift or contribution from any of the following persons?

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

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

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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.

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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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?

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).

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.

	Yes	No
1		
2		
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**)

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.**

	Yes	No
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.**

	Yes	No
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.*

	Yes	No
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.**

	Yes	No
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

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 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 Other expenses (see instructions)
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is attached to Form 990 or Form 990-EZ.**

2014

**Open to Public
Inspection**

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

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

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

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

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

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

Name of the organization

Name of the organization
WEST GEORGIA MEDICAL CENTER, INC.

Employer identification number

30-5497506

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

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

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		42,420
j Total Add lines 1c through 1i			42,420
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	WEST GEORGIA MEDICAL CENTER, INC PAYS ANNUAL MEMBERSHIP DUES TO GEORGIA ALLIANCE OF COMMUNITY HOSPITALS, GEORGIA HOSPITAL ASSOCIATION, GEORGIA HEALTH CARE ASSOCIATION, AND THE AMERICAN HOSPITAL ASSOCIATION A PORTION OF THESE DUES ARE DESIGNATED BY THESE ORGANIZATIONS FOR LOBBYING ACTIVITIES

Part IV **Supplemental Information (continued)**

Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2014

► 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.**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$ 2,355,189
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 <input checked="" type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input checked="" type="checkbox"/> Preservation for future generations	

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
1c	70,022
1d	
1e	15,973
1f	54,049

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	7,332,518	7,563,602	9,277,918	9,327,227	9,660,005
b Contributions				695,000	600,000
c Net investment earnings, gains, and losses				11,142	363
d Grants or scholarships				486,291	637,675
e Other expenditures for facilities and programs	223,220	231,084	1,714,316	269,160	295,466
g End of year balance	7,109,298	7,332,518	7,563,602	9,277,918	9,327,227

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

a Board designated or quasi-endowment

b Permanent endowment 100 000 %

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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		3,695,649			3,695,649
b Buildings		110,438,540	49,151,664		61,286,876
c Leasehold improvements		9,681,153	5,823,600		3,857,553
d Equipment		129,506,817	109,157,679		20,349,138
e Other		1,692,104			1,692,104
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					90,881,320

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.

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.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	62,591,177
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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	114,518,086
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,856,310
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	398,129
e	Add lines 2a through 2d	2e	-1,458,181
3	Subtract line 2e from line 1	3	115,976,267
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	134,463
b	Other (Describe in Part XIII)	4b	94,982,269
c	Add lines 4a and 4b	4c	95,116,732
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	211,092,999

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	164,181,318
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	398,129
e	Add lines 2a through 2d	2e	398,129
3	Subtract line 2e from line 1	3	163,783,189
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	134,463
b	Other (Describe in Part XIII)	4b	34,856,281
c	Add lines 4a and 4b	4c	34,990,744
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	198,773,933

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
PART III, LINE 4	THE ORGANIZATION HOLDS ART COLLECTIONS AND EXHIBITS THEM IN PUBLIC AREAS. THE EXHIBITS ENHANCE THE HEALTH CARE EXPERIENCES FOR PATIENTS, PATIENT'S FAMILIES, AND VISITORS
PART V, LINE 4	TERM ENDOWMENT FUNDS ARE TO BE USED FOR NURSING SCHOLARSHIPS. PERMANENT ENDOWMENT FUNDS ARE TO BE USED FOR PROPERTY AND IMPROVEMENTS FOR HOSPITAL PURPOSES
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAX PURSUANT TO INTERNAL REVENUE CODE SECTION 501(A), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION HAS EVALUATED ITS TAX POSITION AND HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2015 AND 2014 FISCAL YEARS ENDING ON AND AFTER SEPTEMBER 30, 2012 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	AUXILIARY COST OF GOODS SOLD FOR GIFT SHOP 398,129
PART XI, LINE 4B - OTHER ADJUSTMENTS	PREMIER HEALTH ALLIANCE REVENUE INCLUDED IN EXPENSES 942,140 PROVISION FOR BAD DEBT 33,914,141 PENSION LIABILITY ADJUSTMENT 15,597,680 EQUITY TRANSFER TO AFFILIATE PSO 9,172,315 RESTATED ASC 715 NET PENSION OBLIGATION 35,355,993
PART XII, LINE 2D - OTHER ADJUSTMENTS	AUXILIARY COST OF GOODS SOLD FOR GIFT SHOP 398,129
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBT 33,914,141 PREMIER HEALTH ALLIANCE REVENUE INCLUDED IN EXPENSES 942,140

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service► 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.

2014

Open to Public
Inspection

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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		
<input type="checkbox"/> Applied uniformly to all hospital facilities	<input type="checkbox"/> Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 12500 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for <i>discounted</i> care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 37500 0000000000 %		
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 eligible 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)			7,439,091		7,439,091	4 510 %
b Medicaid (from Worksheet 3, column a)			30,083,196	24,481,784	5,601,412	3 400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			403,280	180,597	222,683	0 140 %
d Total Financial Assistance and Means-Tested Government Programs			37,925,567	24,662,381	13,263,186	8 050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			59,863		59,863	0 040 %
f Health professions education (from Worksheet 5)			1,031,396		1,031,396	0 630 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			151,258		151,258	0 090 %
j Total Other Benefits			1,242,517		1,242,517	0 760 %
k Total Add lines 7d and 7j			39,168,084	24,662,381	14,505,703	8 810 %

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			2,356		2,356	0 %
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			2,356		2,356	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? **1**

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** 11,132,143

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** 0

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

Yes	No
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1		No
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Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) **5** 36,160,454

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 34,525,247

7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** 1,635,207

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

9a	Yes
-----------	-----

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?

1

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

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)

WEST GEORGIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group**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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12	5	Yes
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		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE DISCLOSURE</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	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) <u>SEE DISCLOSURE</u>		
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)

WEST GEORGIA MEDICAL CENTER

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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>375 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> 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? 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)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE DISCLOSURE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE DISCLOSURE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE DISCLOSURE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

WEST GEORGIA MEDICAL CENTER

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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> 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, 16l, 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? 6

Name and address	Type of Facility (describe)
1 FLORENCE HAND HOME 200 MEDICAL DRIVE LAGRANGE, GA 30240	LONG TERM CARE
2 TWIN FOUNTAINS HOME 1400 HOGANSVILLE ROAD LAGRANGE, GA 30240	LONG TERM CARE
3 HOSPICE LAGRANGE 1510 VERNON ROAD LAGRANGE, GA 30240	HOSPICE
4 WEST GEORGIA WOUND CARE 1600 VERNON RD SUITE G LAGRANGE, GA 30240	WOUND CARE
5 WEST GEORGIA HOME CARE 120 GLEN BASE ROAD LAGRANGE, GA 30240	HOME HEALTH, SKILLED NURSING
6 WOMEN'S HEALTH CENTER 1420 VERNON ROAD LAGRANGE, GA 30240	WOMEN'S CENTER
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
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 33,914,141

Form and Line Reference	Explanation
PART I, LINE 6B	PLEASE SEE THE ORGANIZATION'S COMMUNITY BENEFIT REPORT FOR FY'15 AT THE WEB ADDRESS BELOW HTTP://WWW WGHEALTH ORG/IMAGES/UPLOADS/WGH_YEAR_2_EVALUATION_FINAL_REPORT_05-02-16_2 PDF

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>WEST GEORGIA HEALTH HAS BEEN THE COMMUNITY HOSPITAL FOR LAGRANGE AND THE WEST CENTRAL AREA OF GEORGIA FOR OVER SEVENTY YEARS, ALWAYS STRIVING TO PROVIDE EXCELLENT SERVICE TO OUR PATIENTS. IT IS THE ONLY HOSPITAL WITHIN A 35 MILES RADIUS FOR MANY COMMUNITY MEMBERS IN THE SERVICE AREA. WEST GEORGIA MEDICAL CENTER AND ITS EMPLOYEES SUPPORTS THEIR COMMUNITY THROUGH A VARIETY OF WAYS IN TERMS OF SPONSORSHIPS, WGMC HAS PROVIDED SPONSOR FUNDING TO SEVERAL ORGANIZATIONS THAT FOCUS ON HEALTH-RELATED EVENTS THAT BENEFIT OUR LOCAL COMMUNITY INCLUDING THE AMERICAN CANCER SOCIETY RELAY FOR LIFE, MARCH OF DIMES MARCH FOR BABIES, HEART OF WEST GEORGIA GOLF TOURNAMENT, WALK TO END ALZHEIMER'S, AMONG OTHERS. IN ADDITION, WGMC COORDINATES TWO MAJOR COMMUNITY EVENTS EACH YEAR: PAINT THE TOWN PINK BREAST CANCER AWARENESS EVENT AND THE HEART TRUTH FOR WOMEN LUNCHEON. IN ADDITION, WGMC SUPPORTS THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE AND ITS MISSION OF IMPROVING ECONOMIC DEVELOPMENT FOR THE COUNTY WITH A CHAIRMAN'S LEVEL SPONSORSHIP EACH YEAR IN TERMS OF HEALTH PROMOTION. WGMC PARTICIPATES IN COMMUNITY HEALTH FAIRS, OFFERING A VARIETY OF SCREENINGS (BLOOD PRESSURE, GLUCOSE, CLINICAL BREAST EXAMS, FLU CLINICS) AND INFORMATION REGARDING PREVENTION AND AWARENESS OF NUMEROUS DISEASES PREVALENT IN OUR COMMUNITY (STROKE, DIABETES, HYPERTENSION, HEART DISEASE, CANCER, COPD, SMOKING). FOR THE PAST 5 YEARS, WGMC HAS PROVIDED MANPOWER AND PLANNING EXPERTISE TO TEEN MAZE, A TROUP COUNTY HEALTH DEPARTMENT INITIATIVE DESIGNED TO LOWER TEEN PREGNANCY RATES, PROVIDE INFORMATION ON DISTRACTED AND/OR DRUNK DRIVING, STD'S, AND RISKY BEHAVIORS AND TO RAISE TROUP COUNTY GRADUATION RATES. WGMC ALSO OFFERS LOW-COST (\$5) PROSTATE CANCER SCREENINGS EACH YEAR AND PARTNERS WITH THE WEST CENTRAL GEORGIA CANCER COALITION TO OFFER VOUCHERS FOR MAMMOGRAMS FOR UNDERSERVED WOMEN WHO QUALIFY. WGMC ALSO HOSTED SIX BLOOD DRIVES IN 2015, DURING WHICH 293 UNITS WERE DONATED PRIMARILY BY WGMC EMPLOYEES. FOR MORE THAN 40 YEARS, WGMC EMPLOYEES AND PHYSICIANS HAVE VOLUNTEERED THEIR TIME TO CONDUCT FREE ATHLETIC PHYSICALS FOR ALL MIDDLE AND HIGH SCHOOL ATHLETES WITHIN THE TROUP COUNTY SCHOOL DISTRICT. WGMC HOSTS A VARIETY OF MONTHLY OR QUARTERLY SUPPORT GROUPS INCLUDING THOSE FOR PATIENTS AND/OR FAMILIES WITH CANCER, BREAST CANCER, ALZHEIMER'S AND PARKINSON'S DISEASES. THEY ALSO OFFER A BREASTFEEDING SUPPORT GROUP FOR MOTHERS WITH INFANTS. WGMC STAFF ROUTINELY OFFER COMMUNITY CLASSES FOR CHILDBIRTH PREPARATION, BREASTFEEDING, INFANT CPR AND SAFETY, HEARTSAVER CPR, SAFE BABYSITTERS, PRE-TEEN CLASSES ON BODY CHANGES AND BLS FOR HEALTHCARE PROVIDERS. IN ADDITION TO ITS LIFESAVING TECHNOLOGY AND TREATMENTS, WGMC'S CANCER PROGRAM OFFERS NUMEROUS COMPLEMENTARY THERAPIES INCLUDING ART THERAPY, CURVY YOGA, NUTRITION CLASSES FOR CANCER PATIENTS AND THEIR FAMILIES, AS WELL AS THE AMERICAN CANCER SOCIETY PROGRAMS LOOK GOOD, FEEL BETTER AND ROAD TO RECOVERY PROGRAMS. SINCE 1996, WEST GEORGIA HOSPICE, A DIVISION OF WGMC, HAS HOSTED A GOLF TOURNAMENT EACH YEAR TO BENEFIT THE WEST GEORGIA HOSPICE CHARITABLE FUND. THE MONEY IN THIS FUND HELP ENSURE THAT ALL FAMILIES IN NEED HAVE ACCESS TO COMPREHENSIVE AND COMPASSIONATE HOSPICE CARE, REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION, WEST GEORGIA HOSPICE HOSTS CAMP DOGWOOD, A FREE, THREE-DAY GRIEF CAMP FOR 125 CHILDREN IN KINDERGARTEN THROUGH 8TH GRADE WHO HAVE EXPERIENCED THE LOSS OF A CLOSE LOVED ONE. THIS PROGRAM BEGAN IN 1997 IN ADDITION TO RAISING FUNDS TO SUPPORT FOR A RENOVATION/EXPANSION OF WGMC'S CANCER CENTER, THE WEST GEORGIA FOUNDATION COORDINATES THE WEST GEORGIA INSIDERS PROGRAM. THIS PROGRAM, WHICH LAUNCHED IN 2013, HOSTS EIGHT SESSIONS EACH YEAR FOR A CLASS THAT IS COMPOSED OF 20 BUSINESS AND COMMUNITY LEADERS REPRESENTING A GOOD CROSS SECTION OF OUR COMMUNITY. ITS PURPOSE IS TO EDUCATE COMMUNITY LEADERS ABOUT THE HEALTHCARE SERVICES AVAILABLE IN TROUP COUNTY, AS WELL AS THE CHANGES IN HEALTHCARE POLICY THAT COULD AFFECT LOCAL FAMILIES AND BUSINESSES.</p>

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE BAD DEBT EXPENSE WAS COMPUTED SO AS TO REFLECT THE ESTIMATED NET REALIZABLE AMOUNTS RECEIVABLE FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE A PROVISION FOR BAD DEBT IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE RECOVERIES OF ACCOUNTS PREVIOUSLY WRITTEN OFF ARE RECORDED AS A REDUCTION TO THE PROVISION FOR BAD DEBT EXPENSE BAD DEBT EXPENSE WAS COMPUTED USING THE COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE ALLOWABLE COSTS WERE CALCULATED USING MEDICARE COST REPORTS

Form and Line Reference	Explanation
PART III, LINE 9B	THE ORGANIZATION HAS A FINANCIAL ASSISTANCE POLICY WHICH GOVERNS ELIGIBILITY CRITERIA AND COLLECTON PRACTICES FOR ALL PATIENTS AND PATIENTS KNOWN TO QUALIFY FOR CHARITY AND OTHER FINANCIAL ASSISTANCE. ONCE A PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE, IT IS NOTED IN THE PATIENT'S FINANCIAL CHART AND ANY COLLECTON EFFORTS CEASE.

Form and Line Reference	Explanation
PART VI, LINE 2	WEST GEORGIA MEDICAL CENTER IDENTIFIED AND ASSESSED THE HEALTH NEEDS OF THE COMMUNITY THROUGH THE FOLLOWING STEPS 1) THE HOSPITAL'S CEO DEVELOPED AN INTERNAL STEERING COMMITTEE 2) THE COMMITTEE DEFINED THE COMMUNITY AS ITS PRIMARY SERVICE AREA - TROUP COUNTY, GA 3) THE COMMITTEE IDENTIFIED AND ENGAGED COMMUNITY LEADERS AND STAKEHOLDERS 4) WGMC WORKED WITH DRAFFIN & TUCKER, LLP TO CREATE A COMMUNITY HEALTH PROFILE WHICH ADDRESSED ACCESS TO PREVENTIVE HEALTH SERVICES, UNDERLYING CAUSES OF HEALTH PROBLEMS, AND MAJOR CHRONIC DISEASES OF THE POPULATION 5) THE TEAM GAINED COMMUNITY INPUT VIA MEETINGS WITH COMMUNITY LEADERS AND STAKEHOLDERS 6) THE TEAM DEVELOPED A PRIORITIZATION OF NEEDS TO ADDRESS 7) THE TEAM DEVELOPED IMPLEMENTATION STRATEGIES TO ADDRESS THE IDENTIFIED NEEDS

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION NOTIFIES PATIENTS (OR THEIR REPRESENTATIVES) OF THIS POLICY AT REGISTRATION. SIGNAGE IS POSTED IN BOTH ENGLISH AND SPANISH. INFORMATION AND APPLICATIONS FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN THE ADMISSIONS OFFICE AND EMERGENCY DEPARTMENT. WEST GEORGIA HEALTH COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE TO THE COMMUNITY BY COMMUNICATION ON THE HOSPITAL INTERNET SITE, AND VIA POSTINGS IN INTAKE AREAS. WGH ASSURES THE LATEST UPDATES ARE AVAILABLE FOR PUBLIC COMMUNICATIONS ANNUALLY

Form and Line Reference	Explanation
PART VI, LINE 4	WEST GEORGIA HEALTH SERVICES, INC (WGHS) IS A 558-BED FACILITY LOCATED IN LAGRANGE, GEORGIA, APPROXIMATELY 70 MILES SOUTH OF ATLANTA. WGHS PRIMARY SERVICE AREA IS TROUP COUNTY WITH A POPULATION OF APPROXIMATELY 68,000, BUT IT ALSO SERVES OTHER COUNTIES IN THE WEST CENTRAL GEORGIA AND EAST CENTRAL ALABAMA. APPROXIMATELY 19.5% OF THE POPULATION IN THE SERVICE AREA IS LIVING AT OR BELOW POVERTY LEVEL. ALMOST 25% OF THE POPULATION IS UNDER 18 YEARS AND ONLY ABOUT 14% OF THE POPULATION IN THE SERVICE AREA IS OVER THE AGE OF 65. THE MEDIAN HOUSEHOLD INCOME IN THE PRIMARY SERVICE AREA IS APPROXIMATELY \$42,000.

Form and Line Reference	Explanation
PART VI, LINE 5	THE ORGANIZATION'S BOARD IS COMPRISED PRIMARILY OF RESIDENTS OF THE PRIMARY SERVICE AREA. MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN SELECT DEPARTMENTS. ALL SURPLUS FUNDS ARE REINVESTED INTO HEALTHCARE SERVICES FOR THE COMMUNITY. IN ADDITION TO OPERATING A 276-BED HOSPITAL, WGMC ALSO OPERATES A 16-BED HOSPICE FACILITY AND TWO NURSING HOMES (265-BEDS). WEST GEORGIA MEDICAL CENTER AND ITS EMPLOYEES SERVE OUR COMMUNITY THROUGH A VARIETY OF SCREENING EVENTS, HEALTH FAIRS, EDUCATIONAL SESSIONS AND SERVICE CLINICS. SUCH SCREENING EVENTS INCLUDE - PAINT THE TOWN PINK BREAST CANCER AWARENESS EVENT, TROUP FAMILY EXPO, THE ANNUAL SUPERSTAR FOOTBALL CAMP, ANNUAL \$5 PROSTATE SCREENINGS, CLINICAL BREAST EXAMS/VOUCHERS FOR FREE MAMMOGRAM FOR WOMEN WHO QUALIFY (A PARTNERSHIP WITH WEST GEORGIA CANCER COALITION) AND THE BRINGING THE AGES TOGETHER HEALTH EXPO, AMONG OTHERS.

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION (WGMC) IS PART OF WEST GEORGIA HEALTH SERVICES, INC , A MULTI- ENTITY HEALTHCARE SYSTEM THE ORGANIZATIONS IN THE SYSTEM INCLUDE (1) WEST GEORGIA HEALTH SERVICES, INC - WGHS SERVES AS THE PARENT ORGANIZATION OF THE SYSTEM AND PROVIDES STRATEGIC DIRECTION FOR THE SYSTEM (2) WEST GEORGIA MEDICAL CENTER, INC (WGMC)-- OPERATES A 276-BED ACUTE CARE HOSPITAL, A 150-BED SKILLED NURSING HOME (FLORENCE HAND HOME), A 112- BED SKILLED NURSING HOME (TWIN FOUNTAINS HOME), WEST GEORGIA HOSPICE (A HOME HOSPICE AGENCY) PLUS A 16-BED INPATIENT FACILITY), AND WEST GEORGIA HOME CARE WHICH PROVIDES HOME CARE SERVICES TO TROUP, HEARD, HARRIS, MERIWETHER COUNTIES (3) VERNON WOODS RETIREMENT COMMUNITY, INC - VERNON WOODS OPERATES A RETIREMENT COMMUNITY OFFERING BOTH ASSISTED AND INDEPENDENT LIVING (4) WEST GEORGIA HEALTH FOUNDATION, INC - THE FOUNDATION PROVIDES FUNDRAISING AND SUPPORT FOR WEST GEORGIA HEALTH SERVICES, INC AND ITS AFFILIATES (5) WEST GEORGIA HEALTH PHYSICIANS INC - THIS IS A PHYSICIAN SERVICE ORGANIZATION WHICH PROVIDES SPECIALIZED MEDICAL SERVICES TO THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	GA

Additional Data

Software ID:
Software Version:
EIN: 20-5497506
Name: WEST GEORGIA MEDICAL CENTER 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
WEST GEORGIA MEDICAL CENTER	
WEST GEORGIA MEDICAL CENTER	PART V, SECTION B, LINE 11 DURING OCTOBER AND NOVEMBER 2015, WEST GEORGIA HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) STEERING COMMITTEE CONDUCTED AN EVALUATION OF ITS IMPLEMENTATION STRATEGIES FOR THE 2014-2015 FISCAL YEAR ENDING SEPTEMBER 30, 2015. THE EVALUATION PROCESS INCLUDED STATUS REPORT OF ACTIVITIES AND COMPILED YEAR-END OUTCOME AND IMPACT. METRICS STEERING COMMITTEE MEETING TO RATE THE ACCOMPLISHMENTS OF EACH GOAL AND DETERMINE IF THE CURRENT IMPLEMENTATION STRATEGIES SHOULD BE CONTINUED, DISCONTINUED OR MODIFIED. ON PLAN UPDATE FOR THE UPCOMING FISCAL YEAR THE STEERING COMMITTEE MET ON NOVEMBER 3, 2015 TO REVIEW THE STATUS, OUTCOMES AND IMPACT OF THE VARIOUS IMPLEMENTATION STRATEGIES ACCOMPLISHED THROUGHOUT THE PREVIOUS FISCAL YEAR. SOME HIGHLIGHTS OF THE OUTCOMES/IMPACT DATA INCLUDED: GOAL 1 ACCESS: THREE (3) SPECIALIST PHYSICIANS HAVE BEEN RECRUITED (PULMONOLOGIST, RADIATION ONCOLOGIST AND ENT), UROLOGY SEARCH STILL ACTIVE, OTHER RECRUITMENT EFFORTS ON HOLD UNTIL PHYSICIAN NEEDS ASSESSMENT IS UPDATED OVER \$21 MILLION WAS PROVIDED IN CHARITY CARE AND BAD DEBT, EMERGENCY DEPARTMENT VISITS ACTUALLY INCREASED THIS PAST YEAR, AS DID THE PERCENTAGE THAT WAS AMBULATORY CARE SENSITIVE CONDITIONS (28%) THE COMMUNITY RESOURCE GUIDE IS UNDERWAY AND IS EXPECTED TO BE COMPLETED BY DECEMBER 31, 2015. 1,078 WGH EMPLOYEES AND SPOUSES PARTICIPATED IN THE EMPLOYEE WELLNESS PROGRAMS, 618 EMPLOYEES PARTICIPATED IN THE WEIGHT LOSS CHALLENGE AND LOST A TOTAL OF 2,343 POUNDS. TROUP COUNTY WELLNESS AT WORK INITIATIVE EXPANDED TO ONLY ONE EMPLOYER, THE CHAMBER IS LOOKING AT STRATEGIES TO EXPAND. PARTICIPATION GOAL 2 CHRONIC DISEASE PREVENTION AND MANAGEMENT: 800 PEOPLE PARTICIPATED IN THE "PAINT THE TOWN PINK" EVENT, 12 LOW-INCOME WOMEN WERE SCREENED AND 11 WERE GIVEN PAYMEN. ENT VOUCHERS AND SCHEDULED FOR MAMMOGRAMS. 113 PEOPLE WALKED IN THE "HOPE FOR A DAY" WALK, RAISING MORE THAN \$80,000 FOR BREAST CANCER SCREENINGS, AWARENESS, PATIENT SUPPORT, ETC. INITIATED LUNG CT SCREENING FOR LUNG CANCER, 12 PATIENTS STAGE 1, 4 PATIENTS STAGE 2, 23 PATIENTS STAGE 3, AND 33 PATIENTS STAGE 4 LUNG CANCER DIAGNOSES REPORTED ZERO PARTICIPANTS. IN SMOKING CESSATION PROGRAM, ENCOURAGING PHYSICIANS TO REFER COLON CANCER DIAGNOSES STAG. E 1 - 5 PATIENTS, STAGE 2 - 7 PATIENTS, STAGE 3 - 6 PATIENTS, AND STAGE 4 - 8 PATIENTS. 178 MEN SCREENED DURING PROSTATE CANCER EVENT, 12 REFERRED FOR FOLLOW UP, STAGE 1 - 19 PATIENTS. STAGE 2 - 29 PATIENTS, STAGE 3 - 0 PATIENTS, AND STAGE 4 - 3 PATIENTS. DIAGNOSED TWO 2-DAY HEALTH FAIRS ATTRACTED OVER 400 PARTICIPANTS. 84 PEOPLE PARTICIPATED IN WEIGHT MANAGEMENT CLASSES WITH WGH DIETITIANS. PROJECT RED 30-DAY, ALL CAUSE READMISSION RATE FOR FY 2015 TD = 4.69%, OVERALL WGH 30-DAY, ALL-CAUSE HEART FAILURE READMISSION RATE FOR FY 2015 TD = 13. 78% GOAL 3: HEALTHY YOUTH NO TEEN PREGNANCY CLASSES WERE OFFERED DUE TO A LACK OF PARTICIPATION. TEEN BIRTHS AT WGH INCREASED 149% IN 2015. THE TROUP COUNTY SCHOOL DISTRICT IS ADDING A 7TH GRADE CURRICULUM SEX, TRUTH AND CONSEQUENCES CLASS HELD IN JANUARY 2015 WITH 80 PARTICIPANTS. POST-TESTS SHOWED 80% (COMBINED PARENTS AND STUDENTS) REPORTED INCREASED KNOWLEDGE OF THE TOPICS. TEEN MAZE EVENT HELD IN NOVEMBER 2014 WITH 900 PARTICIPANTS. PROVIDED FINANCIAL SUPPORT TO LOCAL BOYS AND GIRLS CLUB EVENTS. 67% OF LOCAL CLUB MEMBERS REPORTED PARTICIPATING IN PHYSICAL ACTIVITY FOR 7 DAYS/WEEK VS. 33% OF YOUTH NATIONWIDE, 63% OF CLUB MEMBERS REPORTED CONSUMING AT LEAST 2 FRUITS/3 VEGETABLES EACH DAY VS. 43% CONSUMPTION. AMONG US YOUTH, 91.5% OF YOUTH PARTICIPATING IN THE CLUBS' SUMMER PROGRAM DEMONSTRATED IMPROVED FITNESS FROM JUNE TO JULY. 555 PARENTS WERE SCREENED IN THE FIRST STEPS PROGRAM. TO PREVENT SHAKEN BABY SYNDROME, 2 CASES WERE REPORTED, UP FROM ZERO IN 2014 UPON RESEARCH AND REVIEW, THE FOLLOWING IMPLEMENTATION STRATEGY OBJECTIVES (BY GOALS) ARE NOT BEING PURSUED BY WEST GEORGIA HEALTH: GOAL 1: DECREASE INAPPROPRIATE ER UTILIZATION AND ADMISSIONS BY IMPROVING ACCESS TO PREVENTION, PRIMARY CARE AND CHRONIC DISEASE MANAGEMENT IN UNDERSERVED AREAS. OBJECTIVE A: IMPLEMENT A MOBILE HEALTH CLINIC - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT IMPLEMENTING A MOBILE HEALTH CLINIC WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE B: EASIES AND IMPROVE CHRONIC DISEASE MANAGEMENT OF OBESITY, HEART DISEASE, CANCER, STROKE AND DIABETES. OBJECTIVE C: EVALUATE BREAST CANCER RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING BREAST CANCER RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE. OBJECTIVE D: EVALUATE COLON CANCER RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING COLON CANCER RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE E: EVALUATE PROSTATE CANCER RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING PROSTATE CANCER RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE F: EVALUATE STROKE RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING STROKE RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE G: EVALUATE DIABETES RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING DIABETES RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE H: IF WGH MOBILE VAN CLINICS ARE DEEMED FEASIBLE, OFFER EDUCATIONAL SESSIONS IN CONJUNCTION WITH WGH MOBILE VAN CLINICS - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT IMPLEMENTING A MOBILE HEALTH CLINIC WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE I: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE J: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE K: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE L: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE M: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE N: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE O: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE P: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE Q: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE R: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE S: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE T: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE U: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE V: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE W: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE X: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE Y: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE Z: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE AA: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE BB: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. OPTIONS FOR IMPLEMENTATION - DURING THE COURSE OF THIS EVALUATION, IT WAS DETERMINED THAT EVALUATING AND IMPLEMENTING HEART RISK ASSESSMENT PRODUCTS WAS NOT FINANCIALLY FEASIBLE AND WILL NOT BE PURSUED FURTHER. OBJECTIVE CC: EVALUATE HEART RISK ASSESSMENT PRODUCTS AND SEEK FUNDING. 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**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
WEST GEORGIA MEDICAL CENTER INCEmployer identification number
20-5497506**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TROUP CARES 301 MEDICAL DRIVE 501 LAGRANGE, GA 30240	20-8176300	501(C)(3)	60,000				SUPPLEMENTAL SUPPORT
(2) BOYS AND GIRLS CLUB OF WEST GEORGIA PO BOX 1328 LAGRANGE, GA 30241	58-1998988	501(C)(3)	10,000				2015 SPONSORSHIP
(3) TROUP COUNTY CENTER FOR STRATEGIC PLANNING 100 RIDLEY AVENUE STE 2200 LAGRANGE, GA 30240	27-0863139	501(C)(3)	10,000				OPERATIONAL SUPPORT
(4) CIRCLES OF TROUP COUNTY 1220 LAFAYETTE PARKWAY LAGRANGE, GA 30241	27-0863139	501(C)(3)	25,000				RELAY FOR LIFE SPONSORSHIP
(5) WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	20-0936376	501(C)(3)	85,000				SUPPORT FOR UPCOMING CANCER PROGRAM
(6) AMERICAN CANCER SOCIETY 233 12TH STREET SUITE 710 COLUMBUS, GA 31901	13-1788491	501(C)(3)	10,000				RELAY FOR LIFE SPONSORSHIP
(7) LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE PO BOX 636 LAGRANGE, GA 30241	58-0318810	501(C)(6)	10,000				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 6

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

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

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

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

Return Reference	Explanation
PART I, LINE 2	GRANTS MADE TO INDIVIDUALS ARE NOT PAID DIRECTLY TO THE INDIVIDUAL UNLESS SUBSTANTIATED BY RECEIPTS MOST PAYMENTS ARE MADE DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR THE GRANT RECIPIENT'S TUITION AND BOOKS GRANTS MADE TO GOVERNMENTS AND ORGANIZATIONS ARE NOT MONITORED

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceFor 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.**2014****Open to Public
Inspection**

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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**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?**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

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

4 During the year, did any person listed 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?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 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?**b** Any related organization?

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?**b** Any related organization?

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**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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
PART I, LINE 1A	THE ORGANIZATION PAYS COUNTRY CLUB DUES FOR THE CEO ONLY THESE ARE ADDED TO HIS TAXABLE COMPENSATION
PART I, LINE 4B	EMPLOYER CONTRIBUTIONS TO THE 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT BENEFIT PLAN (SERP) INCLUDE \$20,260 FOR PAUL PEROTTI, CFO AND \$55,700 FOR GERALD FULKS, CEO IN ACCORDANCE WITH 457(F) REGULATIONS THESE AMOUNTS WERE VESTED DURING THE YEAR, HOWEVER, THEY WERE NOT RECEIVED BY THE EMPLOYEE

Additional Data

Software ID:
Software Version:
EIN: 20-5497506
Name: WEST GEORGIA MEDICAL CENTER 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			(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				
GERALD N FULKS, PRESIDENT/CEO	(i) 398,304 (ii) 0	64,000 0	10,436 0	76,565 0	15,980 0	565,285 0	0 0
PAUL R PEROTTI, SENIOR VP FINANCE/CFO	(i) 275,838 (ii) 0	32,907 0	9,270 0	30,660 0	21,889 0	370,564 0	0 0
CHARIS ACREE, SENIOR VP OPERATIONS	(i) 228,713 (ii) 0	24,234 0	15,773 0	62,969 0	21,800 0	353,489 0	0 0
TRIPP PENN, VP SUPPORT SERVICES	(i) 156,115 (ii) 0	22,199 0	3,961 0	7,929 0	24,974 0	215,178 0	0 0
DEBORAH W BURTON, VP/CHIEF NURSING OFFICER	(i) 161,382 (ii) 0	23,555 0	3,340 0	50,020 0	14,312 0	252,609 0	0 0
TOMMY BRITT, VP HUMAN RESOURCES	(i) 134,950 (ii) 0	19,426 0	6,313 0	6,614 0	21,569 0	188,872 0	0 0
LIZA FRITCHLEY, VP SENIOR SERVICES	(i) 133,762 (ii) 0	17,326 0	9,496 0	5,263 0	22,664 0	188,511 0	0 0
MARY SPARROW, PHARMACIST	(i) 132,109 (ii) 0	450 0	6,087 0	35,291 0	7,119 0	181,056 0	0 0
DON DAVIS, DIRECTOR, PHARMACY	(i) 147,929 (ii) 0	11,143 0	6,907 0	44,176 0	756 0	210,911 0	0 0
ALFRED MCNAIR, PHARMACIST	(i) 131,341 (ii) 0	13,688 0	6,368 0	50,794 0	20,694 0	222,885 0	0 0
CAROL TODD, GENERAL COUNSEL	(i) 155,494 (ii) 0	15,661 0	6,651 0	27,531 0	2,494 0	207,831 0	0 0
JANICE PAGE, PHARMACIST	(i) 131,414 (ii) 0	450 0	125 0	5,577 0	22,701 0	160,267 0	0 0

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

**Open to Public
Inspection**

Name of the organization
WEST GEORGIA MEDICAL CENTER INC

Employer identification number
20-5497506

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LAGRANGE-TROUP COUNTY HOSPITAL AUTHORITY	56-2609278	507154AF9	07-31-2008	45,434,268	CONSTRUCTION		X		X		X
B	LAGRANGE-TROUP COUNTY HOSPITAL AUTHORITY	56-2609278	NONEAVAIL	08-15-2014	22,389,764	REFUNDING		X		X		X

Part II Proceeds

						A		B		C		D	
						4,875,000	678,494	46,001,275	22,389,764	900,528	164,498	45,782,302	22,240,003
1	Amount of bonds retired												
2	Amount of bonds legally defeased												
3	Total proceeds of issue												
4	Gross proceeds in reserve funds												
5	Capitalized interest from proceeds					4,619,242							
6	Proceeds in refunding escrows												
7	Issuance costs from proceeds					900,528		164,498					
8	Credit enhancement from proceeds												
9	Working capital expenditures from proceeds												
10	Capital expenditures from proceeds					45,782,302							
11	Other spent proceeds							22,240,003					
12	Other unspent proceeds												
13	Year of substantial completion					2011		2014					
						Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?						X		X				
15	Were the bonds issued as part of an advance refunding issue?						X			X			
16	Has the final allocation of proceeds been made?					X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?					X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCH K, PART I, COLUMN (F)	PROCEEDS FOR ALL BONDS LISTED ARE FOR THE PURPOSE OF FINANCING HEALTHCARE FACILITIES OF A 501(C)(3) ORGANIZATION. SERIES 2008A WAS ISSUED FOR THE FOLLOWING PURPOSE (1) TO FINANCE OR REFINANCE A PORTION OF THE COSTS OF CERTAIN FACILITIES INCLUDING THE ACQUISITION AND CONSTRUCTION OF ADDITIONAL HEALTHCARE FACILITIES AND THE RENOVATION OF EXISTING HEALTHCARE FACILITIES OF THE AUTHORITY IN TROUP COUNTY, GEORGIA, WHICH ARE PART OF WEST GEORGIA MEDICAL CENTER, (2) TO PAY CAPITALIZED INTEREST DURING THE CONSTRUCTION PERIOD OF THE PROJECT, AND (3) TO PAY COSTS OF ISSUANCE OF THE SERIES 2008A CERTIFICATES. SERIES 2014 WAS ISSUED FOR THE FOLLOWING PURPOSE (1) TO REFUND THE OUTSTANDING SERIES 2010 CERTIFICATES, AND (2) TO PAY ALL OR A PORTION OF THE COST OF ISSUING THE CERTIFICATES.

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.****2014****Open to Public
Inspection**

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS WEST GEORGIA HEALTH SERVICES, INC , A RELATED 501 (C)3 ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACCORDING TO THE CORPORATE BY LAWS OF WEST GEORGIA MEDICAL CENTER - THE BOARD OF DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE PARENT BOARD OF THE CORPORATION'S SOLE MEMBER, WEST GEORGIA HEALTH SERVICES, INC PER ARTICLE III SECTION 2 THE BOARD OF DIRECTORS OF THE CORPORATION SHALL CONSIST OF BETWEEN NINE (9) AND SEVENTEEN (17), WITH AN EXACT NUMBER OF MEMBERS TO BE SET BY RESOLUTION OF THE BOARD OF DIRECTORS ("THE PARENT BOARD") OF THE CORPORATION'S SOLE MEMBER, WEST GEORGIA HEALTH SERVICES, INC THE BOARD OF DIRECTORS SHALL BE APPOINTED BY THE PARENT BOARD AS OF THE COMMENCEMENT DATE OF THE LEASE AND TRANSFER AGREEMENT, THE CRITERIA FOR THE SELECTION OF THE MEMBERS OF THE BOARD OF DIRECTORS SHALL BE AS FOLLOWS (A) FIVE (5) OF THE MEMBERS SHALL BE THE MEMBERS OF THE PARENT BOARD ("PARENT BOARD MEMBERS"), (B) ONE (1) MEMBER SHALL BE THE COUNTY AUTHORITY MEMBER NOT SERVING ON THE PARENT BOARD, (C) ONE (1) MEMBER SHALL BE THE CITY AUTHORITY MEMBER NOT SERVING ON THE PARENT BOARD, (D) TWO (2) OF THE MEMBERS SHALL BE PHYSICIANS NOMINATED BY THE TROUP COUNTY MEDICAL SOCIETY ("MEDICAL SOCIETY MEMBER (S)") AND APPOINTED BY A MAJORITY VOTE OF THE PARENT BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PER ARTICLE IX OF ARTICLES OF INCORPORATION, NOTWITHSTANDING ANY OTHER PROVISIONS OF THESE ARTICLES OF INCORPORATION OR THE CORPORATION'S BYLAWS, THE CORPORATION MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF ITS SOLE MEMBER, WEST GEORGIA HEALTH SERVICES, INC (I) AMEND OR RESTATE THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION, (II) APPOINT OR REMOVE A DIRECTOR OR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION, (III) ORGANIZE ANY SUBSIDIARY CORPORATION OR ENTER INTO ANY JOINT VENTURE OR PARTNERSHIP, (IV) ADOPT A PLAN OF LIQUIDATION OR DISSOLUTION (V) ENTER INTO ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, OR PROVIDING FOR A CHANGE IN CONTROL OVER THE CORPORATION, (VI) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (VII) ADOPT OR AMEND AN ANNUAL OPERATING BUDGET OR CAPITAL BUDGET OR MAKE ANY EXPENDITURE IN EXCESS OF \$50,000 EXCEPT PURSUANT TO A BUDGET OR EXPENDITURE POLICIES APPROVED BY WEST GEORGIA HEALTH SERVICES, INC, OR (VII) AMEND OR TERMINATE ANY LEASE OF A HOSPITAL FACILITY TO WHICH THE CORPORATION IS A PARTY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. THE 990 WILL BE REVIEWED AND APPROVED BY THE CONTROLLER AND CFO OF WEST GEORGIA HEALTH. A COPY OF THE REVIEWED AND APPROVED 990 WILL BE DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO SUBMITTAL ELECTRONICALLY VIA E-MAIL.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY APPLIES TO ALL EMPLOYEES AND DIRECTORS OF WEST GEORGIA HEALTH. ANY DIRECTOR OF THE CORPORATION HAVING ANY POTENTIAL FINANCIAL INTEREST IN THE OUTCOME OF ANY DECISION THAT IS BEFORE THE BOARD OF DIRECTORS SHALL MAKE SUCH INTEREST APPARENT PRIOR TO THE DELIBERATIONS OR VOTE OF THE BOARD OF DIRECTORS ON THE ISSUE, AND SAID DIRECTOR SHALL ABSTAIN FROM VOTING ON THIS ISSUE AND ABSENT HIMSELF/HERSELF FROM THIS MEETING DURING DELIBERATIONS ON THIS ISSUE. THE NATURE OF ANY DIRECTOR'S POTENTIAL FINANCIAL INTEREST IN THE OUTCOME OF ANY BOARD DECISION SHALL BE DISCLOSED IN THE MINUTE BOOK OF THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	HUMAN RESOURCES MAKES COMPENSATION RECOMMENDATIONS BASED ON COMPARATIVE MARKET ANALYSIS. THE DATA IS THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, AS A HOSPITAL AUTHORITY BOND ISSUER, ANNUAL FINANCIALS ARE REPORTED ON EMMA_ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE FOR PUBLIC INSPECTION

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR PROGRAM SERVICE EXPENSES 4,835,070 MANAGEMENT AND GENERAL EXPENSES 50,459 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,885,529 PROFESSIONAL FEES AND SERVICES PROGRAM SERVICE EXPENSES 19,792,370 MANAGEMENT AND GENERAL EXPENSES 460,890 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,253,260 CONSULTING PROGRAM SERVICE EXPENSES 1,094,516 MANAGEMENT AND GENERAL EXPENSES 1,832,546 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,927,062

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT -15,597,680 EQUITY TRANSFER TO AFFILIATE PSO -9,172,315 ASC 715 RESTATEMENT OF NET PENSION OBLIGATIONS -35,355,993

Return Reference	Explanation
PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

► 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.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
WEST GEORGIA MEDICAL CENTER INCEmployer identification number
20-5497506**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(1) WEST GEORGIA HEALTH FOUNDATION INC 1514 VERNON ROAD LAGRANGE, GA 30240 20-0936376	FUNDRAISING	GA	501(C)(3)	LINE 7	WEST GEORGIA HEALTH SERVICES INC	
(2) WEST GEORGIA HEALTH SERVICES INC 1514 VERNON ROAD LAGRANGE, GA 30240 20-5497622	PARENT OF HEALTH SYSTEM	GA	501(C)(3)	LINE 11C, III-FI	N/A	
(3) VERNON WOODS RETIREMENT COMMUNITY INC 1514 VERNON ROAD LAGRANGE, GA 30240 58-2575049	ASSISTED LIVING	GA	501(C)(3)	LINE 9	WEST GEORGIA HEALTH SERVICES INC	
(4) LAGRANGE-TRUOP COUNTY HOSPITAL AUTHORITY 1514 VERNON ROAD LAGRANGE, GA 30240 56-2609278	HOSPITAL AUTHORITY	GA	501(C)(3)	LINE 3	N/A	
(5) MEDICAL PARK FOUNDATION INC 209 BROOME STREET LAGRANGE, GA 30240 58-1303478	SUPPORTING ORGANIZATION	GA	501(C)(3)	LINE 11A, I	WEST GEORGIA HEALTH SERVICES INC	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?
							Yes	No	
(1) WEST GEORGIA HEALTH PHYSICIANS INC 1514 VERNON ROAD LAGRANGE, GA 30240 27-5125341	PHYSICIAN PRACTICE	GA	N/A	C					No

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2014