

CHANGE OF ACCOUNTING PERIOD

990

Form

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending JUN 30, 2016

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

WEST GEORGIA MEDICAL CENTER INC

Doing business as WELLSTAR WEST GEORGIA MEDICAL CE

Number and street (or P.O. box if mail is not delivered to street address)

1514 VERNON ROAD

Room/suite

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

LAGRANGE, GA 30240

F Name and address of principal officer CANDICE L. SAUNDERS

793 SAWYER ROAD, MARIETTA, GA 30062

D Employer identification number

20-5497506

E Telephone number

706-882-1411

G Gross receipts \$ 171,312,565.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

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

J Website: WWW.WGHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2006

M State of legal domicile: GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>THE PRIMARY MISSION OF WEST GEORGIA MEDICAL CENTER IS TO PROVIDE ACCESS TO QUALITY,</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1591	
	6	Total number of volunteers (estimate if necessary)	6	137	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	238,306.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	61,792.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	332,841.	275,826.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205,916,717.	166,730,567.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,455,454.	1,326,200.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,387,987.	2,704,277.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	211,092,999.	171,036,870.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	244,873.	89,333.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	77,164,525.	61,320,990.	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	121,364,535.	98,425,362.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	198,773,933.	159,835,685.	
	19	Revenue less expenses Subtract line 18 from line 12	12,319,066.	11,201,185.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	187,302,342.	173,598,538.
		22	Net assets or fund balances Subtract line 21 from line 20	147,120,743.	163,473,706.
				40,181,599.	10,124,832.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	PAUL PERROTTI, CFO SENIOR VICE PRESIDENT	5/15/17			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AMY BIBBY	<i>Amy Bibby</i>	5/16/17	<input type="checkbox"/>	P00445891
Firm's name	Firm's address	Firm's EIN	Phone no.		
	DIXON HUGHES GOODMAN LLP	500 RIDGEFIELD COURT ASHEVILLE, NC 28806	56-0747981	(828) 254-2254	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

yes 12

Part III Statement of Program Service Accomplishments

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

☒ X

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 \$ 128,609,218. including grants of \$ 89,333.) (Revenue \$ 151,439,250.)

THE HOSPITAL SERVICES PROGRAMS' GOAL IS TO PROVIDE THE BEST POSSIBLE HEALTH CARE SERVICES TO MEET THE NEEDS OF THE PEOPLE IN WEST GEORGIA AND EAST ALABAMA AND TO CONSTANTLY REDEFINE AND IMPROVE THE HEALTH SYSTEM TO BETTER SERVE IT'S COMMUNITY. THE PROGRAM HAD 6,308 ADMISSIONS, 23,197 INPATIENT DAYS, 42,804 OUTPATIENT EMERGENCY ROOM VISITS, 4,223 INPATIENT EMERGENCY ROOM VISITS, 1,589 INPATIENT SURGERIES, 3,616 OUTPATIENT SURGERIES, 462 INPATIENT ENDOSCOPIES, 3,369 OUTPATIENT ENDOSCOPIES, AND 739 DELIVERIES.

4b (Code) (Expenses \$ 6,024,435. including grants of \$) (Revenue \$ 12,395,624.)

LONG TERM CARE INCLUDES TWO NURSING HOMES. THIS PROGRAM PROVIDED 64,506 INPATIENT DAYS IN SKILLED NURSING CARE.

4c (Code) (Expenses \$ 2,585,818. including grants of \$) (Revenue \$ 3,045,626.)

HOSPICE PROGRAM PROVIDED 2,556 INPATIENT DAYS OF HOSPICE CARE AND 9,795 DAYS OF HOSPICE HOME CARE.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 137,219,471.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
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	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
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	X	
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	X	
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	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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 X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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	X	
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		X
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	X	
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	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		X
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		X
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		X
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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 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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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	291	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	1591	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country <input type="text"/> 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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 line 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 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.	20	
b Enter the number of voting members included in line 1a, above, who are independent	12	
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 PERROTTI SR VP/CFO - 706-845-3934**
1514 VERNON ROAD, LAGRANGE, GA 30240

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

 Check if Schedule O contains a response or note to any line in this Part VII ☐
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE PATTON TRUSTEE/CHAIR	1.00 9.00			X				0.	0.	0.
(2) JOHN MCKIBBEN TRUSTEE/VICE CHAIR (THR. 3/16)	1.00 2.00	X		X				0.	0.	0.
(3) SPEER BURDETTE TRUSTEE/TREASURER	1.00 9.00	X		X				0.	0.	0.
(4) ANIL MODI, M.D. TRUSTEE/SECRETARY (THR. 3/16)	1.00 1.00	X		X				18,000.	0.	0.
(5) BOBBY CARMICHAEL TRUSTEE (THR. 3/16)	1.00 1.00	X						0.	0.	0.
(6) NANCY DURAND TRUSTEE (THR. 3/16)	1.00 3.00	X						0.	0.	0.
(7) RANDY COMERFORD, M.D. TRUSTEE (THR. 3/16)	1.00 1.00	X						0.	0.	0.
(8) MICHAEL MYERS, M.D. TRUSTEE (THR. 3/16) & PHY.	40.00 1.00	X						1,154,888.	0.	36,426.
(9) JEROME ALFORD TRUSTEE (THR. 3/16)	1.00 1.00	X						0.	0.	0.
(10) AVRIL P. BECKFORD, M.D. TRUSTEE (BEG. 4/16)/CHF PED. OFF.	1.00 49.00	X		X				0.	553,416.	30,618.
(11) W. CHARLES BROCK TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	21,470.	0.
(12) CHARLES J. JONES TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	4,079.	0.
(13) DAVID H. HAFNER, M.D. TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	23,923.	0.
(14) FRANK ROS TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	3,478.	0.
(15) GARY A. MILLER TRUSTEE/CHAIR (BEG. 4/16)	1.00 9.00	X						0.	4,120.	0.
(16) GREG MORGAN, M.D. TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	2,324.	0.
(17) JANIE MADDOX TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	7,482.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFFREY L. THARP, M.D., MPH TRUSTEE (BEG. 4/16)/CHIEF MED. SVCS.	1.00 49.00	X						0.	593,302.	79,458.
(19) MITZI MOORE TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	3,074.	0.
(20) O. SCOTT SWAYZE, M.D. TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	4,304.	0.
(21) OTIS A. BRUMBY, III TRUSTEE (BEG. 4/16)	1.00 11.00	X						0.	16,930.	0.
(22) RANDALL BENTLEY, SR. TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	20,441.	0.
(23) ROBERT N. CROSS, M.D. TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	14,803.	0.
(24) T. FITZ JOHNSON TRUSTEE (BEG. 4/16)	1.00 11.00	X						0.	17,999.	0.
(25) THOMAS E. GEARHARD, M.D. TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	2,070.	0.
(26) THOMAS M. PHILLIPS TRUSTEE (BEG. 4/16)	1.00 9.00	X						0.	2,638.	0.
1b Sub-total								1,172,888.	1,295,853.	146,502.
c Total from continuation sheets to Part VII, Section A								2,455,043.	16,824,291.	256,401.
d Total (add lines 1b and 1c)								3,627,931.	18,120,144.	271,051.

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		X
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	X	
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		X

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
MORRIS & DICKSON COMPANY LLC 401 KAY LANE, SHREVEPORT, LA 71115	PHARMACEUTICALS	6,590,694.
CONIFER HEALTH SOLUTIONS LLC 1500 S. DOUGLASS RD, ANAHEIM, CA 92806	MANAGEMENT	5,573,636.
SENTRY CRESENTRY ANESTHESIA MANAGEMENT 80 NEWNAN STATION DRIVE, NEWNAN, GA 30265	ANESTHESIOLOGY SERVICES	1,014,403.
MCDERMOTT WILL & EMERY, 500 NORTH CAPITOL STREET, NW, WASHINGTON, DC 20001-1531	LEGAL SERVICES	684,927.
BOSTON SCIENTIFIC CORPORATION, 300 BOSTON SCIENTIFIC WAY, MARLBOROUGH, MA 01752-1234	MEDICAL SUPPLIES	609,450.
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 68		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WALTER G. ROBINSON	1.00									
TRUSTEE (BEG. 4/16)	9.00	X						0.	4,348.	0.
(28) CARRIE PLIETZ	1.00									
TRUSTEE & EVP & COO HOSP DIV (BEG. 2	49.00			X				0.	0.	0.
(29) DEBORAH C KEEL	1.00									
SVP HOSP. PRES. (BEG. 4/16)	49.00			X				0.	0.	0.
(30) JOHN A BRENNAN	1.00									
TRUSTEE & EVP CHIEF CLNC. OFF (BEG. 4	49.00			X				0.	0.	0.
(31) KIMBERLY J RYAN	1.00									
SVP HOSP. PRES. (BEG. 4/16)	49.00			X				0.	0.	0.
(32) TAMARA D. ISON	1.00									
SVP HOSP. PRES. (BEG. 4/16)	49.00			X				0.	0.	0.
(33) STEPHEN L. BADGER	1.00									
CHIEF ADMIN. OFF (BEG. 2/16)	49.00			X				0.	0.	0.
(34) KRISTEN S. TRICE	1.00									
VP DIAG. OUTREACH (BEG. 1/16)	49.00			X				0.	0.	0.
(35) DOUGLAS ARVIN, CPA, MBA	1.00									
SVP FINANCE (BEG. 3/16)	49.00			X				0.	0.	0.
(36) DOUGLAS S. FOSTER	1.00									
VP FINANCIAL PLAN. (BEG. 3/16)	49.00			X				0.	0.	0.
(37) REBECCA L. RUHL	1.00									
VP FACILITY CMPL. (BEG. 4/16	49.00			X				0.	0.	0.
(38) ROBIN G. BOEHRINGER	1.00									
VP TOTAL REWARDS (BEG. 11/15)	49.00			X				0.	0.	0.
(39) AMY ELLEN F CARRIER	1.00									
SVP HOSPITAL PRESIDENT	49.00			X				0.	144,589.	18,782.
(40) ANTHONY J. BUDZINSKI	1.00									
EVP & CFO	49.00			X				0.	793,732.	76,107.
(41) ANTHONY M. TRUPIANO	1.00									
SVP SUPPLY CHAIN	49.00			X				0.	377,102.	49,343.
(42) BARBARA B. COREY	1.00									
SVP MANAGED CARE	49.00			X				0.	416,030.	47,665.
(43) BETH KOST	1.00									
SVP COMPLIAN CHF PRIVACY OFF	49.00			X				0.	331,271.	34,355.
(44) BETHANY ROBERTSON	1.00									
VP & CHIEF LEARNING OFFICER	49.00			X				0.	300,438.	46,673.
(45) BRADFORD B. NEWTON	1.00									
VP INFO. TECHNOLOGY ADMIN	49.00			X				0.	251,598.	50,475.
(46) BRUCE A. DEAN	1.00									
VP REAL ESTATE DEPUTY GEN CNSL	49.00			X				0.	304,967.	72,423.
Total to Part VII, Section A, line 1c										

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CANDICE L. SAUNDERS PRESIDENT & CEO	1.00 49.00			X				0.	1,180,672.	77,248.
(48) CRAIG OWENS SVP HOSPITAL PRESIDENT	1.00 49.00			X				0.	362,527.	51,393.
(49) DANIEL J. STYF SVP PW HEALTH PLAN	1.00 49.00			X				0.	401,787.	30,738.
(50) DAVID W. ANDERSON EVP/HR/OL/CCO	1.00 49.00			X				0.	636,243.	73,566.
(51) ELIZABETH H. LOUDERMILK VP ENT INTELLIGENCE & INTGRN	1.00 49.00			X				0.	293,860.	42,566.
(52) ELLEN LANGFORD SVP & COO WELLSTAR MED GROUP	1.00 49.00			X				0.	330,231.	71,209.
(53) FRED A LYON VP SYSTEM EMERGENCY & TRAUMA	1.00 49.00			X				0.	148,720.	21,078.
(54) JAMES M. SWARTZ VP ACCOUNTING	1.00 49.00			X				0.	265,746.	44,824.
(55) JILL M. CASE-WIRTH SVP & CHIEF NURSE EXECUTIVE	1.00 49.00			X				0.	424,761.	56,220.
(56) JIMMY E. FRANCIS VP INFO TECHNOLOGY OPERATIONS	1.00 49.00			X				0.	266,152.	49,549.
(57) JOEL W. HELMKE VP ONCOLOGY	1.00 49.00			X				0.	319,000.	70,175.
(58) JONATHAN B. MORRIS, MD SVP CHF INFO OFFICER	1.00 49.00			X				0.	511,024.	53,680.
(59) JOSEPH L. BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	1.00 49.00			X				0.	375,861.	72,424.
(60) KEM M. MULLINS EVP COO AMBULATORY & BUS DEV	1.00 49.00			X				0.	596,655.	52,732.
(61) KIMBERLY W. MENEFE SVP STRATEGIC COMMUNITY DEV	1.00 49.00			X				0.	385,571.	50,772.
(62) KRISTYN M. GREIFER, MD VP POPULATION MANAGEMENT	1.00 49.00			X				0.	397,576.	18,767.
(63) LEO E. REICHERT EVP & GENERAL COUNSEL	1.00 49.00			X				0.	717,317.	63,211.
(64) MARY L. TAVERNARO VP HUMAN RESOURCES OPERATIONS	1.00 49.00			X				0.	283,376.	51,130.
(65) MICHELLE M. ROBINSON VP MKTNG/PR/INTERNAL COMM.	1.00 49.00			X				0.	253,969.	42,237.
(66) NICOLE V. ASHE VP FINANCE & CFO COMM.	1.00 49.00			X				0.	284,586.	49,175.
Total to Part VII, Section A, line 1c										

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) PETER R. JUNGBLUT, MD SVP & MEDICAL DIR. WMG	1.00 49.00			X				0.	422,089.	71,361.
(68) REYNOLD J. JENNINGS, MD CHIEF STRATEGY OFFICER	1.00 49.00			X				0.	1,651,584.	2,064.
(69) RICHARD S. SIEGEL VP CARDIOLOGY & CVM ADMIN	1.00 49.00			X				0.	353,273.	76,096.
(70) ROBERT J. DECOUX VP CORPORATE NED STAFF SVCS	1.00 49.00			X				0.	195,690.	45,418.
(71) ROBERT MANDLER VP DIAGNOSTIC OUTREACH	1.00 49.00			X				0.	274,022.	63,575.
(72) SANDRA LUCIUS BP TECHNOLOGY APPS	1.00 49.00			X				0.	262,637.	49,160.
(73) SEAN P. TURNER VP REVENUE CYCLE MANAGEMENT	1.00 49.00			X				0.	317,142.	51,201.
(74) SNEHAL H. DOSHI VP SYSTEM PHARMACIST	1.00 49.00			X				0.	175,084.	26,331.
(75) TIMOTHY HANEY SVP & HOSPITAL PRESIDENT	1.00 49.00			X				0.	382,922.	44,686.
(76) VALERY A. AKOPOV, MD SVP HOSPITAL DIVISION WMG	1.00 49.00			X				0.	460,432.	54,453.
(77) WANDA Y. ROBINSON VP COMPLIANCE PWHF	1.00 49.00			X				0.	226,225.	23,315.
(78) MICHAEL G. PAUL VP FACILITIES EN SUPPORT SVCS	1.00 49.00			X				0.	233,220.	24,754.
(79) DANIEL J. WOODS SVP HOSPITAL PRESIDENT	1.00 49.00			X				0.	510,262.	74,763.
(80) GERALD N FULKS PRESIDENT/CEO - WGMC	49.00 1.00			X				503,944.	0.	96,212.
(81) PAUL R. PERROTTI SENIOR VP FINANCE/CFO - WGMC	48.00 2.00			X				347,776.	0.	57,627.
(82) CHARIS ACREE SENIOR VP OPERATIONS - WGMC	50.00			X				291,024.	0.	96,790.
(83) TRIPP PENN VP SUPPORT SERVICES (RESIGNED 4/16)	50.00				X			194,349.	0.	34,960.
(84) TOMMY BRITT VP HUMAN RESOURCES - WGMC	50.00				X			172,653.	0.	32,189.
(85) LIZA FRITCHLEY VP SENIOR SERVICES - WGMC	50.00				X			171,112.	0.	31,242.
(86) TRACY GYNTER VP/CHIEF NURSING OFFICER - WGMC	50.00					X		142,952.	0.	30,136.
Total to Part VII, Section A, line 1c										

532201
04-01-15

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	271,826.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,000.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		275,826.			
	Program Service Revenue		Business Code			
2 a PATIENT SERVICE REVENUE		621400	165,598,132.	165,598,132.		
b PREMIER PSHP INCOME		900099	663,068.	663,068.		
c PHARMACY		621400	447,440.	447,440.		
d LIFELINE		621400	12,534.	12,534.		
e EHR INCENTIVE PROGRAM REVENUE		621400	9,393.	9,393.		
f All other program service revenue						
g Total. Add lines 2a-2f			166,730,567.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,308,396.			1,308,396.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6 a Gross rents		347,649.			
	b Less: rental expenses		0.			
	c Rental income or (loss)		347,649.			
	d Net rental income or (loss)		347,649.		30,251.	317,398.
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses		2,059.	0.		
	c Gain or (loss)		<2,059.>	19,863.		
	d Net gain or (loss)		17,804.			17,804.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a	423,569.			
	b Less: cost of goods sold	b	273,636.			
c Net income or (loss) from sales of inventory		149,933.	149,933.			
Miscellaneous Revenue		Business Code				
11 a MANAGEMENT FEES	900099	1,048,157.			1,048,157.	
b CAFETERIA AND VENDING	900099	616,916.			616,916.	
c MISCELLANEOUS	621400	312,099.		208,055.	104,044.	
d All other revenue	621400	229,523.			229,523.	
e Total. Add lines 11a-11d		2,206,695.				
12 Total revenue. See instructions.		171,036,870.	166,880,500.	238,306.	3,642,238.	

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.

☒ X

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	89,333.	89,333.		
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	3,000,930.	1,766,625.	1,234,305.	
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	43,138,408.	38,061,668.	5,076,740.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,966,362.	4,287,052.	679,310.	
9 Other employee benefits	6,976,706.	6,022,416.	954,290.	
10 Payroll taxes	3,238,584.	2,795,603.	442,981.	
11 Fees for services (non-employees)				
a Management	298,585.	225,000.	73,585.	
b Legal	1,694,223.		1,694,223.	
c Accounting	246,457.		246,457.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	104,346.		104,346.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,613,156.	20,009,185.	1,603,971.	
12 Advertising and promotion	404,046.	17,616.	386,430.	
13 Office expenses	8,016,672.	5,263,666.	2,753,006.	
14 Information technology	4,454,279.	638,248.	3,816,031.	
15 Royalties				
16 Occupancy	1,563,404.	1,381,829.	181,575.	
17 Travel	472,966.	327,622.	145,344.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,601.	51,770.	51,831.	
20 Interest	2,466,080.		2,466,080.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,786,023.	6,161,880.	624,143.	
23 Insurance	510,877.	447,100.	63,777.	
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	31,805,316.	31,805,316.		
b MEDICAL SUPPLIES	17,867,542.	17,867,542.		
c UBI TAX	17,789.		17,789.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	159,835,685.	137,219,471.	22,616,214.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance 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	11,667,455.	1	10,927,284.
	2 Savings and temporary cash investments	778,382.	2	2,877,191.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,076,144.	4	21,976,189.
	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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,078,360.	8	2,924,310.
	9 Prepaid expenses and deferred charges	1,584,213.	9	2,340,908.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 244,736,304.		
	b Less: accumulated depreciation	10b 170,269,992.	10c	74,466,312.
	11 Investments - publicly traded securities	90,881,320.	11	52,685,106.
	12 Investments - other securities. See Part IV, line 11	49,676,517.	12	
	13 Investments - program-related See Part IV, line 11	192,100.	13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,367,851.	15	5,401,238.
16 Total assets. Add lines 1 through 15 (must equal line 34)	187,302,342.	16	173,598,538.	
Liabilities	17 Accounts payable and accrued expenses	19,009,682.	17	17,268,670.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	65,465,835.	20	65,596,764.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	54,049.	21	66,800.
	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	62,591,177.	25	80,541,472.
	26 Total liabilities. Add lines 17 through 25	147,120,743.	26	163,473,706.
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	33,072,301.	27	3,185,341.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	7,109,298.	29	6,939,491.
	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	40,181,599.	33	10,124,832.
	34 Total liabilities and net assets/fund balances	187,302,342.	34	173,598,538.

Form 990 (2015)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	171,036,870.
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,835,685.
3	Revenue less expenses Subtract line 2 from line 1	3	11,201,185.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,181,599.
5	Net unrealized gains (losses) on investments	5	1,919,989.
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	<43,177,939.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,124,834.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

Open to Public
Inspection

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

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 (Form 990 or 990-EZ))
- 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 (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						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. 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 <input type="checkbox"/>		
b 33 1/3% support test - 2014. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014.** 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
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.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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.		

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.

	Yes	No
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.		
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.		

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.		
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.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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)

PUBLIC SUPPORT SHORT YEAR EXPLANATION:

THE ORGANIZATION HAS CHANGED IT FISCAL YEAR TO JUNE 30.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

If the organization answered "Yes," on 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," on 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 organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns.			
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?			

☐ Yes ☐ 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) 2012	(b) 2013	(c) 2014	(d) 2015	(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					

Schedule C (Form 990 or 990-EZ) 2015

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 on 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		31,263.
j Total. Add lines 1c through 1i			31,263.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

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" on 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a 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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on 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 on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

	Amount
1c	54,049.
1d	12,751.
1e	
1f	66,800.

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 on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	7,109,298.	7,332,518.	7,563,602.	9,277,918.	9,327,227.
b Contributions					695,000.
c Net investment earnings, gains, and losses					11,142.
d Grants or scholarships					486,291.
e Other expenditures for facilities and programs	169,807.	223,220.	231,084.	1,714,316.	269,160.
f Administrative expenses					
g End of year balance	6,939,491.	7,109,298.	7,332,518.	7,563,602.	9,277,918.

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 ► 100.00 %
 c Temporarily restricted endowment ► _____ %

The percentages on 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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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" on 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		96,059,415.	52,123,563.	43,935,852.
c Leasehold improvements		9,681,152.	6,138,577.	3,542,575.
d Equipment		132,856,619.	112,007,852.	20,848,767.
e Other		2,443,469.		2,443,469.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				74,466,312.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INSURANCE LIABILITY	1,825,707.
(3) PENSION PAYABLE	78,641,955.
(4) WGHS COVENANT NOT TO COMPETE	34,731.
(5) DUE TO AFFILIATES	39,079.
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	80,541,472.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	173,230,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,919,989.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	273,636.
e	Add lines 2a through 2d	2e	2,193,625.
3	Subtract line 2e from line 1	3	171,036,870.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	171,036,870.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	160,109,321.
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	273,636.
e	Add lines 2a through 2d	2e	273,636.
3	Subtract line 2e from line 1	3	159,835,685.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	159,835,685.

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.

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

Part XIII Supplemental Information (continued)

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, 2016 AND 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AUXILIARY COST OF GOODS SOLD FOR GIFT SHOP 273,636.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AUXILIARY COST OF GOODS SOLD FOR GIFT SHOP 273,636.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on 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.**

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

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.
- b** If "Yes," was it a written policy?
If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:
☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities
- 2** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year:
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
☐ 100% ☐ 150% ☐ 200% ☒ Other 125 %
- b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- 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?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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)			5226560.		5226560.	4.08%
b Medicaid (from Worksheet 3, column a)			22470831.	16551899.	5918932.	4.62%
c Costs of other means-tested government programs (from Worksheet 3, column b)			253,810.	144,737.	109,073.	.09%
d Total Financial Assistance and Means-Tested Government Programs			27951201.	16696636.	11254565.	8.79%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			31,819.		31,819.	.02%
f Health professions education (from Worksheet 5)			1022089.		1022089.	.80%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			58,297.		58,297.	.05%
j Total. Other Benefits			1112205.		1112205.	.87%
k Total. Add lines 7d and 7j			29063406.	16696636.	12366770.	9.66%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group WEST GEORGIA MEDICAL CENTER

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	X
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	X
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	X
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 checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
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	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
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	X
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	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
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	X
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	X
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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group WEST GEORGIA MEDICAL CENTER

	Yes	No
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 X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
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 X	
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 X	
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 checked="" 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 X	
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 checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group **WEST GEORGIA MEDICAL CENTER**

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes," check all actions in which the hospital facility or a third party engaged

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a ☒ Notified individuals of the financial assistance policy on admission
 b ☒ Notified individuals of the financial assistance policy prior to discharge
 c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 e ☒ Other (describe in Section C)
 f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

21	X	

If "No," indicate why

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
 b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
 c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
 d ☒ Other (describe in Section C)

- 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

23		X
24		X

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?

If "Yes," explain in Section C

Part V Facility Information (continued)

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

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 3J: ON APRIL 1, 2016 WEST GEORGIA HEALTH MERGED WITH THE MARIETTA, GOERGIA BASED WELLSTAR HEALTH SYSTEM AND BECAME KNOWN AS WELLSTAR WEST GEORGIA MEDICAL CENTER.

BECAUSE OF WELLSTAR HEALTH SYSTEM'S MERGER WITH WELLSTAR WGMC AND FIVE ADDITIONAL, NEWLY CONVERTED NOT-FOR-PROFIT HOSPITALS ON APRIL 1, WELLSTAR PLANS TO CONDUCT ITS NEXT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY REPORTING TO ALIGN WITH THE REQUIREMENTS OF THE NEWLY CONVERTED HOPSITALS. THIS MEANS THAT ALL HOSPITALS WITHIN WELLSTAR HEALTH SYSTEM WILL SUBMIT A NEW COLLECTIVE CHNA REPORT AND IMPLEMENTATION STRATEGIES TO MEET THE 501(R) REQUIREMENTS BY FISCAL YEAR ENDING JUNE 30, 2018.

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 5: FOR THE 2016 CHNA, WELLSTAR WGMC RECEIVED AND COLLECTED COMMUNITY INPUT THROUGH 341 SURVEYS, 9 STAKEHOLDER INTERVIEWS AND 15 FOCUS GROUPS (SPEAKING WITH 151 PEOPLE) REPRESENTING: PUBLIC HEALTH REPRESENTATIVES; BREAST CANCER PATIENTS; UNITED WAY AGENCY DIRECTORS; SOCIAL WORKERS; ER STAFF/PRIMARY CARE DOCTORS/CLINIC ADMINSTRATORS; DIETITIANS; TROUP COUNTY CENTER FOR STRATEGIC PLANNING BOARD MEMBERS, UNDERSERVED POPULATION MEMBERS; SENIOR CITIZENS; LAGRANGE/HOGANSVILLE/WEST POINT COMMUNITY MEMBERS; COMMUNITY SERVICE AGENCIES; TROUP CARES; TROUP COUNTY SCHOOL BOARD MEMBERS; CONIFER HEALTH SERVICES (WGMC'S OUTSOURCED VENDOR OVERSEEING PATIENT ACCESS AND FINANCIAL ASSISTANCE); AND

Part V Facility Information (continued)

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

REPRESENTATIVES FROM TROUP COUNTY'S HISPANIC COMMUNITY.

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 11: DURING JULY AND AUGUST 2016, THE WELLSTAR WEST GEORGIA MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) STEERING COMMITTEE CONDUCTED AN EVALUATION OF ITS IMPLEMENTATION STRATEGIES FOR THE 2015-2016 FISCAL YEAR ENDING JUNE 30, 2016 (AND BASED ON THE PREVIOUS CHNA CONDUCTED IN 2012-13). IT SHOULD BE NOTED THAT THIS FISCAL YEAR ONLY REPRESENTS NINE (9) MONTHS OF ACTIVITIES, DUE TO THE MERGER WITH WELLSTAR HEALTH SYSTEM, WHICH INCLUDED AN ADJUSTMENT IN THE FISCAL YEAR ENDING DATE. THE EVALUATION PROCESS INCLUDED:

- STATUS REPORT OF ACTIVITIES AND COMPILING 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
- ACTION PLAN UPDATE FOR THE UPCOMING FISCAL YEAR, WHICH WAS NOT ONLY BASED ON THE EVALUATION PROCESS, BUT ALSO REFLECTED THE PRIORITY FOCUS AREAS IDENTIFIED IN THE 2016 CHNA.

THE STEERING COMMITTEE MET ON AUGUST 24, 2016 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:

Part V Facility Information (continued)

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

GOAL 1: ACCESS**HIGHLIGHTS OF THE PROGRESS AND OUTCOMES INCLUDED:**

- WELLSTAR WGMC RECRUITED ONE PULMONARY CRITICAL CARE SPECIALIST IN SEPT. 2015, AS WELL AS A NEW UROLOGIST AND A NEW ENDOCRINOLOGIST, BOTH OF WHOM ARE SCHEDULED TO JOIN WEST GEORGIA PHYSICIANS IN LATE 2016.
- \$52,826,055 FOR UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBT) + \$563,427 IN CARE PROVIDED TO TROUP CARES PATIENTS IN FY 2016.
- THERE ARE CURRENTLY 100 ACTIVE PATIENTS IN COMMUNITY SERVICE CLINIC. WE HAVE NOT BEEN TRACKING SEPARATELY THE OUTCOMES OF PATIENTS COMING INTO OUR CLINIC.
- THE COMMUNITY RESOURCE DIRECTORY IS COMPLETED AND IN THE PROCESS OF BEING PROGRAMMED TO BE AVAILABLE AS AN INTERACTIVE MAP ON THE WEBSITE.
- TRANSPORTATION CONTINUES TO BE A CHALLENGE FOR PATIENTS ACCESSING CARE, PARTICULARLY FROM HOGANSVILLE AND WEST POINT.

GOAL 2: CHRONIC DISEASE PREVENTION AND MANAGEMENT**HIGHLIGHTS OF THE PROGRESS AND OUTCOMES INCLUDED:**

- 1,191 PARTICIPANTS COMPLETED SCREENINGS IN THE WELLSTAR WGMC EMPLOYEE WELLNESS PROGRAM (861 EMPLOYEES & 330 SPOUSES).
- 541 EMPLOYEES WERE AT GOLD STATUS OR HIGHER BY 12/31/15.
- OUR NEW PULMONARY CRITICAL CARE SPECIALIST, DR. SALMAN FIDAHUSSEIN, HAS ACCEPTED THE ROLE OF PHYSICIAN CHAMPION TO IMPLEMENT A LUNG CT SCREENING PROGRAM.
- 355 SMOKING CESSATION BROCHURES HAVE BEEN ISSUED. 112 SMOKERS RECEIVED 2ND TIER COUNSELING.

Part V Facility Information (continued)

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

- 2600 COLONOSCOPIES HAVE BEEN PERFORMED.
- 158 TOTAL PEOPLE WERE SCREENED IN 3 QUARTERLY HEALTH SCREENINGS AT THE ACTIVE LIFE CENTER.
- 250 PARTICIPANTS IN COMMUNITY AND WORKSITE HEALTH FAIRS.
- PROJECT RED READMISSION RATE FOR 10/1/15-6/30/16= 16.03%.
- 6440 PEOPLE RECEIVED STROKE EDUCATION.
- 100 % OF NEWLY DIAGNOSED PATIENTS IN BOTH MEDICAL AND RADIATION ONCOLOGY HAD DISTRESS ASSESSMENTS WITH APPROPRIATE INTERVENTIONS.
- WGMC ACHIEVED 1.79 MEDIAN HOURS FOR THE # MINUTES FROM ACUTE MYOCARDIAL INFARCTION SYMPTOM ONSET TO HOSPITAL PRESENTATION OVER THE PERIOD OF JULY 2015-JUNE 2016. THIS ACHIEVEMENT IS BELOW THE U.S. MEDIAN OF 1.98 HOURS OVER A ROLLING FOUR QUARTER PERIOD.

GOAL 3: HEALTHY YOUTH**THE HIGHLIGHTS OF THE OUTCOMES AND PROGRESS INCLUDED:**

- DUE TO POOR ATTENDANCE, THE TEEN PREGNANCY CLASSES WERE NOT OFFERED.
- CIRCLE OF GIRLS CLASSES WERE HELD TWO TIMES DURING THIS REPORTING PERIOD WITH 15 DAUGHTER/MOM COUPLES SERVED.
- THE TROUP TEEN PREGNANCY PREVENTION STRATEGY TEAM IS STILL ACTIVE; HOWEVER, IT ONLY MEETS BI-ANNUALLY AT THIS TIME. DURING THE SECOND SEMESTER OF THE 2015-16 SCHOOL YEAR, THE TROUP COUNTY SCHOOL DISTRICT BEGAN TEACHING CURRICULUM RELATED TO UNSAFE BEHAVIORS AND HEALTH EDUCATION.
- NEITHER SEX, TRUTH AND CONSEQUENCES CLASS NOR TEEN MAZE WAS NOT HELD DURING THIS REPORTING PERIOD,

Part V Facility Information (continued)

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

- 352 PATIENTS SCREENED; PERIOD OF PURPLE CRYING DVD GIVEN TO ALL PARENTS SCREENED AND DISCUSSED BY FIRST STEPS PROGRAM. THE COORDINATOR DID NOT UTILIZE THE MEASUREMENT TOOL CREATED TO MEASURE KNOWLEDGE GAINED, BUT THE TEAM WILL STUDY WAYS TO ENSURE IMPLEMENTATION IN FY 2017.

A TOTAL OF 18 STEERING COMMITTEE MEMBERS PARTICIPATED IN THE RATING PROCESS. PROGRESS FOR EACH OF THE GOALS WAS RATED ON A 5-POINT SCALE WHERE 5=EXCELLENT AND 1=POOR. THE RESULTS OF THE EVALUATION INCLUDED:

- ACCESS RELATED OBJECTIVES WERE GIVEN AN AVERAGE SCORE OF 3.9, WITH 83% OF THE PARTICIPANTS RATING PROGRESS EXCELLENT OR VERY GOOD. THE MAJORITY (88%) OF PARTICIPANTS INDICATED THAT IT WAS EXTREMELY IMPORTANT TO CONTINUE THESE INTERVENTION STRATEGIES. SUGGESTIONS TO IMPROVE EFFORTS FOR THE UPCOMING YEAR INCLUDED CONTINUING TO REMOVE BARRIERS TO TRANSPORTATION, RECRUITING ADDITIONAL PRIMARY CARE PROVIDERS AND EXPANDING SERVICE HOURS.

- CHRONIC DISEASE MANAGEMENT OBJECTIVES WERE GIVEN AN AVERAGE SCORE OF 3.9 WITH 74% OF THE PARTICIPANTS PROVIDING EXCELLENT OR VERY GOOD RATINGS. SUGGESTIONS TO IMPROVE EFFECTIVENESS INCLUDED FOCUSING ON STRATEGIES TO TRULY AFFECT CHANGE (NOT JUST OFFER PROGRAMS) AND IMPROVE DATA COLLECTION AND COMMUNITY PARTNERSHIP EFFORTS.

- HEALTHY YOUTH RELATED OBJECTIVES WERE NOT RATED BECAUSE THEY WILL NOT CONTINUE TO BE PART OF THE FOCUS AREAS FOR THE 2016 IMPLEMENTATION STRATEGIES.

WGMC IS CONTINUING TO WORK ON THE FOLLOWING ACTION ITEMS THAT COULDN'T BEGIN IN 2016 DUE TO TIME AND/OR RESOURCE CONSTRAINTS:

- ACTIVE RECRUITMENT OF AN INTERVENTIONAL CARDIOLOGIST. RECRUITMENT

Part V Facility Information (continued)

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

EFFORTS ARE ON HOLD FOR A DERMATOLOGIST, A SECOND PULMONARY CRITICAL CARE SPECIALIST AND PRIMARY CARE PHYSICIANS ARE ON HOLD UNTIL WE RECEIVE THE RESULTS OF THE NEW PHYSICIAN MANPOWER STUDY CURRENTLY UNDERWAY.

- FINDING A SOLUTION TO INVOLVE MORE DIABETES PATIENTS IN EDUCATIONAL/NUTRITIONAL OUTREACH.

- INCREASING PARTICIPATION IN TEEN PREGNANCY EDUCATION CLASSES AND BEGINNING CLASSES REGARDING TEEN-HEALTH RELATED NEEDS AND ISSUES.

DURING THE COURSE OF THE CHNA YEAR 1 EVALUATION IN 2014, IT WAS DETERMINED THAT IMPLEMENTING A MOBILE HEALTH CLINIC, ALONG WITH BREAST CANCER, COLON CANCER, PROSTATE CANCER, DIABETES AND STROKE RISK ASSESSMENT PRODUCTS WERE NOT FINANCIALLY FEASIBLE AND WOULD NOT BE PURSUED FURTHER.

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 16I: ANNUAL NOTIFICATION IN LOCAL GENERAL CIRCULATION NEWSPAPER. ALSO, INDIVIDUAL NOTIFICATION OF THE POLICY IS GIVEN AT REGISTRATION TO ALL PATIENTS.

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 19D: WE PROACTIVELY COMMUNICATE THE FACILITY'S PARTICIPATION IN THE INDIGENT PROGRAM.

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 20E: THE ORGANIZATION NOTIFIES PATIENTS BY PROVIDING THE FINANCIAL ASSISTANCE POLICY ONLINE. ADDITIONALLY, THE

Part V Facility Information (continued)

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

FACILITY UTILIZES A PROPENSITY TO PAY SOFTWARE. INDIVIDUALS WITH A LOW ABILITY/LOW PROPENSITY DESIGNATION MAY QUALIFY FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS.

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 22D: THE ORGANIZATION USES THE LOOK-BACK AGB METHOD AS DESCRIBED IN TREASURY REGULATIONS. THE LOOKBACK IS BASED ON A RETROSPECTIVE 12-MONTH MEASUREMENT PERIOD AND IS BASED ON ACTUAL PAST CLAIMS PAID TO THE HOSPITAL FACILITY BY MEDICARE FEE-FOR-SERVICE TOGETHER WITH ALL PRIVATE HEALTH INSURERS.

WEST GEORGIA MEDICAL CENTER:

PART V, SECTION B, LINE 24: ALL PATIENTS ARE CHARGED THE SAME CDM PRICING. ADJUSTMENTS ARE LATER MADE BASED ON THE INDIVIDUALS APPLICATION FOR FINANCIAL ASSISTANCE AS COMPARED TO THE FPL GUIDELINES.

SCHEDULE H PART V LN 16

FINANCIAL ASSISTANCE POLICY:

[HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/COMMUNITY-F](https://www.wellstar.org/about-us/policies-procedures/pages/community-f)

FINANCIAL ASSISTANCE APPLICATION:

[HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/DOCUMENTS/FAP-APP](https://www.wellstar.org/about-us/policies-procedures/documents/fap-app)

PLAIN LANGUAGE SUMMARY:

Part V Facility Information *(continued)*

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

[HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/DOCUMENTS/FAP-PLA](https://www.wellstar.org/about-us/policies-procedures/documents/fap-pla)

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

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
THIS COLUMN IS \$ 31,805,309.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

Part VI Supplemental Information (Continuation)

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, STDS, 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.

Part VI Supplemental Information (Continuation)

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.

Part VI Supplemental Information (Continuation)

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.

PART III, LINE 8:

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING MEDICARE COST REPORTS.

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.

Part VI Supplemental Information (Continuation)**PART VI, LINE 2:**

FOR ITS 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, WEST GEORGIA MEDICAL CENTER IDENTIFIED AND ASSESSED THE HEALTH NEEDS OF THE COMMUNITY THROUGH THE FOLLOWING STEPS. 1) THE MEMBERS OF THE EXISTING CHNA STEERING COMMITTEE ESTABLISHED IN 2012 CONTINUED THEIR SERVICE ON THE 2016 CHNA 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 IN LAGRANGE, WEST POINT AND HOGANSVILLE, GA, AS WELL AS MEMBERS OF UNDERSERVED POPULATIONS, SENIOR CITIZENS, PUBLIC HEALTH REPRESENTATIVES, PHYSICIANS, SOCIAL WORKERS, DIETITIANS, EMERGENCY MEDICAL PERSONNEL AND TROUP COUNTY SCHOOL BOARD MEMBERS. 4) WGMC WORKED WITH CONSULTANTS FROM STRATEGY SOLUTIONS 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. SECONDARY DATA CAME FROM A VARIETY OF SOURCES INCLUDING VITAL RECORDS, STATE AND NATIONAL HEALTH STATUS DATA AND HOSPITAL UTILIZATION DATA. 5) THE TEAM GAINED COMMUNITY INPUT VIA MEETINGS WITH COMMUNITY LEADERS AND STAKEHOLDERS AND OTHERS REPRESENTING VARIOUS POPULATIONS, AS WELL AND AN ELECTRONIC SURVEY. 6) THE TEAM DEVELOPED A PRIORITIZATION OF NEEDS TO ADDRESS. 7) THE TEAM DEVELOPED IMPLEMENTATION STRATEGIES TO ADDRESS THE IDENTIFIED NEEDS. THE WGMC BOARD OF TRUSTEES APPROVED THE CHNA ON JUNE 20, 2016 AND THE IMPLEMENTATION STRATEGIES ON OCT. 17, 2016, AND SENT THESE DOCUMENTS TO THE WELLSTAR HEALTH SYSTEM BOARD OF TRUSTEES FOR ITS APPROVAL ON NOV. 3, 2016.

PART VI, LINE 3:

THE ORGANIZATION NOTIFIES PATIENTS (OR THEIR REPRESENTATIVES) OF THIS POLICY AT REGISTRATION. SIGNAGE IS POSTED IN BOTH ENGLISH AND SPANISH.

Part VI Supplemental Information (Continuation)

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 WEB SITE, DURING THE REGISTRATION PROCESS-BOTH VERBAL AND WRITTEN, AND VIA POSTINGS IN INTAKE AREAS.

PART VI, LINE 4:

WELLSTAR WEST GEORGIA MEDICAL CENTER (WGMC) IS A 558-BED FACILITY LOCATED IN LAGRANGE, GEORGIA, APPROXIMATELY 70 MILES SOUTH OF ATLANTA. WGMC PRIMARY SERVICE AREA IS TROUP COUNTY WITH A POPULATION OF APPROXIMATELY 70,000, BUT IT ALSO SERVES OTHER COUNTIES IN THE WEST CENTRAL GEORGIA AND EAST CENTRAL ALABAMA. APPROXIMATELY 19.3% OF THE POPULATION IN THE SERVICE AREA IS LIVING AT POVERTY LEVEL. ALMOST 25% OF THE POPULATION IS UNDER 18 YEARS AND 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 \$41,000.

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

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 6:

BEGINNING ON APRIL 1, 2016, WEST GEORGIA HEALTH SERVICES, INC., JOINED WELLSTAR HEALTH SYSTEM BASED IN MARIETTA, GEORGIA. WELLSTAR HEALTH SYSTEM SERVES AS THE SOLE CORPORATE MEMBER OF WEST GEORGIA HEALTH SERVICES, INC (WGHS) AND PROVIDES STRATEGIC DIRECTION FOR THE SYSTEM. WGHS REMAINS THE SOLE CORPORATE MEMBER OF WEST GEORGIA MEDICAL CENTER NOW DBA WELLSTAR WEST GEORGIA MEDICAL CENTER. IN LAGRANGE, THE LOCAL ORGANIZATIONS AFFILIATED WITH WELLSTAR WEST GEORGIA MEDICAL CENTER, INCLUDE: (1) WEST GEORGIA MEDICAL CENTER, INC. (WGMC) OPERATES A 276-BED ACUTE CARE HOSPITAL; A 150-BED SKILLED NURSING HOME (FLORENCE HAND HOME); A 116- 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 AND MERIWETHER COUNTIES. (2) VERNON WOODS RETIREMENT COMMUNITY, INC. - VERNON WOODS OPERATES A RETIREMENT COMMUNITY OFFERING BOTH ASSISTED AND INDEPENDENT LIVING. (3) WEST GEORGIA HEALTH FOUNDATION, INC. - THE FOUNDATION PROVIDES FUNDRAISING AND SUPPORT FOR WEST GEORGIA HEALTH SERVICES, INC. AND ITS AFFILIATES. (4) WEST GEORGIA HEALTH PHYSICIANS INC. - THIS IS A PHYSICIAN SERVICE ORGANIZATION WHICH PROVIDES SPECIALIZED MEDICAL SERVICES TO THE COMMUNITY.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

Part VI Supplemental Information (Continuation)

GA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer 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" on 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

1 (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
TROUP CARES 301 MEDICAL DRIVE #501 LAGRANGE, GA 30240	20-8176300	501(C)(3)	30,000.	0.			
BOYS AND GIRLS CLUB OF WEST GEORGIA - PO BOX 1328 - LAGRANGE, GA 30241	58-1998988	501(C)(3)	6,000.	0.			2015 SPONSORSHIP
WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	20-0936376	501(C)(3)	40,000.	0.			SUPPORT FOR UPCOMING CANCER PROGRAM
LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE - P.O. BOX 636 - LAGRANGE, GA 30241	58-0318810	501(C)(6)	13,333.	0.			OPERATIONAL SUPPORT

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

▶ **3.**

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

▶ **1.**

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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.

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. THE ORGANIZATION MONITORS GRANTS MADE TO GOVERNMENTS AND ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

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 on 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 checked="" 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 on 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, and 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 on 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL MYERS, M.D. TRUSTEE (THR. 3/16) & PHY.	(i) 516,384.	550,592.	87,912.	10,600.	25,826.	1,191,314.	0.
(2) AVRIL P. BECKFORD, M.D. TRUSTEE (BEG. 4/16)/CHF PED. OFF.	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY L. THARP, M.D., MPH TRUSTEE (BEG. 4/16)/CHIEF MED. SVCS.	(i) 492,548.	58,415.	2,453.	28,660.	1,958.	584,034.	0.
(4) AMY ELLEN F. CARRIER SVP HOSPITAL PRESIDENT	(i) 512,199.	78,598.	2,505.	47,185.	32,273.	672,760.	0.
(5) ANTHONY J. BUDZINSKI EVP & CFO	(i) 74,464.	68,000.	2,125.	17,302.	1,480.	163,371.	0.
(6) ANTHONY M. TRUPIANO SVP SUPPLY CHAIN	(i) 606,611.	162,569.	24,552.	47,300.	28,807.	869,839.	0.
(7) BARBARA B. COREY SVP MANAGED CARE	(i) 288,371.	73,361.	15,370.	47,300.	2,043.	426,445.	0.
(8) BETH KOST SVP COMPLIAN CHF PRIVACY OFF	(i) 321,048.	81,823.	13,159.	21,392.	26,273.	463,695.	0.
(9) BETHANY ROBERTSON VP & CHIEF LEARNING OFFICER	(i) 271,419.	49,750.	10,102.	22,418.	11,937.	365,626.	0.
(10) BRADFORD B. NEWTON VP INFO. TECHNOLOGY ADMIN	(i) 203,392.	87,926.	9,120.	17,301.	29,372.	347,111.	0.
(11) BRUCE A. DEAN VP REAL ESTATE DEPUTY GEN CNSL	(i) 202,322.	40,120.	9,156.	22,555.	27,920.	302,073.	0.
(12) CANDICE L. SAUNDERS PRESIDENT & CEO	(i) 242,590.	48,105.	14,272.	47,300.	25,123.	377,390.	0.
(13) CRAIG OWENS SVP HOSPITAL PRESIDENT	(i) 929,590.	231,348.	19,734.	46,319.	30,929.	1,257,920.	0.
(14) DANIEL J. STYF SVP PW HEALTH PLAN	(i) 283,837.	65,639.	13,051.	29,300.	22,093.	413,920.	0.
(15) DAVID W. ANDERSON EVP/HR/OL/CCO	(i) 290,368.	96,256.	15,163.	21,353.	9,385.	432,525.	0.
(16) ELIZABETH H. LOUDERMILK VP ENT INTELLIGENCE & INTGRN	(i) 460,491.	152,440.	23,312.	47,185.	26,381.	709,809.	0.
	(i) 239,990.	43,990.	9,880.	23,251.	19,315.	336,426.	0.

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ELLEN LANGFORD SVP & COO WELLSTAR MED GROUP	(i) 0. (ii) 253,469.	0. 64,482.	0. 12,280.	0. 41,525.	0. 29,684.	0. 401,440.	0. 0.
(18) FREDA LYON VP SYSTEM EMERGENCY & TRAUMA	(i) 0. (ii) 117,693.	0. 25,000.	0. 6,027.	0. 8,903.	0. 12,175.	0. 169,798.	0. 0.
(19) JAMES M. SWARTZ VP ACCOUNTING	(i) 0. (ii) 215,613.	0. 41,138.	0. 8,995.	0. 18,573.	0. 26,251.	0. 310,570.	0. 0.
(20) JILL M. CASE-WIRTH SVP & CHIEF NURSE EXECUTIVE	(i) 0. (ii) 336,440.	0. 73,003.	0. 15,318.	0. 46,319.	0. 9,901.	0. 480,981.	0. 0.
(21) JIMMY E. FRANCIS VP INFO TECHNOLOGY OPERATIONS	(i) 0. (ii) 215,259.	0. 41,071.	0. 9,822.	0. 46,420.	0. 3,129.	0. 315,701.	0. 0.
(22) JOEL W. HELMKE VP ONCOLOGY	(i) 0. (ii) 260,000.	0. 49,580.	0. 9,420.	0. 41,300.	0. 28,875.	0. 389,175.	0. 0.
(23) JONATHAN B. MORRIS, MD SVP CHF INFO OFFICER	(i) 0. (ii) 397,155.	0. 101,035.	0. 12,834.	0. 25,576.	0. 28,104.	0. 564,704.	0. 0.
(24) JOSEPH L. BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i) 0. (ii) 283,379.	0. 74,924.	0. 17,558.	0. 47,300.	0. 25,124.	0. 448,285.	0. 0.
(25) KEM M. MULLINS EVP COO AMBULATORY & BUS DEV	(i) 0. (ii) 496,864.	0. 87,504.	0. 12,287.	0. 23,300.	0. 29,432.	0. 649,387.	0. 0.
(26) KIMBERLY W. MENEFE SVP STRATEGIC COMMUNITY DEV	(i) 0. (ii) 293,842.	0. 77,691.	0. 14,038.	0. 29,300.	0. 21,472.	0. 436,343.	0. 0.
(27) KRISTYN M. GREIFER, MD VP POPULATION MANAGEMENT	(i) 0. (ii) 333,466.	0. 54,496.	0. 9,614.	0. 9,013.	0. 9,754.	0. 416,343.	0. 0.
(28) LEO E. REICHERT EVP & GENERAL COUNSEL	(i) 0. (ii) 531,190.	0. 168,916.	0. 17,211.	0. 29,300.	0. 33,911.	0. 780,528.	0. 0.
(29) MARY L. TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i) 0. (ii) 227,968.	0. 45,205.	0. 10,203.	0. 29,060.	0. 22,070.	0. 334,506.	0. 0.
(30) MICHELLE M. ROBINSON VP MKTNG/PR/INTERNAL COMM.	(i) 0. (ii) 204,235.	0. 40,499.	0. 9,235.	0. 15,206.	0. 27,031.	0. 296,206.	0. 0.
(31) NICOLE V. ASHE VP FINANCE & CFO COMM.	(i) 0. (ii) 234,187.	0. 41,156.	0. 9,243.	0. 23,487.	0. 25,688.	0. 333,761.	0. 0.
(32) PETER R. JUNGBLUT, MD SVP & MEDICAL DIR. WMG	(i) 0. (ii) 322,899.	0. 86,624.	0. 12,566.	0. 41,300.	0. 30,061.	0. 493,450.	0. 0.

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) REYNOLD J. JENNINGS, MD CHIEF STRATEGY OFFICER (34) RICHARD S. SIEGEL VP CARDIOLOGY & CVM ADMIN (35) ROBERT J. DECOUX VP COPORATE NED STAFF SVCS (36) ROBERT MANDLER VP DIAGNOSTIC OUTREACH (37) SANDRA LUCIUS BP TECHNOLOGY APPS (38) SEAN P. TURNER VP REVENUE CYCLE MANAGEMENT (39) SNEHAL H. DOSHI VP SYSTEM PHARMACIST (40) TIMOTHY HANEY SVP & HOSPITAL PRESIDENT (41) VALERY A. AKOPOV, MD SVP HOSPITAL DIVISION WMG (42) WANDA Y. ROBINSON VP COMPLIANCE PWHP (43) MICHAEL G. PAUL VP FACILITIES EN SUPPORT SVCS (44) DANIEL J. WOODS SVP HOSPITAL PRESIDENT (45) GERALD N FULKS PRESIDENT/CEO - WGMG (46) PAUL R. PERROTTI SENIOR VP FINANCE/CFO - WGMG (47) CHARIS ACREE SENIOR VP OPERATIONS - WGMG (48) TRIPP PENN VP SUPPORT SERVICES (RESIGNED 4/16)	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 975,000.	656,466.	20,118.	0.	2,064.	1,653,648.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 289,286.	53,009.	10,978.	47,300.	28,796.	429,369.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 167,823.	23,013.	4,854.	20,316.	25,102.	241,108.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 214,261.	42,487.	17,274.	46,766.	16,809.	337,597.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 209,269.	41,497.	11,871.	46,691.	2,469.	311,797.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 248,019.	59,082.	10,041.	22,462.	28,739.	368,343.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 102,312.	68,000.	4,772.	14,909.	11,422.	201,415.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 290,410.	75,204.	17,308.	29,300.	15,386.	427,608.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	
(ii) 364,063.	78,508.	17,861.	28,177.	26,276.	514,885.	0.	
(i) 0.	0.	0.	0.	0.	0.	0.	
(ii) 207,043.	7,312.	11,870.	6,692.	16,623.	249,540.	0.	
(i) 0.	0.	0.	0.	0.	0.	0.	
(ii) 186,846.	34,053.	12,321.	0.	24,754.	257,974.	0.	
(i) 0.	0.	0.	0.	0.	0.	0.	
(ii) 398,237.	96,773.	15,252.	47,300.	27,463.	585,025.	0.	
(i) 419,777.	80,479.	3,688.	76,154.	20,058.	600,156.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) 280,591.	56,126.	11,059.	30,860.	26,767.	405,403.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) 243,567.	31,919.	15,538.	76,657.	20,133.	387,814.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) 164,697.	23,368.	6,284.	8,272.	26,688.	229,309.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	

Schedule J (Form 990) 2015

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PAID COUNTRY CLUB DUES AND SPOUSAL TRAVEL FOR THE CEO

ONLY. THESE ARE ADDED TO HIS TAXABLE COMPENSATION.

PART I, LINE 4B:

EMPLOYER CONTRIBUTIONS WERE MADE TO THE 457(F) SUPPLEMENTAL EXECUTIVE

RETIREMENT BENEFIT PLAN (SERP) OF \$55,700 FOR GERALD FULKS AND \$20,260 FOR

PAUL PERROTTI CFO. THE EXECUTIVE COMMITTEE OF WGMC APPROVED THE LIQUIDATION

OF THE SERP ACCOUNTS EFFECTIVE 3/31/2016, WITH CASH LUMP SUM OF \$202,534.46

FOR FULKS AND \$60,597.61 FOR PERROTTI DISTRIBUTED AT THAT DATE, MINUS

WITHHOLDING FOR PAYROLL TAXES.

DURING THE YEAR, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE

PRESIDENTS, AND CERTAIN PHYSICIANS PARTICIPATED IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC. THE

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

(C).

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN

SCHEDULE J, PART II, COLUMN (B)(III):

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

CANDICE L. SAUNDERS \$889,660

DAVID W. ANDERSON 92,098

JOSEPH L. BRYWCZYNSKI 42,507

MARY L. TAVERNARO 34,242

LEO E. REICHERT 27,209

ROBERT MANDLER 21,426

PART I, LINE 7:

AS PART OF THE WELLSTAR EXECUTIVE COMPENSATION PHILOSOPHY A PERFORMANCE PAY PLAN WAS INSTITUTED SEVERAL YEARS AGO WHEREBY THE WELLSTAR BOARD OF TRUSTEES APPROVES AN ANNUAL INCENTIVE PLAN WHICH CONSISTS OF SEVERAL PERFORMANCE GOALS OR FACTORS THAT UPON ATTAINMENT WILL RESULT IN PAYOUTS TO ELIGIBLE PLAN PARTICIPANTS. THOSE FACTORS ARE:

- 1) PEOPLE & CUSTOMER SERVICE GOAL FOR EMPLOYEE "TRUST INDEX";
- 2) QUALITY & SAFETY GOAL FOR CLINICAL EXCELLENCE AND PATIENT SATISFACTION;
AND
- 3) FINANCIAL GOAL FOR ATTAINING A POSITIVE OPERATING MARGIN.

CONFIRMATION OF ACHIEVING THESE GOALS IS TYPICALLY RECEIVED THROUGH THE

ANNUAL EXTERNAL AUDIT PROCESS AND APPROVED BY THE BOARD OF TRUSTEES AT THAT

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.

TIME.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2015

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
LAGRANGE-TROUP COUNTY A HOSPITAL AUTHORITY	56-2609278507154AF9		07/31/08	45434268.	CONSTRUCTION				X		X
LAGRANGE-TROUP COUNTY B HOSPITAL AUTHORITY	56-2609278NONEAVAIL		08/15/14	22389764.	REFUNDING				X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	5,835,000.		1,164,268.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	46,001,275.		22,389,764.					
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				

532121
10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2015

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		.00 %		.00 %		%		%
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		.00 %		.00 %		%		%
6 Total of lines 4 and 5		.00 %		.00 %		%		%
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 non-governmental 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)

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number
20-5497506

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COST-EFFECTIVE COMMUNITY-BASED HEALTHCARE SERVICES TO RESIDENTS OF
COUNTIES IN WESTERN GEORGIA AND EASTERN ALABAMA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.

FORM 990, PART VI, SECTION A, LINE 4:

RESTATED ARTICLES OF ASSOCIATION WERE FILED WITH THE STATE OF GEORGIA
SECRETARY OF STATE, WHEREIN THE SOLE MEMBER OF THE CORPORATION REMAINS WEST
GEORGIA HEALTH SERVICES (THE "MEMBER") - HOWEVER THE MEMBER SHALL ACT AS
MEMBER SOLELY BY AND THROUGH ITS SOLE MEMBER WELLSTAR HEALTH SYSTEM INC.
("WELLSTAR"). THE CORPORATION MAY NOT TAKE ANY OF SOME LISTED ACTIONS
WITHOUT THE APPROVAL OF WELLSTAR. BYLAWS WERE ALSO AMENDED AND RESTATED.

THE ORGANIZATION CHANGED THEIR DBA DURING THE YEAR.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE CORPORATION IS WEST GEORGIA HEALTH SERVICES, INC.
(THE "MEMBER"), WHICH SHALL ACT AS THE MEMBER SOLELY BY AND THROUGH ITS
SOLE MEMBER WELLSTAR HEALTH SYSTEM INC. ("WELLSTAR").

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

FORM 990, PART VI, SECTION A, LINE 7A:

ACCORDING TO THE CORPORATE BYLAWS 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.

ARTICLE III OF THE BYLAWS OF WEST GEORGIA MEDICAL CENTER PROVIDES THAT THE COMPOSITION OF THE BOARD OF DIRECTORS OF THE CORPORATION SHALL BE IDENTICAL TO THE COMPOSITION OF THE BOARD OF TRUSTEES OF WEST GEORGIA HEALTH SERVICES. WEST GEORGIA HEALTH SERVICES BYLAWS ARTICLE FOUR SETS OUT GUIDELINES ON THE BOARD OF TRUSTEES. SECTION 4.2 (B) INDICATES THAT THE BOARD OF TRUSTEES OF WELLSTAR SHALL HAVE THE AUTHORITY TO APPOINT UP TO TWO (2) INDIVIDUALS TO SERVE ON THE COMMUNITY BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

ARTICLE IX OF THE AMENDED AND RESTATED ARTICLES OF ASSOCIATION OF WEST GEORGIA MEDICAL CENTER LISTS REDERIVED POWERS AS FOLLOWS:

NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES OF INCORPORATION OR THE CORPORATION'S BYLAWS, THE CORPORATION MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF WELLSTAR:

(I) AMEND OR RE-STATE 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

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

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 WELLSTAR, OR

(VIII) AMEND OR TERMINATE ANY LEASE OF A HOSPITAL FACILITY TO WHICH THE
CORPORATION IS A PARTY.

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.

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.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

HUMAN RESOURCES MAKES COMPENSATION RECOMMENDATIONS BASED ON COMPARATIVE MARKET ANALYSIS. THE DATA IS THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE UPON REQUEST.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	3,905,096.
MANAGEMENT AND GENERAL EXPENSES	94,476.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,999,572.

PROFESSIONAL FEES AND SERVICES:

PROGRAM SERVICE EXPENSES	15,276,340.
MANAGEMENT AND GENERAL EXPENSES	266,361.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,542,701.

CONSULTING:

Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

PROGRAM SERVICE EXPENSES 827,749.

MANAGEMENT AND GENERAL EXPENSES 1,243,134.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,070,883.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 21,613,156.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION LIABILITY ADJUSTMENT -15,682,211.

EQUITY TRANSFER TO AFFILIATE PSO -9,676,816.

WELLSTAR AQUISITION ADJUSTMENT -17,818,912.

TOTAL TO FORM 990, PART XI, LINE 9 -43,177,939.

PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number
20-5497506

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[illegible]

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
WEST GEORGIA HEALTH FOUNDATION, INC. - 20-0936376, 1514 VERNON ROAD, LAGRANGE, GA 30240	FUNDRAISING	GEORGIA	501(C)(3)	LINE 7	WHS, INC		X
WEST GEORGIA HEALTH SERVICES, INC. - 20-5497622, 1514 VERNON ROAD, LAGRANGE, GA 30240	SUPPORTING ORGANIZATION	GEORGIA	501(C)(3)	LINE 11C, III-FI	WHS, INC		X
VERNON WOODS RETIREMENT COMMUNITY, INC. - 58-2575049, 1514 VERNON ROAD, LAGRANGE, GA 30240	ASSISTED LIVING	GEORGIA	501(C)(3)	LINE 9	WHS, INC		X
LAGRANGE-TROUP COUNTY HOSPITAL AUTHORITY - 56-2609278, 1514 VERNON ROAD, LAGRANGE, GA 30240	HOSPITAL AUTHORITY	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X

Schedule R (Form 990) 2015

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MEDICAL PARK FOUNDATION, INC. - 58-1303478 209 BROOME STREET LAGRANGE, GA 30240	SUPPORTING ORGANIZATION	GEORGIA	501(C)(3)	LINE 11A, I	WHS, INC		X
CHS FOUNDATION, INC. - 58-1649540 793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GEORGIA	501(C)(3)	LINE 11B, II	WHS, INC		X
COBB HOSPITAL, INC. - 58-0968382 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X
DOUGLAS HOSPITAL, INC. - 58-2026750 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X
KENNESTONE HOSPITAL, INC. - 58-2032904 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X
PAULDING MEDICAL CENTER, INC. - 58-2095884 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X
WELLSTAR FOUNDATION, INC. - 58-1627413 793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GEORGIA	501(C)(3)	LINE 11B, II	WHS, INC		X
WELLSTAR ATLANTA MEDICAL CENTER, INC. - 81-0837031, 793 SAWYER ROAD, MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X
WELLSTAR NORTH FULTON HOSPITAL, INC. - 81-0851756, 793 SAWYER ROAD, MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X
WELLSTAR SPALDING REGIONAL HOSPITAL, INC. - 81-0864789, 793 SAWYER ROAD, MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X
WELLSTAR SYLVAN GROVE HOSPITAL, INC. - 20-5497506, 793 SAWYER ROAD, MARIETTA, GA 30062	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	WHS, INC		X

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	Yes	No
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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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