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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 07-01-2015 , and ending 06-30-2016

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

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

Number and street (or P O box if mail is not delivered to street address) 793 SAWYER ROAD
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Marietta, GA 300622222

D Employer identification number 58-2032904

E Telephone number (770) 956-7827

G Gross receipts $ 1,043,666,312

F Name and address of principal officer
CANDICE L SAUNDERS
793 SAWYER ROAD
Marietta, GA 300622222

H(a) Is this a group return for subordinates? [ ] Yes [x] No

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

H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www wellstar org

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1993

M State of legal domicile GA

Part I Summary

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

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

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**	5,493
6	Total number of volunteers (estimate if necessary)	**6**	381
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	49,038
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-32,497

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	922,320,839	1,017,957,459
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199,405	-106,266
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,898,564	25,815,119
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	948,418,808	1,043,666,312
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,550	7,099
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	312,606,840	337,418,099
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	453,460,066	497,579,360
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	766,083,456	835,004,558
19	Revenue less expenses Subtract line 18 from line 12	182,335,352	208,661,754

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	628,535,643	649,309,073
21	Total liabilities (Part X, line 26)	252,608,997	273,726,332
22	Net assets or fund balances Subtract line 21 from line 20	375,926,646	375,582,741

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: 2017-05-12

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JOANNE KREUGER	JOANNE KREUGER			P01235586

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

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

Phone no (267) 330-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 733,695,922 including grants of $ 7,099) (Revenue $ 1,017,957,459)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 733,695,922

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,493		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JAMES M SWARTZ 793 SAWYER ROAD Marietta, GA 300622222 (770) 956-7827

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								4,205,196	20,896,381	2,626,571

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 ▶ 298

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	PATIENT REVENUE	621990	1,011,369,922	1,011,369,922	0	0
	b	MEDICAL RECORDS	621990	71,595	71,595	0	0
	c	INDEPENDENT & ASSISTED LIVING REVENUE	623000	6,454,996	6,454,996	0	0
	d	PATIENT EDUCATION	621990	60,946	60,946	0	0
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,017,957,459				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	0			
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents: 3,780,798				
	b	Less rental expenses:				
	c	Rental income or (loss): 3,780,798 / 0				
	d	Net rental income or (loss) . . . . . ▶	3,780,798			3,780,798
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: -106,266				
	b	Less cost or other basis and sales expenses:				
	c	Gain or (loss): -106,266				
	d	Net gain or (loss) . . . . . ▶	-106,266			-106,266
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	PHARMACY/RETAIL PHARMACY 446199	12,781,551	0	49,038	12,732,513
	b	LAB OUTREACH 621990	1,173,904	0	0	1,173,904
	c	CAFETERIA 621990	5,766,530	0	0	5,766,530
	d	All other revenue	2,312,336	0		2,312,336
	e	**Total.** Add lines 11a–11d . . . . . ▶	22,034,321			
	12	**Total revenue.** See Instructions . . . . . ▶	1,043,666,312	1,017,957,459	49,038	25,659,815

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	7,099	7,099		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,758,477	4,307,164	451,313	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	264,497,600	239,411,563	25,086,037	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,068,913	14,542,059	1,526,854	
9 Other employee benefits	32,549,254	29,477,220	3,072,034	
10 Payroll taxes	19,543,855	17,689,657	1,854,198	
11 Fees for services (non-employees)				
a Management	0			
b Legal	33,358		33,358	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,297,919	51,685,541	3,612,378	0
12 Advertising and promotion	280,790	144,048	136,742	
13 Office expenses	22,645,082	20,023,466	2,621,616	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	13,471,352	6,622,043	6,849,309	
17 Travel	317,999	246,168	71,831	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	407,164	385,397	21,767	
20 Interest	9,033,452		9,033,452	0
21 Payments to affiliates	153,583,818	138,972,549	14,611,269	
22 Depreciation, depletion, and amortization	36,696,189	17,135,432	19,560,757	
23 Insurance	6,538,034		6,538,034	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS & MAINTENANCE	14,803,664	9,354,140	5,449,524	
b MEDICAL SUPPLIES	183,715,998	183,144,843	571,155	
c OTHER OPERATING EXPENSES	754,541	547,533	207,008	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	835,004,558	733,695,922	101,308,636	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		896,320	2	477,838
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		164,823,168	4	182,050,347
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		16,375,511	8	20,300,445
	9	Prepaid expenses and deferred charges		1,378,887	9	1,992,821
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 837,408,589			
	b	Less accumulated depreciation	10b 402,441,063	439,796,708	10c	434,967,526
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,265,049	15	9,520,096
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		628,535,643	16	649,309,073
Liabilities	17	Accounts payable and accrued expenses		21,282,581	17	17,717,849
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		231,326,416	25	256,008,483
	26	**Total liabilities.** Add lines 17 through 25		252,608,997	26	273,726,332
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		375,926,646	27	375,582,741
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		375,926,646	33	375,582,741
	34	Total liabilities and net assets/fund balances		628,535,643	34	649,309,073

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,043,666,312
2	Total expenses (must equal Part IX, column (A), line 25)	2	835,004,558
3	Revenue less expenses Subtract line 2 from line 1	3	208,661,754
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	375,926,646
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-209,005,659
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	375,582,741

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF	2 0 48 0	X		X				0	553,416	30,618
CHARLES J JONES TRUSTEE	1 0 9 0	X						0	4,079	0
DAVID H HAFNER MD TRUSTEE	1 0 9 0	X						0	23,923	0
FRANK ROS TRUSTEE	1 0 9 0	X						0	3,478	0
GARY A MILLER TRUSTEE - CHAIR	1 0 9 0	X						0	4,120	0
GREG MORGAN MD TRUSTEE	1 0 9 0	X						0	2,324	0
H SPEER BURDETTE III TRUSTEE	1 0 9 0	X						0	0	0
JANIE MADDOX TRUSTEE	1 0 9 0	X						0	7,482	0
JEFFREY L THARP MD MPH TRUSTEE & CHIEF MEDICINE SRVS	2 0 48 0	X		X				0	593,302	79,458
MICHAEL B PATTON TRUSTEE	1 0 9 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MITZI MOORE TRUSTEE	10 90	X						0	3,074	0
O SCOTT SWAYZE MD TRUSTEE	10 90	X						0	4,304	0
OTIS A BRUMBY III TRUSTEE	10 90	X						0	16,930	0
RANDALL BENTLEY SR TRUSTEE	10 90	X						0	20,441	0
ROBERT N CROSS MD TRUSTEE	10 90	X						0	14,803	0
T E RUSTY DURHAM TRUSTEE EMERITUS	10 50	X						0	0	0
T FITZ JOHNSON TRUSTEE	10 110	X						0	17,999	0
THOMAS E GEARHARD MD TRUSTEE	10 90	X						0	2,070	0
THOMAS M PHILLIPS TRUSTEE	10 90	X						0	2,638	0
W CHARLES BROCK TRUSTEE	10 90	X						0	21,470	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER G ROBINSON TRUSTEE	1.00 9.00	X						0	4,348	0
STEVEN W OWEIDA MD TRUSTEE EMERITUS	1.00 5.00	X						0	787	0
W ALLEN SEPARK TRUSTEE EMERITUS	1.00 5.00	X						0	1,059	0
SHAN COOPER TRUSTEE EMERITUS	1.00 5.00	X						0	126	0
ANTHONY J BUDZINSKI EVP & CFO	2.00 50.00			X				0	793,732	76,107
ANTHONY M TRUPIANO SVP SUPPLY CHAIN	2.00 48.00			X				0	377,102	49,343
BARBARA B COREY SVP MANAGED CARE	2.00 48.00			X				0	416,030	47,665
BETH KOST SVP COMPLIANCE CHF PRIVACY OFF	2.00 48.00			X				0	331,271	34,355
BETHANY ROBERTSON VP & CHIEF LEARNING OFFICER	2.00 48.00			X				0	300,438	46,673
BETTY A BRAKOVICH VP CNO PATIENT CARE SERVICES	50.00 0.00			X				209,742	0	37,707

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRADFORD B NEWTON VP INFO TECHNOLOGY ADMIN	2 0 48 0			X				0	251,598	50,475
BRUCE A DEAN VP REAL ESTATE DEPUTY GEN CNSL	2 0 48 0			X				0	304,967	72,423
CANDICE L SAUNDERS PRESIDENT & CEO	2 0 50 0			X				0	1,180,672	77,248
CARRIE O PLIETZ EVP & COO HOSP (BEGIN 2/16)	2 0 48 0			X				0	0	0
DANIEL J STYF SVP PW HEALTH PLAN	2 0 48 0			X				0	401,787	30,738
DANIEL J WOODS SVP & HOSPITAL PRESIDENT	48 0 2 0			X				510,262	0	74,763
DAVID W ANDERSON EVP/HR/OL/CCO	2 0 48 0			X				0	636,243	73,566
DESPINA DEMESTIHAS DALTON VP MEDICAL AFFAIRS	50 0 0 0			X				159,714	0	42,065
DOUGLAS ARVIN CPA MBA SVP FINANCE (BEGIN 3/2016)	2 0 48 0			X				0	0	0
DOUGLAS S FOSTER VP FINANCIAL PLAN (BEG 3/16)	2 0 48 0			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH H LOUDERMILK VP ENT INTELLIGENCE & INTGRTN	2 0 48 0			X				0	293,860	42,566
ELLEN LANGFORD SVP & COO WELLSTAR MED GROUP	2 0 48 0			X				0	330,231	71,209
FREDA LYON VP SYSTEM EMERGENCY & TRAUMA	2 0 48 0			X				0	148,720	21,078
JACQUELYN A ALT VP OPERATIONS	50 0 0 0			X				178,644	0	31,228
JAMES M SWARTZ VP ACCOUNTING	2 0 48 0			X				0	265,746	44,824
JEFFREY A COOPER VP OPERATIONS KENNESTONE	50 0 0 0			X				91,998	0	13,160
JILL M CASE-WIRTH SVP & CHIEF NURSE EXECUTIVE	2 0 48 0			X				0	424,761	56,220
JIMMY E FRANCIS VP INFO TECHNOLOGY OPERATIONS	2 0 48 0			X				0	266,152	49,549
JIMMY K DUNCAN VP HR (BEGIN 4/2016)	50 0 0 0			X				0	0	0
JOEL W HELMKE VP ONCOLOGY	2 0 48 0			X				0	319,000	70,175

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A BRENNAN EVP CHIEF CLNC OFF (BEG 4/16)	2 0 48 0			X				0	0	0
JONATHAN B MORRIS MD SVP CHIEF INFO OFFICER	2 0 48 0			X				0	511,024	53,680
JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	2 0 48 0			X				0	375,861	72,424
KEM M MULLINS EVP COO AMBULATORY & BUS DEV	2 0 48 0			X				0	596,655	52,732
KIMBERLY W MENEFEE SVP STRATEGIC COMMUNITY DEV	2 0 48 0			X				0	385,571	50,772
KRISTEN S TRICE VP DIAG OUTREACH (BEG 1/16)	2 0 48 0			X				0	0	0
KRISTYN M GREIFER VP POPULATION MANAGEMENT	2 0 48 0			X				0	397,576	18,767
LAURA CARAMANICA VP CNO PATIENT CARE SERVICES	50 0 0 0			X				340,878	0	57,458
LEO E REICHERT EVP & GENERAL COUNSEL	2 0 48 0			X				0	717,317	63,211
MARTIN L GUTKIN VP FINANCE & HOSPITAL CFO	50 0 0 0			X				243,340	0	8,840

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	2 0 48 0			X				0	283,376	51,130
MICHAEL G PAUL VP FACILITIES ENG SUPPORT SVCS	2 0 48 0			X				0	233,220	24,754
MICHELLE M ROBINSON VP MKTNG/PR/INTERNAL COMM	2 0 48 0			X				0	253,969	42,237
MONTE A WILSON VP & COO KENNESTONE HOSPITAL	50 0 0 0			X				364,533	0	26,119
NICOLE V ASHE VP FINANCE & CFO WMG	2 0 48 0			X				0	284,586	49,175
PETER R JUNGBLUT MD MBA SVP & MEDICAL DIR WMG	2 0 48 0			X				0	422,089	71,361
REBECCA I RUHL VP FACILITY CMPL (BEG 4/16)	2 0 48 0			X				0	0	0
REYNOLD J JENNINGS MD CHIEF STRATEGY OFFICER	2 0 48 0			X				0	1,651,584	2,064
RICHARD S SIEGEL VP CARDIOLOGY & CVM ADMIN	2 0 48 0			X				0	353,273	76,096
ROBERT J DECOUX VP CORPORATE MED STAFF SVCS	2 0 48 0			X				0	195,690	45,418

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT M LUBITZ VP MEDICAL AFFAIRS	50 0 0 0			X				449,693	0	51,168
ROBERT MANDLER VP DIAGNOSTIC OUTREACH	2 0 48 0			X				0	274,022	63,575
ROBIN G BOEHRINGER VP TOTAL REWARDS (BEG 11/15)	2 0 48 0			X				0	0	0
SANDRA LUCIUS VP INFO TECHNOLOGY APPS	2 0 48 0			X				0	262,637	49,160
SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	2 0 48 0			X				0	317,142	51,201
SNEHAL H DOSHI VP SYSTEM PHARMACIST	2 0 48 0			X				0	175,084	26,331
VALERY A AKOPOV MD VP HOSPITAL DIVISION WMG	2 0 48 0			X				0	460,432	54,453
WANDA Y ROBINSON VP COMPLIANCE PWHP	2 0 48 0			X				0	226,225	23,315
STEPHEN L BADGER CHIEF ADMIN OFF (BEG 2/2016)	2 0 48 0			X				0	0	0
EDUARDO ESTRELLA MD PHYSICIAN GROUP	50 0 0 0					X		294,989	0	37,365

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE W GARRISS MD PHYSICIAN GROUP	50 0 0 0					X		408,316	0	35,857
JOANNE Z ZHU MD PHYSICIAN GROUP	50 0 0 0					X		276,829	0	46,155
LOUIS LOVETT AVP GME/DIO	50 0 0 0					X		334,716	0	72,483
ZENOBIA W JONES FOSTER MD PHYSICIAN GROUP	50 0 0 0					X		341,542	0	22,364
BARBARA G BALLARD FORMER VP HOMECARE & HOSPICE	0 0 0 0						X	0	168,038	0
CHESTER A ZBOROWSKI FORMER VP HEALTH PARKS OPS	0 0 0 0						X	0	205,315	10,185
CHRISTOPHER B SCULLEN FORMER VP PULMONOLOGY OPS	0 0 0 0						X	0	121,351	0
CHRISTOPHER M KANE FRMR SVP STRAT PLAN & BUS DEV	0 0 0 0						X	0	341,744	0
DEBORAH ROEGGE DE VITA FRMR VP WOMEN&NEWBORN SVC LINE	0 0 0 0						X	0	137,762	0
DONALD CAMPBELL MD FRMR SVP PHYS ED&STUDENT AFF	0 0 0 0						X	0	363,405	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES E CLEMENTS FRMR VP BUS DEV & STRAT PSHIP	0 0 0 0						X	0	148,488	0
JEFFERY D STANLEY FORMER VP PHARM & SYSTEM CORD	0 0 0 0						X	0	212,980	14,507
LEE R COOK FRMR VP MED & BEHAVIORAL HLTH	0 0 0 0						X	0	105,339	0
LOUIS W LITTLE FRMR SVP POST ACUTE SVC & PRES	0 0 0 0						X	0	174,084	0
MARCIA DELK-PAYNE FORMER SVP MED AFF , CQO	0 0 0 0						X	0	370,531	0
NANCY R DOELLING FORMER VP WS PED ACUTE CARE	0 0 0 0						X	0	382,950	8,158
ROBERT D JANSEN FORMER EVP & PRES MED GROUP	0 0 0 0						X	0	750,312	65,599
ROBIN WILSON FORMER SVP CHIEF HEALTH OFF	0 0 0 0						X	0	350,907	0
STEVEN L GRACE FORMER VP TALENT ACQUISITION	0 0 0 0						X	0	161,549	0
Patricia A Mayne FORMER VP Emergency Services	0 0 0 0						X	0	179,810	5,244

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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** . . . . . ▶ ☐

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 for 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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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 From 2014.			
e 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).

Facts And Circumstances Test

Return Reference	Explanation

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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
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

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

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

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

The percentages 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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		45,469,785		45,469,785
b Buildings		435,006,432	164,254,219	270,752,213
c Leasehold improvements		16,705,819	6,996,337	9,709,482
d Equipment		319,630,793	227,233,291	92,397,502
e Other		20,595,760	3,957,216	16,638,544
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				434,967,526

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		
Total. *(Column (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
Total. *(Column (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
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
Federal income taxes	0
ASSET RETIREMENT - OTHER LT	2,355,020
TAX EXEMPT BOND LIAB-DUE TO WHS,INC	253,653,463
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	256,008,483

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	The following footnote is related to the organization's application of FIN 48 (ASC 740) WELLSTAR AND ITS AFFILIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), AND THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES, EXCEPT FOR CAC AND WGHP, A TAXABLE NOT-FOR-PROFIT WELLSTAR APPLIES FASB ASC 740, INCOME TAXES, WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITYS FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED THERE IS NO IMPACT ON WELLSTARS COMBINED FINANCIAL STATEMENTS AS A RESULT OF THE APPLICATION OF ASC 740

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			62,573,185		62,573,185	7 490 %
b Medicaid (from Worksheet 3, column a)			71,787,323	64,519,937	7,267,386	0 870 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			134,360,508	64,519,937	69,840,571	8 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			540,879		540,879	0 060 %
f Health professions education (from Worksheet 5)			229,914		229,914	0 030 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			770,793		770,793	0 090 %
k **Total.** Add lines 7d and 7j			135,131,301	64,519,937	70,611,364	8 450 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	35,944,468		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,503,863		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	289,697,383
6	Enter Medicare allowable costs of care relating to payments on line 5	6	340,837,244
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-51,139,861
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)

KENNESTONE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 % and FPG family income limit for eligibility for discounted care of 300 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KENNESTONE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 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**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)

WINDY HILL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 % and FPG family income limit for eligibility for discounted care of 300 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

WINDY HILL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 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**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

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

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	PUBLICATION OF COMMUNITY BENEFIT REPORT KENNESTONE HOSPITAL, INC (CONSISTING OF KENNESTONE HOSPITAL AND WINDY HILL HOSPITAL) IS AN affiliate of Wellstar Health System, Inc which on an annual basis issues a community benefit report This report is subsequently distributed in and around the five-county primary service area of the health system On an annual basis the hospital reportS ITS community health benefits report to the Georgia Hospital Association (GHA) GHA aggregates the hospital specific reports into a statewide community health benefit report The State of Georgia also requires hospitals to file the Hospital Financial Survey and the Indigent Care Trust Fund Survey so that it can collect information on hospital financial class categories and also to determine the amount of uncompensated care by hospital THE COMMUNITY BENEFIT REPORT CAN BE FOUND AT THE FOLLOWING LINK https //www wellstar org/community/documents/wellstar- COMMUNITY-BENEFITS-REPORT PDF

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

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT The reported bad debt charges is derived from the unpaid balances of patient accounts that are deemed uncollectible after 120 days of collection effort by the hospital's patient financial services staff The unpaid patient accounts are then sent to collection agencies and any collected amount is deemed as bad debt recovery The source of this data is the hospital's detailed financial trial balance The net reported bad debt charges are then multiplied by the Hospital Financial Survey calculated cost to charge ratio to arrive at the estimated bad debt expense SCHEDULE H, PART III, SECTION A, LINE 3 METHODOLOGY & RATIONALE USED TO DETERMINE BAD DEBT ATTRIBUTABLE TO PATIENT'S ELIGIBLE UNDER ORGANIZATION'S FAP The bad debt attributable to patients eligible under the hospital's financial assistance program is determined using a weekly bad debt conversion report for a period of twelve months The conversion rate for this period is used to determine this bad debt category The total reported conversion charges is multiplied by a calculated cost to charge ratio to arrive at the cost of bad debt attributable to patient's eligible under the hospital's FAP

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT To assess the current health and well-being of the community served, WellStar Health System, Inc conducted a Joint Community Health Needs Assessment (CHNA) for its five legacy hospital community including KENNESTONE AND WINDY HILL HospitalS The CHNA was a collaborative effort involving WellStar executive leadership, hospital leadership, public health agencies, and a multi-sector coalition of community stakeholders Collaborators represented a broad knowledge base of the hospital's primary service area comprising Bartow, Cherokee, Cobb, Douglas, and Paulding counties and some outlying zip codes determined by utilization To assess the current community health status and capture a broad base of input, WellStar used the following questions to guide the CHNA process and research 1 What is the current health status of the community WellStar serves? 2 What are the major risk factors and causes of poor health in our community? 3 What actions by WellStar and its partners are needed to address the risk factors and causes? 4 What are the existing WellStar and community assets, programs and services that can help address the needs? 5 Who are the partners or potential partners with the expertise and resources to help expedite a connection to healthcare, education and resources?

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION As part of an integrated health system, WellStar Health system, inc and Kennestone and Windy Hill hospitals' service area overlaps with the other WellStar legacy hospitals This intersecting impact across WellStar's five-county primary service area of approximately 1 5 million residents in Bartow, Cherokee, Cobb, Douglas, and Paulding counties is not easily determined by a county by county analysis and as such is deemed as one community The majority of patient volume comes from this service area although other health systems have a presence in the area as well Demographically, the region is one of the fastest growing in the state as well as the country and the expansion of the services for the patient population reflects a desire to offer healthcare "closer to home" since WellStar is considered a part of a larger metropolitan Atlanta MARKET ECONOMICALLY, the region is strong in per capita income but given recent trends a rise in the uninsured and indigent population has occurred Kennestone and Windy Hill Hospitals are two of five hospitals that are affiliated with Wellstar Health System The primary service area of the system is located in the Northwest Georgia area and receives the majority of its patients from one of five counties (Cherokee, Cobb, Douglas, Bartow and Paulding) Generally about 85% to 90% of the patient volume comes from this service area although other health systems have a presence in the area as well

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH As stated in the Wellstar Health System, Inc and Affiliates audited financial statements for the period ended 6/30/2016, Kennestone and Windy Hill Hospitals (affiliates of Wellstar Health System, Inc) operate as charitable organizations consistent with the requirements of Internal Revenue Code SECTION 501(c)(3) and the "community benefit standard" of IRS Ruling 69-545 In this regard the governing body of the organization and/or its parent is composed of prominent citizens in the community, medical staff privileges in the hospital are available to all qualified physicians in the area consistent with the size and nature of the facility, Kennestone Hospital operates a full-time emergency room open to all regardless of ability to pay, and the hospitals (Kennestone and Windy Hill) provide care to the needy members of the community consistent with its charity care policy The hospital's excess funds are generally applied to expansion and replacement of existing facilities and equipment, amortization of indebtedness, improvement of patient care, community benefit activities including health education, preventive screenings and health fairs, research, subsidized health services, and charity care Kennestone Hospital committed $26,439,808 and Windy Hill Hospital committed $14,558,756 in capital expenditures for the year to meet those needs

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM WellStar Health System, the largest health system in Georgia, is known nationally for its innovative care models, focused on improving quality and access to healthcare WellStar consists of WellStar Medical Group, 240 medical office locations, outpatient centers, health parks, a pediatric center, nursing centers, hospice, homecare, as well as 11 inpatient hospitals WellStar Atlanta Medical Center, WellStar Atlanta Medical Center South, WellStar Kennestone Regional Medical Center (anchored by WellStar Kennestone Hospital), WellStar West Georgia Medical Center, and WellStar Cobb, Douglas, North Fulton, Paulding, Spalding Regional, Sylvan Grove and Windy Hill hospitals As a not-for-profit, WellStar continues to reinvest in the health of the communities it serves with new technologies and treatments For more information, visit wellstar org

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

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	KENNESTONE HOSPITAL 677 CHURCH STREET MARIETTA,GA 30060 www wellstar org 033-548	X	X					X		HEALTH PARK INPATIENT HOSPICE	
2	WINDY HILL HOSPITAL 2540 WINDY HILL ROAD MARIETTA,GA 30067 www wellstar org 033-545	X	X							LONG TERM ACUTE CARE	

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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
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

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

(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

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

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

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
(1) SCHOLARSHIPS		7,099	0	FMV	N/A

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURE FOR MONITORING THE USE OF GRANT/SCHOLARSHIP FUNDS WELLSTAR HEALTH SYSTEM, INC AND ITS AFFILIATES HAVE SET ASIDE FUNDS FOR CONTRIBUTIONS AND SPONSORSHIPS ON AN ANNUAL BASIS THAT PROVIDE ASSISTANCE TO NATIONAL AND LOCAL ORGANIZATIONS AND INDIVIDUALS IN THE FURTHERANCE OF THE COMMUNITY NEEDS WELLSTAR ALSO HAS SEVERAL AGREEMENTS WITH AREA COLLEGES AND UNIVERSITIES TO PROMOTE HEALTHCARE RELATED CAREER OPPORTUNITIES ALL SCHOLARSHIPS ARE AWARDED BASED ON SPECIFIC QUALIFICATIONS WITHOUT REGARD TO AGE, GENDER, OR ETHNICITY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1B	REIMBURSEMENT POLICY While WellStar Health System, INC and its affiliates do not have a written policy regarding payment or reimbursement of the items listed in SCHEDULE J, Part I, Line 1a, the organization follows IRS guidelines in the payment of any of these items to individuals listed in Form 990, Part VII, Section A These items are added as taxable wages on the individual's Form W-2 as appropriate SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS Pursuant to their respective employment agreements, the following groups of officers are entitled to severance payments based on their compensation at that time in the event of certain identified circumstances The severance payment periods are 24 months for Executive Vice Presidents, 18 months for Senior Vice Presidents, and 12 months for Vice Presidents The following officers/KEY EMPLOYEES received severance pay during the 2015 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION MARCIA DELK-PAYNE $313,526 ROBIN WILSON 289,998 CHRISTOPHER M KANE 289,168 DONALD CAMPBELL, MD 277,130 PATRICIA MAYNE 150,603 LOUIS W LITTLE 136,033 BARBARA G BALLARD 131,308 STEVEN L GRACE 130,778 JAMES E CLEMENTS 116,555 CHRISTOPHER B SCULLEN 108,089 DEBORAH ROEGGE DE VITA 107,650 LEE R COOK 88,605 NANCY R DOELLING 57,696 ROBERT D JANSEN 32,542 JEFFERY D STANLEY 34,924 CHESTER A ZBOROWSKI 33,152 SCHEDULE J, PART I, LINE 4B PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN 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) CANDICE L SAUNDERS $889,660 ROBERT D JANSEN 380,649 DAVID W ANDERSON 92,098 JEFFERY D STANLEY 56,284 JOSEPH L BRYWCZYNSKI 42,507 MARY L TAVERNARO 34,242 LAURA CARAMANICA 28,001 LEO E REICHERT 27,209 BETTY A BRAKOVICH 22,470 ROBERT MANDLER 21,426 MARTIN L GUTKIN 19,662 SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS TO OFFICERS As part of the WellStar Executive Compensation Philosophy a performance pay plan was instituted several years ago whereby the WellStar Board of Trustees approves an annual incentive plan which consists of several performance goals or factors that upon attainment will result in payouts to eligible plan participants Those factors are (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 TIME

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1ANTHONY J BUDZINSKI EVP & CFO	(I)	0	0	0	0	0	0	0
	(II)	606,611	162,569	24,552	47,300	- 28,807	- 869,839	0
1ANTHONY M TRUPIANO SVP SUPPLY CHAIN	(I)	0	0	0	0	0	0	0
	(II)	288,371	73,361	15,370	47,300	- 2,043	- 426,445	0
2AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF	(I)	0	0	0	0	0	0	0
	(II)	492,548	58,415	2,453	28,660	- 1,958	- 584,034	0
3BARBARA B COREY SVP MANAGED CARE	(I)	0	0	0	0	0	0	0
	(II)	321,048	81,823	13,159	21,392	- 26,273	- 463,695	0
4BARBARA G BALLARD FORMER VP HOMECARE & HOSPICE	(I)	0	0	0	0	0	0	0
	(II)	36,730	0	131,308	0	- 0	- 168,038	0
5BETH KOST SVP COMPLIANCE CHF PRIVACY OFF	(I)	0	0	0	0	0	0	0
	(II)	271,419	49,750	10,102	22,418	- 11,937	- 365,626	0
6BETHANY ROBERTSON VP & CHIEF LEARNING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	203,392	87,926	9,120	17,301	- 29,372	- 347,111	0
7BETTY A BRAKOVICH VP CNO PATIENT CARE SERVICES	(I)	167,939	31,488	10,315	25,044	12,663	247,449	22,470
	(II)	0	0	0	0	- 0	- 0	0
8BRADFORD B NEWTON VP INFO TECHNOLOGY ADMIN	(I)	0	0	0	0	0	0	0
	(II)	202,322	40,120	9,156	22,555	- 27,920	- 302,073	0
9BRUCE A DEAN VP REAL ESTATE DEPUTY GEN CNSL	(I)	0	0	0	0	0	0	0
	(II)	242,590	48,105	14,272	47,300	- 25,123	- 377,390	0
10CANDICE L SAUNDERS PRESIDENT & CEO	(I)	0	0	0	0	0	0	0
	(II)	929,590	231,348	19,734	46,319	- 30,929	- 1,257,920	889,660
11CHESTER A ZBOROWSKI FORMER VP HEALTH PARKS OPS	(I)	0	0	0	0	0	0	0
	(II)	139,238	26,427	39,650	0	- 10,185	- 215,500	0
12CHRISTOPHER B SCULLEN FORMER VP PULMONOLOGY OPS	(I)	0	0	0	0	0	0	0
	(II)	13,262	0	108,089	0	- 0	- 121,351	0
13CHRISTOPHER M KANE FRMR SVP STRAT PLAN & BUS DEV	(I)	0	0	0	0	0	0	0
	(II)	52,576	0	289,168	0	- 0	- 341,744	0
14DANIEL J STYF SVP PW HEALTH PLAN	(I)	0	0	0	0	0	0	0
	(II)	290,368	96,256	15,163	21,353	- 9,385	- 432,525	0
15DANIEL J WOODS SVP & HOSPITAL PRESIDENT	(I)	398,237	96,773	15,252	47,300	27,463	585,025	0
	(II)	0	0	0	0	- 0	- 0	0
16DAVID W ANDERSON EVP/HR/OL/CCO	(I)	0	0	0	0	0	0	0
	(II)	460,491	152,440	23,312	47,185	- 26,381	- 709,809	92,098
17 DEBORAH ROEGGE DE VITA FRMR VP WOMEN&NEWBORN SVC LINE	(I)	0	0	0	0	0	0	0
	(II)	30,112	0	107,650	0	- 0	- 137,762	0
DESPINA DEMESTIHAS **18**DALTON VP MEDICAL AFFAIRS	(I)	130,000	25,000	4,714	30,424	11,641	201,779	0
	(II)	0	0	0	0	- 0	- 0	0
19DONALD CAMPBELL MD FRMR SVP PHYS ED&STUDENT AFF	(I)	0	0	0	0	0	0	0
	(II)	50,387	35,888	277,130	0	- 0	- 363,405	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 EDUARDO ESTRELLA MD PHYSICIAN GROUP	(I)	193,749	99,357	1,883	8,847	25,518	329,354	0
	(II)	0	0	0	0	0	0	0
1 ELIZABETH H LOUDERMILK VP ENT INTELLIGENCE & INTGRTN	(I)	0	0	0	0	0	0	0
	(II)	239,990	43,990	9,880	23,251	19,315	336,426	0
2 ELLEN LANGFORD SVP & COO WELLSTAR MED GROUP	(I)	0	0	0	0	0	0	0
	(II)	253,469	64,482	12,280	41,525	29,684	401,440	0
3 FREDA LYON VP SYSTEM EMERGENCY & TRAUMA	(I)	0	0	0	0	0	0	0
	(II)	117,693	25,000	6,027	8,903	12,175	169,798	0
4 GEORGE W GARRISS MD PHYSICIAN GROUP	(I)	199,214	198,641	10,461	26,974	8,883	444,173	0
	(II)	0	0	0	0	0	0	0
5 JACQUELYN A ALT VP OPERATIONS	(I)	123,077	50,000	5,567	30,440	788	209,872	0
	(II)	0	0	0	0	0	0	0
6 JAMES E CLEMENTS FRMR VP BUS DEV & STRAT PSHIP	(I)	0	0	0	0	0	0	0
	(II)	31,933	0	116,555	0	0	148,488	0
7 JAMES M SWARTZ VP ACCOUNTING	(I)	0	0	0	0	0	0	0
	(II)	215,613	41,138	8,995	18,573	26,251	310,570	0
8 JEFFERY D STANLEY FORMER VP PHARM & SYSTEM CORD	(I)	0	0	0	0	0	0	0
	(II)	146,681	27,840	38,459	10,802	3,705	227,487	56,284
9 JEFFREY L THARP MD MPH TRUSTEE & CHIEF MEDICINE SRVS	(I)	0	0	0	0	0	0	0
	(II)	512,199	78,598	2,505	47,185	32,273	672,760	0
10 JILL M CASE-WIRTH SVP & CHIEF NURSE EXECUTIVE	(I)	0	0	0	0	0	0	0
	(II)	336,440	73,003	15,318	46,319	9,901	480,981	0
11 JIMMY E FRANCIS VP INFO TECHNOLOGY OPERATIONS	(I)	0	0	0	0	0	0	0
	(II)	215,259	41,071	9,822	46,420	3,129	315,701	0
12 JOANNE Z ZHU MD PHYSICIAN GROUP	(I)	200,000	74,482	2,347	23,255	22,900	322,984	0
	(II)	0	0	0	0	0	0	0
13 JOEL W HELMKE VP ONCOLOGY	(I)	0	0	0	0	0	0	0
	(II)	260,000	49,580	9,420	41,300	28,875	389,175	0
14 JONATHAN B MORRIS MD SVP CHIEF INFO OFFICER	(I)	0	0	0	0	0	0	0
	(II)	397,155	101,035	12,834	25,576	28,104	564,704	0
15 JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(I)	0	0	0	0	0	0	0
	(II)	283,379	74,924	17,558	47,300	25,124	448,285	42,507
16 KEM M MULLINS EVP COO AMBULATORY & BUS DEV	(I)	0	0	0	0	0	0	0
	(II)	496,864	87,504	12,287	23,300	29,432	649,387	0
17 KIMBERLY W MENEFEE SVP STRATEGIC COMMUNITY DEV	(I)	0	0	0	0	0	0	0
	(II)	293,842	77,691	14,038	29,300	21,472	436,343	0
18 KRISTYN M GREIFER VP POPULATION MANAGEMENT	(I)	0	0	0	0	0	0	0
	(II)	333,466	54,496	9,614	9,013	9,754	416,343	0
19 LAURA CARAMANICA VP CNO PATIENT CARE SERVICES	(I)	280,010	48,933	11,935	47,300	10,158	398,336	28,001
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 LEE R COOK FRMR VP MED & BEHAVIORAL HLTH	(I)	0	0	0	0	0	0	0
	(II)	19,734	0	85,605	0	0	105,339	0
1 LEO E REICHERT EVP & GENERAL COUNSEL	(I)	0	0	0	0	0	0	0
	(II)	531,190	168,916	17,211	29,300	33,911	780,528	27,209
2 LOUIS LOVETTAVP GME/DIO	(I)	261,187	69,703	3,826	42,800	29,683	407,199	0
	(II)	0	0	0	0	0	0	0
3 LOUIS W LITTLE FRMR SVP POST ACUTE SVC & PRES	(I)	0	0	0	0	0	0	0
	(II)	38,051	0	136,033	0	0	174,084	0
4 MARCIA DELK-PAYNE FORMER SVP MED AFF , CQO	(I)	0	0	0	0	0	0	0
	(II)	57,005	0	313,526	0	0	370,531	0
5 MARTIN L GUTKIN VP FINANCE & HOSPITAL CFO	(I)	196,622	31,411	15,307	0	8,840	252,180	19,662
	(II)	0	0	0	0	0	0	0
6 MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	(I)	0	0	0	0	0	0	0
	(II)	227,968	45,205	10,203	29,060	22,070	334,506	34,242
7 MICHAEL G PAUL VP FACILITIES ENG SUPPORT SVCS	(I)	0	0	0	0	0	0	0
	(II)	186,846	34,053	12,321	0	24,754	257,974	0
8 MICHELLE M ROBINSON VP MKTNG/PR/INTERNAL COMM	(I)	0	0	0	0	0	0	0
	(II)	204,235	40,499	9,235	15,206	27,031	296,206	0
9 MONTE A WILSON VP & COO KENNESTONE HOSPITAL	(I)	301,371	52,666	10,496	0	26,119	390,652	0
	(II)	0	0	0	0	0	0	0
10 NANCY R DOELLING FORMER VP WS PED ACUTE CARE	(I)	0	0	0	0	0	0	0
	(II)	242,323	80,333	60,294	5,179	2,979	391,108	0
11 NICOLE V ASHE VP FINANCE & CFO WMG	(I)	0	0	0	0	0	0	0
	(II)	234,187	41,156	9,243	23,487	25,688	333,761	0
12 PETER R JUNGBLUT MD MBA SVP & MEDICAL DIR WMG	(I)	0	0	0	0	0	0	0
	(II)	322,899	86,624	12,566	41,300	30,061	493,450	0
13 REYNOLD J JENNINGS MD CHIEF STRATEGY OFFICER	(I)	0	0	0	0	0	0	0
	(II)	975,000	656,466	20,118	0	2,064	1,653,648	0
14 RICHARD S SIEGEL VP CARDIOLOGY & CVM ADMIN	(I)	0	0	0	0	0	0	0
	(II)	289,286	53,009	10,978	47,300	28,796	429,369	0
15 ROBERT D JANSEN FORMER EVP & PRES MED GROUP	(I)	0	0	0	0	0	0	0
	(II)	530,908	171,132	48,272	42,129	23,470	815,911	380,649
16 ROBERT J DECOUX VP CORPORATE MED STAFF SVCS	(I)	0	0	0	0	0	0	0
	(II)	167,823	23,013	4,854	20,316	25,102	241,108	0
17 ROBERT M LUBITZ VP MEDICAL AFFAIRS	(I)	371,114	67,637	10,942	47,300	3,868	500,861	0
	(II)	0	0	0	0	0	0	0
18 ROBERT MANDLER VP DIAGNOSTIC OUTREACH	(I)	0	0	0	0	0	0	0
	(II)	214,261	42,487	17,274	46,766	16,809	337,597	21,426
19 ROBIN WILSON FORMER SVP CHIEF HEALTH OFF	(I)	0	0	0	0	0	0	0
	(II)	60,909	0	289,998	0	0	350,907	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 SANDRA LUCIUS VP INFO TECHNOLOGY APPS	(I)	0	0	0	0	0	0	0
	(II)	209,269	41,497	11,871	46,691	-2,469	-311,797	0
1 SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	(I)	0	0	0	0	0	0	0
	(II)	248,019	59,082	10,041	22,462	-28,739	-368,343	0
2 SNEHAL H DOSHI VP SYSTEM PHARMACIST	(I)	0	0	0	0	0	0	0
	(II)	102,312	68,000	4,772	14,909	-11,422	-201,415	0
3 STEVEN L GRACE FORMER VP TALENT ACQUISITION	(I)	0	0	0	0	0	0	0
	(II)	30,771	0	130,778	0	-0	-161,549	0
4 VALERY A AKOPOV MD VP HOSPITAL DIVISION WMG	(I)	0	0	0	0	0	0	0
	(II)	364,063	78,508	17,861	28,177	-26,276	-514,885	0
5 WANDA Y ROBINSON VP COMPLIANCE PWHP	(I)	0	0	0	0	0	0	0
	(II)	207,043	7,312	11,870	6,692	-16,623	-249,540	0
6 ZENOBIA W JONES FOSTER MD PHYSICIAN GROUP	(I)	265,307	74,164	2,071	20,246	2,118	363,906	0
	(II)	0	0	0	0	-0	-0	0
7 Patricia A Mayne FORMER VP Emergency Services	(I)	0	0	0	0	0	0	0
	(II)	27,999	0	151,811	2,659	-2,585	-185,054	0

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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	Employer identification number
KENNESTONE HOSPITAL INC	58-2032904

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS Wellstar health system is a vertically integrated health care delivery system which provides through affiliated business organizations a full spectrum of health services, including wellness programs, physician office visits, outpatient care, inpatient care, and post-acute services such as home health and long term nursing care The system through its affiliated business organizations operates 11 hospitals (kennestone, cobb, paulding medical, douglas, windy hill, atlanta medical center downtown and south, north fulton, spalding, sylvan grove and west georgia), multiple physician offices, primary care centers, outpatient care facilities, a nursing home and other health related services including two inpatient hospice facilities The system is supported financially by a fundraising organization, wellstar foundation, inc The service area for the system encompasses parts of the northwestern, central and western sections of the state of georgia - the primary area being in bartow, cherokee, cobb, douglas, Paulding, fulton, butts, spalding and troup counties Approximately more than 90% of inpatient discharges and outpatients served are from the aforementioned counties The wellstar vision is to deliver world class healthcare Our mission is to create and deliver high quality hospital, physician and other healthcare related services that improve the health and well-being of the individuals and communities we serve History- In 1993, what was then known as the cobb health system, the kennestone regional health care system, and the douglas general hospital affiliated to form the northwest georgia health system Paulding memorial medical center affiliated with northwest georgia health system in 1994 In 1994, the northwest georgia health system helped form the promina health system and changed its name to promina northwest health system In 1998, promina northwest health system changed its name to wellstar health system Wellstar disassociated from and became totally independent of promina in 1999 In 2016 WellStar acquired atlanta medical center, north fulton hospital, spalding hospital, sylvan grove hospital and west georgia medical center Wellstar health system is a parent corporation which provides overall coordination including governing body to its 11 subordinate affiliates - cobb hospital, inc , - chs foundation, inc (investment management), - douglas hospital inc , - kennestone hospital, inc , - paulding medical center, inc , - wellstar foundation inc , - wellStar atlanta medical center, inc , - wellstar north fulton hospital, inc , - wellstar spalding regional hospital, inc , - wellstar sylvan grove hospital, inc , - wellstar west georgia health services, inc Services - Wellstar health system is able to offer a full range of healthcare services through its affiliates The services offered include but are not limited to - most major inpatient clinical services, - outpatient services, - diagnostic and therapeutic services, - ancillary and support services, - urgent care services, - home health services, - skilled nursing services and - hospice services The system includes a residential facility on the kennestone hospital campus, called atherton place Atherton place also houses an assisted living unit as an additional level of care The 11 hospital locations are acute care facilities with inpatient, outpatient, and emergency services Paulding medical center is home to a full care nursing home, paulding nursing center and west georgia medical center also home to two full care nursing homes Cobb hospital is home to a home health agency and a residential hospice facility called tranquility for those patients in the end stages of life Kennestone hospital also opened a residential hospice facility not far from its main campus The system is complimented with approximately 100 physician practices and several urgent care centers The system is thus able to provide a complete continuum of care for the community it serves The following statements of community benefit and program service accomplishments represent system-wide activity for wellstar health system, inc (the "system") - ein 58-1649541 All affiliated entities of the system except the physician hospital organization (ein 58-2116179) operate as charitable organizations consistent with the requirements of internal revenue code section 501(c)(3) and the "community benefit standard" of irs revenue ruling 69-545 The following excerpt from the audited financial statements identifies a broad overview of the charitable purpose for the system "the system maintains records to identify and monitor the level of charity care it provides through its affiliates These records include the amount of charges foregone for services and supplies furnished under its charity care policy In fiscal year 2016 and 2015, wellstar affiliate hospitals made $147 9 million and $100 9 million, respectively, in provider payments and recognized such payments as a reduction in net patient service revenue in the accompanying combined financial statements The system also participates in certain governmental insurance programs, including medicare and medicaid Under these programs, the system provides care to patients at payment rates which are determined by the federal and state governments, regardless of the system's actual charges In most cases, these programs pay the system at amounts which are less than its cost of providing services The system offers many wellness and educational services at little or no cost to the community Health fairs are held throughout the year at convenient locations, providing various health screenings, such as mammograms, blood pressure and cholesterol checks A large number of educational programs are offered for all ages These programs include bicycle safety, car seat safety, defensive driving, cpr and first-aid classes Flu shots are available to the community during flu season Health screenings, medical supplies, and immunizations are provided to children through local health departments and health fairs with system sponsorship in many cases The costs of these services are included in operating expenses The system promotes health education and activities for students, parents, and teachers through its partner-in-education programs The physicians of the system make significant contributions to improve the health status of the community, including involvement in many community activities promoting health awareness and improvement, emergency room care, and delivery of care to the indigent population of the system's service area The system also made significant contributions to the nursing program at a local university This financial support has helped to grow the program, which benefits the system as well as the community The system and all but one of its affiliates have been recognized as organizations exempt from federal income tax under internal revenue code section 501(a) as organizations described in section 501(c)(3) and, therefore, related income is generally not subject to federal or state income taxes One of the System's affiliates is a controlled foreign corporation not subject to Federal income tax The Physician Hospital Organization (EIN 58-2116179) is a taxable affiliate of the System and files IRS Form 1120 US Corporation Income Tax Return " Financial Data and Statistics (Services Provided System-Wide) Licensed Beds 2,775 Adult Discharges 80,835 Newborn Discharges 10,896 Emergency Room Visits - 453,429 Surgeries - 52,301 Cath Lab/Pacemakers/EP 11,238 Non-ED O/P Radiology Procedures - 373,364 Med/Surg Short Stay Cases - 355 GI Lab Procedures - 6,790 Radiology Oncology Procedures - 24,431 COMMUNITY BENEFITS Wellstar Health System participates and collaborates with patients and residents in meeting health needs and improving the overall quality of life in the community This is especially important in responding to the needs of the underserved regardless of the system's ability to generate a positive margin Some services would possibly be discontinued if based on a purely financial basis The following are some examples of the system's services that provide community benefits (and a monetary value of those benefits if known) Clinics Wellstar is affiliated with several clinics which provide free or discounted health services to persons who cannot afford to pay or those who are not expected to pay Community Health/Education Wellstar's Marketing and Public Relations department provides free brochures on a variety of health-related issues On a quarterly basis Wellstar sends out a wellness magazine entitled "Health and You" to significant number of homes in the community/service area The magazine provides information on health issues and a schedule of health related classes/seminars available throughout the system While the magazine is an excellent referral source for Wellstar's varied services, it provides fre
FORM 990, PART IV, LINE 12B	AUDITED FINANCIAL STATEMENTS Kennestone Hospital, Inc is audited on an annual basis by an outside auditing firm, KPMG, and as part of that audit a consolidated financial statement is issued for all of WellStar Health System, Inc and its CONTROLLED Affiliates The independent auditors report includes the accounts of Wellstar and its controlled affiliates, WELLSTAR Kennestone Hospital, Inc , WELLSTAR Cobb Hospital, Inc , WELLSTAR Douglas Hospital , Inc , WELLSTAR Paulding Medical Center, Inc , WELLSTAR ATLANTA MEDICAL CENTER, INC , WELLSTAR NORTH FULTON HOSPITAL, INC , WELLSTAR SPALDING REGIONAL HOSPITAL, INC , WELLSTAR SYLVAN GROVE HOSPITAL, INC , WELLSTAR WEST GEORGIA HEALTH SERVICES, INC , WELLSTAR WEST GEORGIA MEDICAL CENTER, INC , Wellstar Foundation, Inc , WELLSTAR WEST GEORGIA FOUNDATION, INC , CHS Foundation, Inc , Community Assurance Company, Ltd , various Wellstar owned physician practices, a hospice facility, a nursing facility, home health business, and entities for infusion therapy and durable medical equipment All significant intercompany accounts and transactions have been eliminated in combination The Board of Trustees of Wellstar HEALTH SYSTEM, INC has the authority to approve appointments of the members of the board of trustees of all affiliate corporations FORM 990, PART IV, LINE 24A TAX EXEMPT BOND REPORTING For purposes of the Form 990 reporting, Wellstar Health System, Inc (EIN 58-1649541) will list all tax-exempt bonds issued since January 1, 2003 on Schedule K as it typically allocates the proceeds of the bonds to members of the Obligated Group (including the hospitals and physician group) Kennestone Hospital, Inc will report this tax exempt bond liability on FORM 990, Part X, Line 25 Other Liabilities-Due to WHS, Inc FORM 990, PART VI, SECTION A, LINE 7B POWERS OF THE BOARD As per the Articles of Incorporation, the sole member of the organization is Wellstar Health System, Inc , a GEORGIA nonprofit corporation As sole member, Wellstar Health System, Inc holds certain powers of election and approval in connection with the governing body of the organization These powers are presented in detail in the governing documents which the company makes available to the public upon request FORM 990, PART VI, SECTION B, LINE 11B BOARD REVIEW OF FORM 990 Internal staff prepareS the organization's Form 990 Before filing the return with the Internal Revenue Service an external accounting firm, PricewaterhouseCoopers LLP, reviews and sign-offs on the completed return of each organization The current year Form 990 is then reviewed by the Finance Committee along with a question and answer session A motion is then made by the Finance committee to approve the returns and present to the full board copies of the forms in an electronic (pdf format) version as well as a hard copy The organization's CFO or designee subsequently signs the return for either manual or electronic filing by the appropriate due date FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY Our conflict of interest policy requires all covered persons to annually review the policy and then complete, sign and return the Conflicts of Interest Survey and Attestation to the Compliance Office The Policy requires an on-going disclosure obligation in the event a conflict arises during the year The following is our process to regularly and consistently monitor and enforce the policy Compliance identifies all covered persons who must complete the Survey and Attestation Compliance verifies that the Survey and Attestation is distributed to these persons Compliance verifies that these persons return a fully completed and signed Survey and Attestation Compliance reviews each completed and signed Survey and Attestation to identify all conflicts listed in the document All conflicts, potential conflicts and incidences of non-compliance are referred to the Chief Compliance Officer The CCO takes appropriate action to completely resolve all identified conflicts and incidences of non-compliance FORM 990, PART VI, SECTION B, LINES 15A & 15B COMPENSATION OF OFFICERS Wellstar HEALTH SYSTEM, INC engages the Hay Group to work with the governing board to review and recommend executive compensation The executive compensation process at Wellstar is overseen by a committee of independent trustees, which follows a board-approved executive compensation philosophy The compensation committee consists of five trustees as well as the CEO in an advisory role and not a voting member Further in committee discussions about the compensation for the Chief Executive Officer, The CEO will recuse him/herself from that process and is a non-voting committee member for discussions on all other officers The executive compensation philosophy empowers the committee to oversee the executive compensation process and administer the executive compensation program on behalf of the full board of trustee of Wellstar, provided, however, the full Board of Trustees evaluates and approves the compensation of the Chief Executive Officer The philosophy requires annual disclosure of the committee's actions and decisions to the full board, which it has done The committee is guided by the board-approved philosophy Overall, the philosophy is intended to reward for organizational and individual performance When performance is at a predetermined targeted level, the compensation is intended to be at or around the median of compensation paid to similar positions at similar organizations (the "market") Wellstar's executive compensation philosophy defines the market as being comprised of comparable not-for-profit health care delivery systems, i e , not-for-profit organizations similar in complexity and scale to Wellstar To assist the committee in fulfilling its duties, the committee engaged the Hay Group to provide market compensation data to compare to the Wellstar positions whose compensation the committee oversees The committee uses this data to provide context when making decisions in administering the compensation program Accurate minutes of the committee's discussion and decisions are recorded during each committee meeting, and reviewed and approved by the full Board of Trustees at its next scheduled meeting FORM 990, PART VI, SECTION C, LINE 19 DOCUMENTS MADE AVAILABLE TO THE PUBLIC The organization and its subsidiaries are subject to the Open Records Law in the State of Georgia Therefore, by law, citizens are permitted to inspect and copy its governing documents, policies and financial statements as may be requested from time to time Additionally, the organization's Form 990 is made readily available on the Guidestar website Periodically, the organization publishes its financial performance in the local newspaper for citizens to review, and it also publishes a community benefit report once a year for distribution to the public FORM 990, PART VII OFFICERS HOURS WORKED The officers devote their time to all of the organizations within Wellstar Health System that are listed in Schedule R, Part II As such, the total hours worked by the officers across all organizations exceeds 40 hours a week FORM 990, PART VII & FORM 990, SCHEDULE J COMPENSATION All compensation amounts reported on Form 990 Part V, Part VII, and Part IX as well as Schedule J represent compensation provided to individuals that provide services to the organization Likewise, the number of employees reported on Form 990 represent the number of individuals providing services to the organization All Federal employment tax responsibilities for these individuals (including Federal Employment Tax reporting responsibilities) are handled by Wellstar Health System, Inc (EIN 58-1649541) FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS For the reporting period Kennestone Hospital, Inc had a change in net assets of ($209,005,659) related to transfers to affiliates as part of the allocation of income statement and balance sheet transactions over the year

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KENNESTONE HOSPITAL INC

Employer identification number
58-2032904

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) COBB SOUTH PARKING DECK 793 SAWYER ROAD MARIETTA, GA 300622222 75-2999669	Parking	GA	NA	N/A								
(2) KENNESTONE EAST PARKING DECK LLC 793 SAWYER ROAD MARIETTA, GA 30060 20-0537100	PARKING	GA	NA	N/A								
(3) GRIFFIN IMAGING LLC 793 SAWYER ROAD MARIETTA, GA 300622222	IMAGING CENTER	GA	NA	N/A								
(4) TENET EMSSPALDING 911 LLC 793 SAWYER ROAD MARIETTA, GA 300622222	OFF BLDG/EMS CTR	GA	NA	N/A								
(5) NORTH FULTON PARKING DECK LP 793 SAWYER ROAD MARIETTA, GA 300622222	PARKING	GA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Community Assurance Co 3rd Fl Barclays House Shedden Rd George Town CJ 58-1649541	Insurance	CJ	WHS INC	C CORP					
WEST GEORGIA HEALTH **(2)**PHYSICIANS INC 793 SAWYER ROAD MARIETTA, GA 300622222 27-5125341	PHYSICIAN PRAC	GA	WHS INC	C CORP					

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	**No**
CHS Foundation Inc 793 SAWYER ROAD MARIETTA, GA 300622222 58-1649540	Foundation	GA	501(C)(3)	11 Type 2	WHS Inc	Yes	
Cobb Hospital Inc 793 SAWYER ROAD MARIETTA, GA 300622222 58-0968382	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
Douglas Hospital Inc 793 SAWYER ROAD MARIETTA, GA 300622222 58-2026750	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
Paulding Medical Center Inc 793 SAWYER ROAD MARIETTA, GA 300622222 58-2095884	Healthcare	GA	501(C)(3)	3	WHS Inc	Yes	
Wellstar Foundation Inc 793 SAWYER ROAD MARIETTA, GA 300622222 58-1627413	Foundation	GA	501(C)(3)	11 Type 2	WHS Inc	Yes	
Wellstar Health System Inc 793 SAWYER ROAD MARIETTA, GA 300622222 58-1649541	Healthcare	GA	501(C)(3)	11 Type 2	NA		No
WELLSTAR ATLANTA MEDICAL CENTER INC 793 SAWYER ROAD MARIETTA, GA 300622222 81-0837031	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
WELLSTAR NORTH FULTON HOSPTAL INC 793 SAWYER ROAD MARIETTA, GA 300622222 81-0851756	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
WELLSTAR SPALDING REGIONAL HOSPITALINC 793 SAWYER ROAD MARIETTA, GA 300622222 81-0864789	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
WEST GEORGIA HEALTH SERVICES INC 793 SAWYER ROAD MARIETTA, GA 300622222 20-5497622	HEALTHCARE	GA	501(C)(3)	11 TYPE 3FI	WHS INC	Yes	
WEST GEORGIA MEDICAL CENTER INC 793 SAWYER ROAD MARIETTA, GA 300622222 20-5497506	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
VERNON WOODS RETIRMENT COMMUNITY INC 793 SAWYER ROAD MARIETTA, GA 300622222 58-2575049	HEALTHCARE	GA	501(C)(3)	9	WHS INC	Yes	
WEST GEORGIA HEALTH FOUNDATION INC 793 SAWYER ROAD MARIETTA, GA 300622222 20-0936376	FOUNDATION	GA	501(C)(3)	7	WHS INC	Yes	
WELLSTAR SYLVAN GROVE HOSPITAL INC 793 SAWYER ROAD MARIETTA, GA 300622222 81-0875069	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
MEDICAL PARK FOUNDATION INC 793 SAWYER ROAD MARIETTA, GA 300622222 58-1303478	FOUNDATION	GA	501(C)(3)	7	WHS INC	Yes	