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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WELLSTAR FOUNDATION INC

% JAMES M SWARTZ

Doing business as

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

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 ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.wellstar.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1984

M State of legal domicile

GA

Part I Summary

Activities & Governance

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

To support the charitable activities of all WellStar Health System organizations

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)

28

4 Number of independent voting members of the governing body (Part VI, line 1b)

24

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

0

6 Total number of volunteers (estimate if necessary)

428

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

4,931,327

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

856,856

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

5,788,183

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,156,682

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶

1,325,708

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

2,535,962

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

3,692,644

19 Revenue less expenses Subtract line 18 from line 12

2,095,539

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

22,511,751

21 Total liabilities (Part X, line 26)

0

22 Net assets or fund balances Subtract line 21 from line 20

22,511,751

Prior Year

4,931,327

0

856,856

0

5,788,183

0

0

2,535,962

3,692,644

2,095,539

Beginning of Current Year

22,511,751

0

22,511,751

Current Year

6,130,088

0

233,306

809,896

7,173,290

4,991,609

0

1,386,584

0

1,935,063

8,313,256

-1,139,966

End of Year

26,125,563

4,193,986

21,931,577

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

2018-05-15

Date

JAMES M SWARTZ VP, ACCOUNTING

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JOANNE KRUEGER

Preparer's signature

JOANNE KRUEGER

Date

2018-05-10

Check ☐ if self-employed

PTIN

P01235586

Firm's name ▶

PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶

2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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

SEE SCHEDULE O

**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

|                     |         |                        |                                |                 |
|---------------------|---------|------------------------|--------------------------------|-----------------|
| <b>4a</b>           | (Code ) | (Expenses \$ 5,807,934 | including grants of \$ 192,193 | (Revenue \$ 0 ) |
| See Additional Data |         |                        |                                |                 |

|           |         |              |                        |               |
|-----------|---------|--------------|------------------------|---------------|
| <b>4b</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|---------|--------------|------------------------|---------------|

|           |         |              |                        |               |
|-----------|---------|--------------|------------------------|---------------|
| <b>4c</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|---------|--------------|------------------------|---------------|

|           |                                                  |                        |             |   |
|-----------|--------------------------------------------------|------------------------|-------------|---|
| <b>4d</b> | Other program services (Describe in Schedule O ) |                        |             |   |
|           | (Expenses \$                                     | including grants of \$ | (Revenue \$ | ) |

|           |                                         |           |
|-----------|-----------------------------------------|-----------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 5,807,934 |
|-----------|-----------------------------------------|-----------|

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                          | Yes            | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                              | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                             | <b>2</b> Yes   |    |
| <b>3</b> 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                                                                                                                                                                                            | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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                                                                                                                                                                                 | <b>4</b>       | No |
| <b>5</b> 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                                                                                                                                                     | <b>5</b>       |    |
| <b>6</b> 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                                         | <b>6</b>       | No |
| <b>7</b> 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                                                                                | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | <b>8</b>       | No |
| <b>9</b> 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  | <b>9</b>       | No |
| <b>10</b> 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                                                                                          | <b>10</b> Yes  |    |
| <b>11</b> 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                                                                                                                                                                                                                                 |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                            | <b>11a</b>     | No |
| <b>b</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                                                                                          | <b>11b</b>     | No |
| <b>c</b> 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                                                                                          | <b>11c</b>     | No |
| <b>d</b> 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                                                                                                          | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                      | <b>11e</b> Yes |    |
| <b>f</b> 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                                             | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                           | <b>12a</b> Yes |    |
| <b>b</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                                                            | <b>12b</b>     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                   | <b>14a</b>     | No |
| <b>b</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                                                                       | <b>14b</b>     | No |
| <b>15</b> 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                                                                                                                                                                                 | <b>15</b>      | No |
| <b>16</b> 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                                                                                                                                                                           | <b>16</b>      | No |
| <b>17</b> 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)                                                                             | <b>17</b>      | No |
| <b>18</b> 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                                                                                                            | <b>18</b> Yes  |    |
| <b>19</b> 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                                                                                                                                      | <b>19</b>      | No |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                                                                                     |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                       |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                    | Yes |    |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                        |     | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                             | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                  |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                        |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                               |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                   |     | No |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .                                            |     | No |
| <b>26</b> 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?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        |     | No |
| <b>28</b> 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)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                        |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                            |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                         | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                         |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                               |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                          |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                             |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                         | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                          | Yes |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                 |     | No |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                         |     | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                                    |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                     | 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  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1a  | 0   |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 1b  | 0   |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | 1c  |     |
| <b>2a</b>  | 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  | 0   |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | 2b  |     |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | 3a  | No  |
| <b>b</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  |     |
| <b>4a</b>  | 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>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a  | No  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | 5b  | No  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         | 5c  |     |
| <b>6a</b>  | 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>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | 6b  |     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |     |
| <b>a</b>   | 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  | Yes |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7b  | Yes |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c  | No  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e  | No  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | 7f  | No  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           | 7g  |     |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         | 7h  |     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                          | 8   | No  |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  |     |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b  |     |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |     |     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |     |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |     |     |
| <b>a</b>   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |     |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               | 11b |     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          | 12a |     |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |     |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                              | 13a |     |
| <b>b</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 |     |
| <b>c</b>   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a | No  |
| <b>b</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  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 | 28        |     |
|           | 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>b</b>  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 24        |     |
| <b>2</b>  | 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?                                               | <b>2</b>  | No  |
| <b>3</b>  | 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? | <b>3</b>  | No  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>  | No  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>  | No  |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>  | Yes |
| <b>7a</b> | 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?                                                                  | <b>7a</b> | Yes |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b> | Yes |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |           |     |
| <b>a</b>  | The governing body?                                                                                                                                                                                                 | <b>8a</b> | Yes |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b> | Yes |
| <b>9</b>  | 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        | <b>9</b>  | No  |

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

|            |                                                                                                                                                                                                                                                                                              | Yes        | No  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | <b>10a</b> | No  |
| <b>b</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?                                                                   | <b>10b</b> |     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | <b>11a</b> | Yes |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |            |     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | <b>12a</b> | Yes |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | Yes |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> | Yes |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | <b>13</b>  | Yes |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | <b>14</b>  | Yes |
| <b>15</b>  | 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?                                                                         |            |     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | Yes |
| <b>b</b>   | Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | Yes |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                           |            |     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | <b>16a</b> | No  |
| <b>b</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? | <b>16b</b> |     |

**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

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

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

Form **990** (2016)

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

| (A)<br>Name and Title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              | 0      | 6,019,906                                                            | 382,670                                                                   |                                                                                               |

**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 ► 0

|                                                                                                                                                                                                                                                        | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1a</b> Federated campaigns . . .                                                                                                             | <b>1a</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>b</b> Membership dues . . .                                                                                                                  | <b>1b</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>c</b> Fundraising events . . .                                                                                                               | <b>1c</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>d</b> Related organizations                                                                                                                  | <b>1d</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>e</b> Government grants (contributions)                                                                                                      | <b>1e</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                   | <b>1f</b>                 | 6,130,088            |                                                    |                                         |                                                                  |
|                                                                            | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                                                                              | 25,186                    |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>h Total.</b> Add lines 1a-1f . . . . .                                                                                                       |                           | 6,130,088            |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                             | <b>2a</b> _____                                                                                                                                 | Business Code             |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>b</b> _____                                                                                                                                  |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>c</b> _____                                                                                                                                  |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>d</b> _____                                                                                                                                  |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>e</b> _____                                                                                                                                  |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>f</b> All other program service revenue                                                                                                      |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>g Total.</b> Add lines 2a-2f . . . . .                                                                                                       |                           | 0                    |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                                       | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                              |                           | 233,306              |                                                    |                                         | 233,306                                                          |
|                                                                            | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                     |                           | 0                    |                                                    |                                         |                                                                  |
|                                                                            | <b>5</b> Royalties . . . . .                                                                                                                    |                           | 0                    |                                                    |                                         |                                                                  |
|                                                                            | <b>6a</b> Gross rents                                                                                                                           | (i) Real (ii) Personal    |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>b</b> Less rental expenses                                                                                                                   |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>c</b> Rental income or (loss)                                                                                                                | 0 0                       |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>d</b> Net rental income or (loss) . . . . .                                                                                                  |                           | 0                    |                                                    |                                         |                                                                  |
|                                                                            | <b>7a</b> Gross amount from sales of assets other than inventory                                                                                | (i) Securities (ii) Other |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>b</b> Less cost or other basis and sales expenses                                                                                            |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>c</b> Gain or (loss)                                                                                                                         |                           |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>d</b> Net gain or (loss) . . . . .                                                                                                           |                           | 0                    |                                                    |                                         |                                                                  |
|                                                                            | <b>8a</b> Gross income from fundraising events (not including \$ 30,000 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b> 1,008,310        |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>b</b> Less direct expenses . . . . .                                                                                                         | <b>b</b> 214,150          |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>c</b> Net income or (loss) from fundraising events . . . . .                                                                                 |                           | 794,160              |                                                    |                                         | 794,160                                                          |
|                                                                            | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                 | <b>a</b> 0                |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>b</b> Less direct expenses . . . . .                                                                                                         | <b>b</b> 0                |                      |                                                    |                                         |                                                                  |
|                                                                            | <b>c</b> Net income or (loss) from gaming activities . . . . .                                                                                  |                           | 0                    |                                                    |                                         |                                                                  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . | <b>a</b> 0                                                                                                                                      |                           |                      |                                                    |                                         |                                                                  |
| <b>b</b> Less cost of goods sold . . . . .                                 | <b>b</b> 0                                                                                                                                      |                           |                      |                                                    |                                         |                                                                  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .            |                                                                                                                                                 | 0                         |                      |                                                    |                                         |                                                                  |
| Miscellaneous Revenue Business Code                                        |                                                                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
| <b>11a</b> OTHER REVENUE                                                   |                                                                                                                                                 | 15,736                    |                      |                                                    | 15,736                                  |                                                                  |
| <b>b</b> _____                                                             |                                                                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
| <b>c</b> _____                                                             |                                                                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
| <b>d</b> All other revenue . . . . .                                       |                                                                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                |                                                                                                                                                 | 15,736                    |                      |                                                    |                                         |                                                                  |
| <b>12 Total revenue.</b> See Instructions . . . . .                        |                                                                                                                                                 | 7,173,290                 |                      |                                                    | 1,043,202                               |                                                                  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                      | 4,991,609             | 4,991,609                       |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                           | 0                     |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                           | 0                     |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                             | 0                     |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                  | 1,109,266             | 66,555                          | 476,985                                | 565,726                     |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                       | 110,927               | 6,655                           | 47,699                                 | 56,573                      |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                   | 99,834                | 5,990                           | 42,929                                 | 50,915                      |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                            | 66,557                | 3,995                           | 28,618                                 | 33,944                      |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                                | 801,332               | 322,208                         | 408,167                                | 70,957                      |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                                | 240,646               | 15,269                          |                                        | 225,377                     |
| <b>13</b> Office expenses.                                                                                                                                                                                                                          | 774,117               | 343,286                         | 149,821                                | 281,010                     |
| <b>14</b> Information technology.                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                                | 11,598                |                                 | 11,598                                 |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                   | 28,547                | 3,793                           |                                        | 24,754                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                           | 0                     |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                   | 16,873                | 5,059                           |                                        | 11,814                      |
| <b>20</b> Interest.                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                                | 13,797                | 0                               | 13,797                                 |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>24</b> 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):                                         |                       |                                 |                                        |                             |
| <b>a</b> SCHOLARSHIP EXPENSES                                                                                                                                                                                                                       | 36,750                | 36,750                          | 0                                      | 0                           |
| <b>b</b> PROGRAM EXPENSES                                                                                                                                                                                                                           | 10,438                | 5,800                           | 0                                      | 4,638                       |
| <b>c</b> OTHER EXPENSES                                                                                                                                                                                                                             | 965                   | 965                             |                                        |                             |
| <b>d</b>                                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                       | 8,313,256             | 5,807,934                       | 1,179,614                              | 1,325,708                   |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |            | (A)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|------------|--------------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                            |            | 0                        | <b>1</b>   | 0                  |
|                                    | <b>2</b>                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                               |            | 4,251,497                | <b>2</b>   | 5,446,716          |
|                                    | <b>3</b>                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                   |            | 549,895                  | <b>3</b>   | 331,701            |
|                                    | <b>4</b>                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                             |            | 0                        | <b>4</b>   | 0                  |
|                                    | <b>5</b>                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |            | 0                        | <b>5</b>   | 0                  |
|                                    | <b>6</b>                                                                                                                                                   | 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                        | <b>6</b>   | 0                  |
|                                    | <b>7</b>                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                      |            | 0                        | <b>7</b>   | 0                  |
|                                    | <b>8</b>                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                          |            | 0                        | <b>8</b>   | 0                  |
|                                    | <b>9</b>                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                |            | 0                        | <b>9</b>   | 6,233              |
|                                    | <b>10a</b>                                                                                                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                            | <b>10a</b> |                          |            |                    |
|                                    | <b>b</b>                                                                                                                                                   | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | <b>10b</b> | 0                        | <b>10c</b> | 0                  |
|                                    | <b>11</b>                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                               |            | 17,710,359               | <b>11</b>  | 20,340,913         |
|                                    | <b>12</b>                                                                                                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                   |            | 0                        | <b>12</b>  | 0                  |
|                                    | <b>13</b>                                                                                                                                                  | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                    |            | 0                        | <b>13</b>  | 0                  |
|                                    | <b>14</b>                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                    |            | 0                        | <b>14</b>  | 0                  |
|                                    | <b>15</b>                                                                                                                                                  | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                   |            | 0                        | <b>15</b>  | 0                  |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                | 22,511,751 | <b>16</b>                | 26,125,563 |                    |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                |            | 0                        | <b>17</b>  | 0                  |
|                                    | <b>18</b>                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                       |            | 0                        | <b>18</b>  | 0                  |
|                                    | <b>19</b>                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                     |            | 0                        | <b>19</b>  | 0                  |
|                                    | <b>20</b>                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                          |            | 0                        | <b>20</b>  | 0                  |
|                                    | <b>21</b>                                                                                                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |            | 0                        | <b>21</b>  | 0                  |
|                                    | <b>22</b>                                                                                                                                                  | 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                        | <b>22</b>  | 0                  |
|                                    | <b>23</b>                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                       |            | 0                        | <b>23</b>  | 0                  |
|                                    | <b>24</b>                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                         |            | 0                        | <b>24</b>  | 0                  |
|                                    | <b>25</b>                                                                                                                                                  | 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.                                                                                                                                                         |            | 0                        | <b>25</b>  | 4,193,986          |
| <b>26</b>                          | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                |                                                                                                                                                                                                                                                                                                                                | 0          | <b>26</b>                | 4,193,986  |                    |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |            |                          |            |                    |
|                                    | <b>27</b>                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |            | 4,251,497                | <b>27</b>  | 3,952,954          |
|                                    | <b>28</b>                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                    |            | 13,308,984               | <b>28</b>  | 12,945,560         |
|                                    | <b>29</b>                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |            | 4,951,270                | <b>29</b>  | 5,033,063          |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                |            |                          |            |                    |
|                                    | <b>30</b>                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                   |            |                          | <b>30</b>  |                    |
|                                    | <b>31</b>                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                      |            |                          | <b>31</b>  |                    |
|                                    | <b>32</b>                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                               |            |                          | <b>32</b>  |                    |
| <b>33</b>                          | <b>Total net assets or fund balances . . . . .</b>                                                                                                         |                                                                                                                                                                                                                                                                                                                                | 22,511,751 | <b>33</b>                | 21,931,577 |                    |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances . . . . .</b>                                                                                            |                                                                                                                                                                                                                                                                                                                                | 22,511,751 | <b>34</b>                | 26,125,563 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                               |           |            |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 7,173,290  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 8,313,256  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | -1,139,966 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 22,511,751 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 559,792    |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |            |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 21,931,577 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                         |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 |     | No |
| <b>b</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                                                                                                                                                                                                      |     |    |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1627413

**Name:** WELLSTAR FOUNDATION INC

Form 990 (2016)

**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

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

(A)

(B)

(C)

(D)

(E)

(F)

| Name and Title                                                | Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                               |                                                                                     | Individual trustee or director                                                                     | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                |                                                                     |                                                                                        |
| ALAN R MUSTER MD<br>.....<br>FOUNDATION BOARD MEMBER          | 2 0<br>.....<br>50 0                                                                | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 633,636                                                             | 80,751                                                                                 |
| ANTHONY J BUDZINSKI<br>.....<br>EXEC VP & CFO,FDN BRD MEMBER  | 2 0<br>.....<br>50 0                                                                | X                                                                                                  |                       | X       |              |                              |        | 0                                                              | 914,834                                                             | 76,606                                                                                 |
| BETH SESSOMS<br>.....<br>FOUNDATION BOARD MEMBER              | 2 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| BILL FOREE<br>.....<br>FOUNDATION BOARD MEMBER                | 2 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| CANDICE L SAUNDERS<br>.....<br>PRESIDENT & CEO,FDN BRD MEMBER | 2 0<br>.....<br>50 0                                                                | X                                                                                                  |                       | X       |              |                              |        | 0                                                              | 2,113,106                                                           | 77,581                                                                                 |
| CAROLE KELL<br>.....<br>FOUNDATION BOARD MEMBER               | 2 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| CHERYL HUNGERFORD<br>.....<br>FOUNDATION BOARD MEMBER         | 2 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| CHRIS DURHAM<br>.....<br>FOUNDATION BOARD MEMBER              | 2 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| DAN BUYERS<br>.....<br>FOUNDATION BOARD MEMBER                | 2 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| DREW SHAMBARGER<br>.....<br>FOUNDATION BOARD MEMBER           | 2 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |

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

(A)

(B)

(C)

(D)

(E)

(F)

| Name and Title                                                                          | Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                                                         |                                                                                     | Individual trustee or director                                                                     | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                |                                                                     |                                                                                        |
| <div>GUILLERMO J PIERLUISI MD</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div> | <div>2 0</div> <div>.....</div> <div>50 0</div>                                     | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 352,722                                                             | 70,871                                                                                 |
| <div>JAY WALLACE</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>              | <div>2 0</div> <div>.....</div> <div>0 0</div>                                      | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| <div>JOHN CARSON</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>              | <div>2 0</div> <div>.....</div> <div>0 0</div>                                      | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| <div>KIM GAUGER</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>               | <div>2 0</div> <div>.....</div> <div>0 0</div>                                      | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| <div>KIMBERLY GRESH</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>           | <div>2 0</div> <div>.....</div> <div>0 0</div>                                      | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| <div>KIMBERLY W MENEFEE</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>       | <div>2 0</div> <div>.....</div> <div>50 0</div>                                     | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 394,712                                                             | 51,363                                                                                 |
| <div>LANCE LORUSSO</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>            | <div>2 0</div> <div>.....</div> <div>0 0</div>                                      | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| <div>LESLIE HIMOT</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>             | <div>2 0</div> <div>.....</div> <div>0 0</div>                                      | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| <div>MARK P MCLAUGHLIN MD</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>     | <div>2 0</div> <div>.....</div> <div>50 0</div>                                     | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 1,567,012                                                           | 25,498                                                                                 |
| <div>MARTHA MOORE</div> <div>.....</div> <div>FOUNDATION BOARD MEMBER</div>             | <div>2 0</div> <div>.....</div> <div>0 0</div>                                      | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                     |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| PETE QUINONES<br>.....<br>FOUNDATION BOARD MEMBER   | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RHONDA JACOBSON<br>.....<br>FOUNDATION BOARD MEMBER | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ROB GARCIA<br>.....<br>FOUNDATION BOARD MEMBER      | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| SANDI COOPER<br>.....<br>FOUNDATION BOARD MEMBER    | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| T FITZ JOHNSON<br>.....<br>FOUNDATION BOARD MEMBER  | 2 0<br>.....<br>14 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 35,232                                                                     | 0                                                                                             |
| TOM EMERSON MD<br>.....<br>FOUNDATION BOARD MEMBER  | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| VICKIE HANEY<br>.....<br>FOUNDATION BOARD MEMBER    | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| W ALLEN SEPAK<br>.....<br>FOUNDATION BOARD MEMBER   | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 8,652                                                                      | 0                                                                                             |



|                                           |                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>SCHEDULE A</b><br>(Form 990 or 990-EZ) | <b>Public Charity Status and Public Support</b><br>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.<br>▶ Attach to Form 990 or Form 990-EZ.<br>▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No 1545-0047<br><b>2016</b><br><b>Open to Public Inspection</b> |
|                                           | Department of the Treasury<br>Internal Revenue Service<br><b>Name of the organization</b><br>WELLSTAR FOUNDATION INC                                                                                                                                                                                                                                             | <b>Employer identification number</b><br>58-1627413                 |

**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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 9
- 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- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
| See Additional Data Table          |          |                                                                                |                                                             |    |                                                   |                                                 |
| Total                              | 9        |                                                                                |                                                             |    | 4,444,957                                         | 0                                               |

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, 8, or 9 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<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a)2012   | (b)2013   | (c)2014   | (d)2015   | (e)2016   | (f)Total   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")                                                                                                    | 5,173,369 | 6,729,313 | 5,129,918 | 4,931,327 | 6,130,088 | 28,094,015 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |           |           |           |           |           | 0          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |           |           |           |           |           | 0          |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 5,173,369 | 6,729,313 | 5,129,918 | 4,931,327 | 6,130,088 | 28,094,015 |
| 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) |           |           |           |           |           | 2,439,644  |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |           |           |           |           |           | 25,654,371 |

Section B. Total Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                           | (a)2012   | (b)2013   | (c)2014   | (d)2015   | (e)2016   | (f)Total                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|----------------------------|
| 7 Amounts from line 4                                                                                                                                                                      | 5,173,369 | 6,729,313 | 5,129,918 | 4,931,327 | 6,130,088 | 28,094,015                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                           | 266,210   | -32,367   | 266,210   | 856,856   | 1,043,202 | 2,400,111                  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                       |           |           |           |           |           | 0                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                         |           |           |           |           |           | 0                          |
| 11 Total support. Add lines 7 through 10                                                                                                                                                   |           |           |           |           |           | 30,494,126                 |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                         |           |           |           |           | 12        |                            |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |           |           |           |           |           | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

|                                                                                           |    |          |
|-------------------------------------------------------------------------------------------|----|----------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 84 129 % |
| 15 Public support percentage for 2015 Schedule A, Part II, line 14                        | 15 | 87 299 % |

16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6                                                                                                              |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b                                                                                                            |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |         |         |         |         |         |          |
| <b>13 Total support.</b> (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**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | No         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                | <b>1</b>   | <b>Yes</b> |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             | <b>2</b>   | <b>No</b>  |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                              | <b>3a</b>  | <b>No</b>  |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           | <b>3b</b>  |            |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    | <b>3c</b>  |            |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                | <b>4a</b>  | <b>No</b>  |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        | <b>4b</b>  |            |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>                                                                                                                                                                           | <b>4c</b>  |            |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> | <b>5a</b>  | <b>No</b>  |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b>  |            |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5c</b>  |            |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          | <b>6</b>   | <b>No</b>  |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                              | <b>7</b>   | <b>No</b>  |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>   | <b>No</b>  |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                      | <b>9a</b>  | <b>No</b>  |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          | <b>9b</b>  | <b>No</b>  |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               | <b>9c</b>  | <b>No</b>  |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     | <b>10a</b> | <b>No</b>  |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                          | <b>10b</b> |            |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>                                         |     |    |
| <b>11a</b>                                                                                                                                                                   |     | No |
| <b>11b</b>                                                                                                                                                                   |     | No |
| <b>11c</b>                                                                                                                                                                   |     | No |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>2</b> 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? <i>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.</i>                                                                                                                                                                                                                                                                              |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     | No |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                      |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> 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? <i>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.</i> |     |    |
| <b>b</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? <i>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.</i>                                                                                                                              |     |    |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>a</b> 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? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |     |    |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |

**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<br>(optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                                |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                                |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                                |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                                |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                                |
| <b>6</b> 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) | <b>6</b>       |                                |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b>       |                                |

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

Part V

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

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2016 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2016 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2016                                                                                                   |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b                                                                                                                                                   |                             |                                        |                                           |
| c From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2015. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2016 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2011 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2016 from Section D, line 7 \$                                                                                                  |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2016 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b Excess from 2013. . . . .                                                                                                                         |                             |                                        |                                           |
| c Excess from 2014. . . . .                                                                                                                         |                             |                                        |                                           |
| d Excess from 2015. . . . .                                                                                                                         |                             |                                        |                                           |
| e Excess from 2016. . . . .                                                                                                                         |                             |                                        |                                           |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

**990 Schedule A, Supplemental Information**

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE A, PART IV, SECTION C, LINE 1 | WELLSTAR HEALTH SYSTEM IS THE COMMON PARENT OF WELLSTAR FOUNDATION AND EACH OF ITS SUPPORTED ORGANIZATIONS, DOUGLAS HOSPITAL, COBB HOSPITAL, PAULDING MEDICAL CENTER, KENNESTONE HOSPITAL, WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR NORTH FULTON HOSPITAL, WELLSTAR SPALDING REGIONAL HOSPITAL, WELLSTAR SYLVAN GROVE HOSPITAL, AND WELLSTAR WEST GEORGIA MEDICAL CENTER EACH LISTED ON SCHEDULE A, PART VI WELLSTAR HEALTH SYSTEM IS ALSO THE SOLE MEMBER OF EACH ORGANIZATION AS SOLE MEMBER, WELLSTAR HEALTH SYSTEM HOLDS CERTAIN POWERS OF ELECTION AND APPROVAL IN CONNECTION WITH THE GOVERNING BODY OF WELLSTAR FOUNDATION AND EACH OF ITS SUPPORTED ORGANIZATIONS |





Additional Data

Software ID:  
Software Version:  
EIN: 58-1627413  
Name: WELLSTAR FOUNDATION INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

| (i)Name of supported organization                 | (ii)EIN   | (iii)<br>Type of organization<br>(described on lines<br>1- 9 above (see<br>instructions)) | (iv)<br>Is the organization<br>listed in your<br>governing document? |    | (v)<br>Amount of monetary<br>support (see<br>instructions) | (vi)<br>Amount of other<br>support (see<br>instructions) |
|---------------------------------------------------|-----------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|------------------------------------------------------------|----------------------------------------------------------|
|                                                   |           |                                                                                           | Yes                                                                  | No |                                                            |                                                          |
| (A) DOUGLAS HOSPITAL INC                          | 582026750 | 3                                                                                         | Yes                                                                  |    | 38,054                                                     | 0                                                        |
| (A) DOUGLAS HOSPITAL INC                          | 582026750 | 3                                                                                         | Yes                                                                  |    | 38,054                                                     | 0                                                        |
| (A) COBB HOSPITAL INC                             | 580968382 | 3                                                                                         | Yes                                                                  |    | 187,781                                                    | 0                                                        |
| (A) COBB HOSPITAL INC                             | 580968382 | 3                                                                                         | Yes                                                                  |    | 187,781                                                    | 0                                                        |
| (B) PAULDING MEDICAL CENTER INC                   | 582095884 | 3                                                                                         | Yes                                                                  |    | 1,304,136                                                  | 0                                                        |
| (B) PAULDING MEDICAL CENTER INC                   | 582095884 | 3                                                                                         | Yes                                                                  |    | 1,304,136                                                  | 0                                                        |
| (C) KENNESTONE HOSPITAL INC                       | 582032904 | 3                                                                                         | Yes                                                                  |    | 2,912,921                                                  | 0                                                        |
| (C) KENNESTONE HOSPITAL INC                       | 582032904 | 3                                                                                         | Yes                                                                  |    | 2,912,921                                                  | 0                                                        |
| (D)<br>WELLSTAR ATLANTA MEDICAL CENTER INC        | 810837031 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |
| (D)<br>WELLSTAR ATLANTA MEDICAL CENTER INC        | 810837031 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |
| (E)<br>WELLSTAR SPALDING REGIONAL HOSPITAL<br>INC | 810864789 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |
| (E)<br>WELLSTAR SPALDING REGIONAL HOSPITAL<br>INC | 810864789 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |
| (F)<br>WELLSTAR SYLVAN GROVE HOSPITAL INC         | 810875069 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |
| (F)<br>WELLSTAR SYLVAN GROVE HOSPITAL INC         | 810875069 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |
| (G)<br>WELLSTAR NORTH FULTON HOSPITAL INC         | 810851756 | 3                                                                                         | Yes                                                                  |    | 2,065                                                      | 0                                                        |
| (G)<br>WELLSTAR NORTH FULTON HOSPITAL INC         | 810851756 | 3                                                                                         | Yes                                                                  |    | 2,065                                                      | 0                                                        |
| (H) WEST GEORGIA MEDICAL CENTER INC               | 205497506 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |
| (H) WEST GEORGIA MEDICAL CENTER INC               | 205497506 | 3                                                                                         | Yes                                                                  |    | 0                                                          | 0                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | As Filed Data -                                                                                                                                                                                                                                                                                                                                                    |                                          | DLN: 93493135115708                          |                                                                                  |
| <div>SCHEDULE D<br/>(Form 990)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div>                                                                                                                                                                                                                                                                                                                                                                |                                                   | <div>Supplemental Financial Statements</div> <div>► 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.<br/>► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> |                                          |                                              | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization<br>WELLSTAR FOUNDATION INC                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          | Employer identification number<br>58-1627413 |                                                                                  |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.<br>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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                         |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br/><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br/><input type="checkbox"/> Preservation of open space</div> |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 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.<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          | ► \$                                         |                                                                                  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                    | Cat No 52283D Schedule D (Form 990) 2016 |                                              |                                                                                  |

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 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" on Form 990, Part IV, line 10.

|    |                                                          |               |                   |                     |                    |
|----|----------------------------------------------------------|---------------|-------------------|---------------------|--------------------|
|    | (a)Current year                                          | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
| 1a | Beginning of year balance . . . . .                      | 6,832,000     | 6,611,000         | 6,485,000           | 4,915,000          |
| b  | Contributions . . . . .                                  | 67,000        | 127,000           | 64,000              | 771,000            |
| c  | Net investment earnings, gains, and losses               | 786,000       | 94,000            | 62,000              | 799,000            |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                   |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            | 7,685,000     | 6,832,000         | 6,611,000           | 6,485,000          |

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 65 000 %

c

Temporarily restricted endowment ▶ 35 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     | No |
| 3a(ii) | Yes |    |
| 3b     | Yes |    |

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

|                                                                                                         |                                      |                                 |                              |                |
|---------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property                                                                                 | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land . . . . .                                                                                       |                                      |                                 |                              |                |
| b Buildings                                                                                             |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                   |                                      |                                 |                              |                |
| e Other . . . . .                                                                                       |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              |                |

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                   |                                                             |
| (2) Closely-held equity interests . . . . .                             |                   |                                                             |
| (3) Other _____                                                         |                   |                                                             |
| (A)                                                                     |                   |                                                             |
| (B)                                                                     |                   |                                                             |
| (C)                                                                     |                   |                                                             |
| (D)                                                                     |                   |                                                             |
| (E)                                                                     |                   |                                                             |
| (F)                                                                     |                   |                                                             |
| (G)                                                                     |                   |                                                             |
| (H)                                                                     |                   |                                                             |
| Total. (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<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                 |                |                                                             |
| (2)                                                                 |                |                                                             |
| (3)                                                                 |                |                                                             |
| (4)                                                                 |                |                                                             |
| (5)                                                                 |                |                                                             |
| (6)                                                                 |                |                                                             |
| (7)                                                                 |                |                                                             |
| (8)                                                                 |                |                                                             |
| (9)                                                                 |                |                                                             |
| 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 |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ |                |

Part X

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

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            | 0              |
| DUE TO AFFILIATES                                                   | 4,170,688      |
| LIAB UNDER SPLIT-INTEREST AGREEMENT                                 | 8,974          |
| OTHER ACCRUED EXPENSES                                              | 14,324         |
| (4)                                                                 |                |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 4,193,986      |

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.

|          |                                                                                                         |           |           |
|----------|---------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 7,733,080 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                  | <b>2a</b> | 559,790   |
| <b>b</b> | Donated services and use of facilities . . . . .                                                        | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                               | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         | <b>2e</b> | 559,790   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    | <b>3</b>  | 7,173,290 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             | <b>4c</b> |           |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 7,173,290 |

**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.

|          |                                                                                                          |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 8,313,256 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                         |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                         | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 8,313,256 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> |           |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 8,313,256 |

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1627413  
**Name:** WELLSTAR FOUNDATION INC

**Supplemental Information**

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART V, LINE 4 | ENDOWMENT FUNDS WELLSTAR FOUNDATION, INC HELD TWO ENDOWMENT FUNDS AT THE END OF THE REPO<br>RTING PERIOD ONE ENDOWMENT, THE HODGES FUND, IS ESTABLISHED FOR THE PURPOSE OF PROVIDING SCHOLARSHIPS TO ELIGIBLE STUDENTS IN HEALTHCARE RELATED COURSE STUDIES THE SECOND<br>ENDOWME<br>NT, HOSPICE FUND, IS ESTABLISHED TO PROVIDE FINANCIAL ASSISTANCE TO INDIGENT PATIENTS IN T<br>HE WELLSTAR HOSPICE PROGRAM |



## Supplemental Information

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART X, LINE 2 | <p>THE FOLLOWING FOOTNOTE IS RELATED TO THE ORGANIZATION'S APPLICATION OF FIN 48 (ASC 740) THE FOUNDATION HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE</p> <p>CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), AND THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES THE FOUNDATION APPLIES FASB ASC TOPIC 740, INCOME TAXES ASC TOPIC 740 ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED THERE IS NO IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS AS A RESULT OF THE APPLICATION OF THE ASC TOPIC 740</p> |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>SCHEDULE G</b><br><b>(Form 990 or 990-EZ)</b>       | <b>Supplemental Information Regarding Fundraising or Gaming Activities</b><br><small>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a<br/>▶ Attach to Form 990 or Form 990-EZ.<br/>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</small> | OMB No 1545-0047<br><b>2016</b><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |
| Name of the organization<br>WELLSTAR FOUNDATION INC    |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Employer identification number<br>58-1627413                        |

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total ▶                                                   |               |                                                                |    |                                   |                                                                  |                                                   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue                                                                           |                                                                                  | (a) Event #1                | (b) Event #2                       | (c) Other events           | (d)<br>Total events<br>(add col (a) through<br>col (c)) |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|------------------------------------|----------------------------|---------------------------------------------------------|
|                                                                                   |                                                                                  | <b>GALA</b><br>(event type) | <b>GOLF OUTING</b><br>(event type) | <b>0</b><br>(total number) |                                                         |
| <b>1</b>                                                                          | Gross receipts . . . . .                                                         | 820,000                     | 188,310                            |                            | 1,008,310                                               |
| <b>2</b>                                                                          | Less Contributions . . . . .                                                     | 15,000                      | 0                                  |                            | 15,000                                                  |
| <b>3</b>                                                                          | Gross income (line 1 minus<br>line 2) . . . . .                                  | 805,000                     | 188,310                            |                            | 993,310                                                 |
| Direct Expenses                                                                   | <b>4</b> Cash prizes . . . . .                                                   |                             |                                    |                            |                                                         |
|                                                                                   | <b>5</b> Noncash prizes . . . . .                                                |                             |                                    |                            |                                                         |
|                                                                                   | <b>6</b> Rent/facility costs . . . . .                                           |                             |                                    |                            |                                                         |
|                                                                                   | <b>7</b> Food and beverages . . . . .                                            |                             |                                    |                            |                                                         |
|                                                                                   | <b>8</b> Entertainment . . . . .                                                 |                             |                                    |                            |                                                         |
|                                                                                   | <b>9</b> Other direct expenses . . . . .                                         | 177,712                     | 36,438                             |                            | 214,150                                                 |
|                                                                                   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                             |                                    |                            | 214,150                                                 |
| <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                                                                  |                             |                                    | 779,160                    |                                                         |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |                                                                               | (a) Bingo                                                           | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
| <b>1</b>        | Gross revenue . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>3</b> Noncash prizes . . . . .                                             |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>4</b> Rent/facility costs . . . . .                                        |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>5</b> Other direct expenses . . . . .                                      |                                                                     |                                                                     |                                                                     |                                                   |
| <b>6</b>        | Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
| <b>7</b>        | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                   |
| <b>8</b>        | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                   |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

- c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WELLSTAR FOUNDATION INC

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](http://www.irs.gov/form990).

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2016

Open to Public Inspection

Employer identification number  
58-1627413

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 |
|-----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)<br>WELLSTAR HEALTH SYSTEM<br>INC<br>793 SAWYER ROAD<br>MARIETTA, GA 300622222 | 58-1649541 | 501(C)(3)                     | 4,991,609                |                                   | FMV                                                   | N/A                                    | SUPPORT                            |

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

▶ 1
- 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)                             |                          |                          |                                   |                                                       |                                        |
| (2)                             |                          |                          |                                   |                                                       |                                        |
| (3)                             |                          |                          |                                   |                                                       |                                        |
| (4)                             |                          |                          |                                   |                                                       |                                        |
| (5)                             |                          |                          |                                   |                                                       |                                        |
| (6)                             |                          |                          |                                   |                                                       |                                        |
| (7)                             |                          |                          |                                   |                                                       |                                        |

**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 | PROCEDURES FOR MONITORING USE OF GRANTS WELLSTAR FOUNDATION, INC MAKES GRANTS TO ITS SUPPORTED ORGANIZATIONS, IN SUPPORT OF THEIR CHARITABLE PURPOSES AS PART OF AN INTEGRATED HEALTH SYSTEM, ALL DOCUMENTATION OF SUPPORT IS MAINTAINED AND TRACKED AS THEY ARE MADE |

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>WELLSTAR FOUNDATION INC | Employer identification number<br>58-1627413 |
|-----------------------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |           |     |
| <b>b</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b</b> |     |
| <b>2</b> 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2</b>  |     |
| <b>3</b> 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.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                    |           |     |
| <b>4</b> 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:<br><b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>4a</b> | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4c</b> | No  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |     |
| <b>5</b> 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:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5b</b> | No  |
| <b>6</b> 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:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6b</b> | No  |
| <b>7</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>  | Yes |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9</b>  |     |

**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 |                                                |                         |                                 |                                                                      |
| <b>1</b> ALAN R MUSTER MD<br>FOUNDATION BOARD MEMBER             | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                                                  | (ii) | 245,820                                            | 368,505                             | 19,311                              | 47,300                                         | 33,451                  | 714,387                         | 0                                                                    |
| <b>2</b> ANTHONY J BUDZINSKI<br>EXEC VP &<br>CFO,FDN BRD MEMBER  | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                                                  | (ii) | 627,848                                            | 261,647                             | 25,339                              | 47,300                                         | 29,306                  | 991,440                         | 0                                                                    |
| <b>3</b> CANDICE L SAUNDERS<br>PRESIDENT &<br>CEO,FDN BRD MEMBER | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                                                  | (ii) | 1,202,152                                          | 584,908                             | 326,046                             | 46,319                                         | 31,262                  | 2,190,687                       | 305,375                                                              |
| <b>4</b> GUILLERMO J PIERLUISI MD<br>FOUNDATION BOARD MEMBER     | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                                                  | (ii) | 287,976                                            | 53,668                              | 11,078                              | 47,005                                         | 23,866                  | 423,593                         | 0                                                                    |
| <b>5</b> KIMBERLY W MENESEE<br>FOUNDATION BOARD MEMBER           | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                                                  | (ii) | 307,070                                            | 73,247                              | 14,395                              | 29,300                                         | 22,063                  | 446,075                         | 0                                                                    |
| <b>6</b> MARK P MCLAUGHLIN MD<br>FOUNDATION BOARD MEMBER         | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                                                  | (ii) | 793,108                                            | 770,862                             | 3,042                               | 0                                              | 25,498                  | 1,592,510                       | 0                                                                    |



**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 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 INDIVIDUAL RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN SCHEDULE J, PART II, COLUMN (B): CANDICE L. SAUNDERS \$305,375. 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. |

SCHEDULE M

(Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

WELLSTAR FOUNDATION INC

Employer identification number

58-1627413

Part I

Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 7                                                      | 25,186                                                                                | FMV                                                          |
| 10 Securities—Closely held stock . . . . .                                 |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                               |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 25 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 26 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 27 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 28 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                  | As Filed Data -                                  | DLN: 93493135115708                             |
| <b>SCHEDULE O</b><br>(Form 990 or 990-EZ)<br><br><small>Department of the Treasury<br/><del>Internal Revenue Service</del></small> | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |                                                  | OMB No 1545-0047                                |
|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                  |                                                  | <b>2016</b><br><b>Open to Public Inspection</b> |
| Name of the organization<br>WELLSTAR FOUNDATION INC                                                                                |                                                                                                                                                                                                                                                                                                                                                                                  | Employer identification number<br><br>58-1627413 |                                                 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART III,<br>LINE 1 | <p>ORGANIZATION'S MISSION 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 SERVICE OUR VISION MANIFESTS ITSELF THROUGH A WIDE VARIETY OF SUPPORTIVE ENDEAVORS BY WHICH WE PROVIDE EXCELLENT, COMPASSIONATE AND HOLISTIC CARE FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS WELLSTAR FOUNDATION IS THE DEVELOPMENT AND FUND-RAISING CENTER FOR WELLSTAR HEALTH SYSTEM, AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3) IT IS DEDICATED TO SERVING OUR COMMUNITY AND GIVING PEOPLE THE TOOLS AND FACILITIES TO BECOME STRONGER AND HEALTHIER WELLSTAR FOUNDATION BEGAN IN 1995 IN RESPONSE TO MEDICAL ADVANCES NEEDED BY OUR HEALTHCARE SYSTEM TO CONTINUE THE PURSUIT OF WORLD-CLASS HEALTHCARE FROM ITS MODEST BEGINNINGS WITH FOUR DEDICATED AND EXPERIENCED TEAM MEMBERS TO THE CURRENT 10-MEMBER STAFF, THE FOUNDATION HAS BEEN INSTRUMENTAL IN RALLIING EMPLOYEE, VOLUNTEER, CORPORATE AND COMMUNITY SUPPORT FOR WELLSTAR HEALTH SYSTEM INITIATIVES THE MEMBERS OF THE FOUNDATION COLLABORATE WITH OTHER COMMUNITY LEADERS TO RAISE FUNDS AND PROVIDE PROGRAMS AND SERVICES, WHICH RESULT IN HEALTH IMPROVEMENTS FOR ALL PAYMENTS TO HOSPITAL PROJECTS FOR THE REPORTING PERIOD EXCEEDED \$1 MILLION Since 1985, the Well Star Foundation has been at the forefront of securing life-saving resources for the WellStar Health System As a 501(C)(3) not-for profit organization, donations are critical in helping WellStar achieve its vision of delivering world-class healthcare Each year, the Foundation raises more than \$4.5 million for the System Donations are received from generous individuals, businesses and community organizations through annual gifts, tribute gifts, special events, strategic opportunities and legacy planning WellStar's own team members donate \$1 million each year through its team member giving program Many team member donations are designated toward educational scholarships and emergency assistance for team members in need Hospital auxiliaries contribute more than \$700,000 annually that support enhancements at local WellStar facilities Enhancement projects may benefit community members at their local hospital, health park, hospice, pediatric center or other WellStar facility In the past, contributions to the Foundation have supported the development of a cardiac rehabilitation healthy cooking demonstration kitchen, a hospital chapel for spiritual healing and a leading-edge cancer treatment center Serving a diverse population, WellStar consistently seeks total patient wellness and works to ensure that all systems, within the hospital and community, support that focus Through community partnerships, the WellStar Foundation provides funding for a school health program that hosts more than 2,700 classes each year, cancer prevention programs that distribute free mammogram vouchers and provide free lung cancer screenings to un</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| FORM 990,<br>PART III,<br>LINE 1 | <p>insured and underinsured patients, and through a child safety program the Foundation funds car seat inspections and provides free car seats, bicycle helmets and life jackets to those in need HEALTH, SAFETY &amp; EDUCATION WELLSTAR FOUNDATION CONTINUES TO HAVE INITIATIVES FOR FUNDRAISING THAT WILL HELP TO IMPROVE THE HEALTH OF CHILDREN AND FAMILIES IN THE WELLS TAR SERVICE AREA WITH AN EMPHASIS ON SOME OF THE FOLLOWING SERVICE LINES AND DISCIPLINES-- CANCER, CARDIAC, END-OF-LIFE, PREVENTION &amp; WELLNESS, AND OVERALL FACILITIES IMPROVEMENTS OVER THE PAST FIVE YEARS WELLSTAR TEAM MEMBERS HAVE DONATED OVER \$4 MILLION TOWARDS SYSTEM INITIATIVES THROUGH THE ANNUAL EMPLOYEE GIVING CAMPAIGNS THE WELLSTAR FOUNDATION HAS STARTED A NEW CAMPAIGN TO EXPAND THE WELLSTAR CANCER NETWORK IN AN EFFORT TO RAISE AWARENESS AND HOPEFULLY SAVE MORE LIVES THIS WILL INCLUDE STRENGTHENING THE NURSE NAVIGATOR PROGRAM TO FUNDING INNOVATION, RESEARCH AND PATIENT SUPPORT A PROGRAM TO PROVIDE MILITARY VETERANS WITH TESTING FOR PROSTATE AND LUNG CANCER WAS INSTITUTED Charitable donations provide the medical technology our physicians use to treat and heal patients across a variety of service areas, including cancer, stroke, hospice, cardiology, pediatrics, womens health and more As a leader in addressing the states opioid epidemic, the Foundation supports WellStars initiative to implement protocols and educational programs that reduce the use and potential abuse of pain medicine WellStar cares for more emergency and trauma patients than any other health system in Georgia, therefore, the Foundation has launched an emergency and trauma campaign in which regional projects have been identified across the System that focus on improving quality and access to emergency care The Foundation is committed to advancing the level of healthcare provided to WellStar communities through improved patient services and assistance for those in need OTHER PROGRAMS AND FACILITIES ENHANCEMENTS BENEFITING FROM THE GENEROUS SUPPORT OF DONORS IN THE COMMUNITY INCLUDE WITH SUPPORT FROM THE COMMUNITY A NEW INPATIENT FACILITY NEAR THE KENNESTONE HOSPITAL CAMPUS WAS BUILT AND OPENED IN SUMMER OF 2012 WELLSTAR COMMUNITY HOSPICE AT KENNESAW MOUNTAIN AND TRANQUILITY HOSPICE AT COBB HOSPITAL CONTINUE TO PROVIDE MUCH NEEDED CARE TO HOSPICE PATIENTS WHO NEED FINANCIAL ASSISTANCE THROUGH THE ANGEL FUND ENDOWMENT OF THE FOUNDATION CARDIAC SERVICES--A NEW CHEST PAIN OBSERVATION UNIT, A CARDIAC HEALTH PROMOTION PROJECT AND MORE SPECIALIZED CANCER TREATMENT TECHNOLOGY WOMENS SERVICES--INSTEAD OF ONE ANNUAL SPEAKING OF WOMENS HEALTH EVENT TO RAISE AWARENESS OF WOMENS HEALTH ISSUES THERE ARE SEVERAL WORKSHOPS ON A VARIETY OF TOPICS THROUGHOUT THE YEAR DONATIONS WERE ALSO ACCEPTED FOR EQUIPMENT FOR THE NEONATAL INTENSIVE CARE UNIT INCLUDING A NEW SPECIALIZED BED THAT GIVES PREMATURE BABIES THE BEST POSSIBLE CHANCE AT SURVIVAL CANCER SERVICES--FUNDING FOR THE STAT CANCER CLINIC AND THE I-ELCAP PROGRAM AS WELL A</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART III,<br>LINE 1 | <p>S GENETIC RISK ASSESSMENT COUNSELING WERE ALSO IMPORTANT PROJECTS FOR WHICH THE FOUNDATION PROVIDED FINANCIAL SUPPORT COMMUNITY OUTREACH--SCHOOL HEALTH AND COBB SAFE KIDS PROGRAMS , A STATE-FUNDED "FIRST STEPS" PROGRAM FOR EXPECTANT MOTHERS AND THEIR FAMILIES, SCHOLARSHIPS AND FINANCIAL ASSISTANCE FOR RESIDENTS OF THE ASSISTED LIVING FACILITY ON THE KENNESTONE HOSPITAL CAMPUS CALLED ATHERTON PLACE GENERAL FACILITIES IMPROVEMENTS--WITH THE SUPPORT OF TEAM MEMBERS AND VOLUNTEER GROUPS AND AUXILIARIES AT EACH OF THE HOSPITALS IN THE SYSTEM A TOTAL OF APPROXIMATELY \$650,000 WAS RAISED DURING THE REPORTING PERIOD TO BE USED FOR RENOVATIONS AND OTHER INITIATIVES THROUGHOUT THE WELLSTAR NETWORK</p> <p>PROGRAM AS WELL AS GENETIC RISK ASSESSMENT COUNSELING WERE ALSO IMPORTANT PROJECTS FOR WHICH THE FOUNDATION PROVIDED FINANCIAL SUPPORT COMMUNITY OUTREACH--SCHOOL HEALTH AND COBB SAFE KIDS PROGRAMS, A STATE-FUNDED "FIRST STEPS" PROGRAM FOR EXPECTANT MOTHERS AND THEIR FAMILIES, SCHOLARSHIPS AND FINANCIAL ASSISTANCE FOR RESIDENTS OF THE ASSISTED LIVING FACILITY ON THE KENNESTONE HOSPITAL CAMPUS CALLED ATHERTON PLACE GENERAL FACILITIES IMPROVEMENTS--WITH THE SUPPORT OF TEAM MEMBERS AND VOLUNTEER GROUPS AND AUXILIARIES AT EACH OF THE HOSPITALS IN THE SYSTEM A TOTAL OF APPROXIMATELY \$650,000 WAS RAISED DURING THE REPORTING PERIOD TO BE USED FOR RENOVATIONS AND OTHER INITIATIVES THROUGHOUT THE WELLSTAR NETWORK</p> |

**990 Schedule O, Supplemental Information**

| Return Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART I, LINES 7A & 7B | <p>UNRELATED BUSINESS INCOME WHS FOUNDATION, INC GENERATED NO UNRELATED BUSINESS INCOME ("UB I") FOR THE REPORTING PERIOD AS A RESULT THE FILED 990-T SHOWS NO ACTIVITY IF SUBSEQUENT REVIEW OF THE BOOKS REVEALS ANY UNREPORTED UBI WE WILL FILE AN AMENDED RETURN FOR THE TAX PERIOD ENDED JUNE 30, 2017 FORM 990, PART VI, SECTION A, LINES 6, 7A &amp; 7B POWERS OF THE BOARD/ORGANIZATIONAL STRUCTURE AS PER THE ARTICLES OF INCORPORATION, THE SOLE MEMBER OF TH E ORGANIZATION IS WELLSTAR HEALTH SYSTEM, INC , A GA 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 COMPANY'S GOVERNING DOCUMENTS, WHICH THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC UPON R EQUEST IN FURTHERANCE OF THE FOREGOING, THE BOARD OF TRUSTEES OF THE ORGANIZATION MAY NOT TAKE ANY ACTIONS THAT IN ANY WAY ARE INCONSISTENT OR CONFLICT WITH THE ACTIONS OR DIRECTI ONS OF THE BOARD OF TRUSTEES OF WELLSTAR HEALTH SYSTEM, INC THE DUTIES AND RESPONSIBILI TIES OF THE OFFICERS OF THE ORGANIZATION ARE DELINEATED BY THE CEO OF WELLSTAR HEALTH SYSTEM , INC , AND THE ACTIONS OF THE OFFICERS OF THE ORGANIZATION ARE SUBJECT TO THE APPROVAL OF THE CEO OF WELLSTAR HEALTH SYSTEM, INC ADDITIONALLY WELLSTAR HEALTH SYSTEM, INC IS THE ONLY CORPORATE MEMBER OF THE ORGANIZATION AND HAS EXPRESSLY RESERVED CERTAIN POWERS AS FOL LOWS THROUGH THE BOARD OF TRUSTEES OR CEO OF WELLSTAR HEALTH SYSTEM, INC A) APPOINT, ELE CT, REMOVE (IF NECESSARY) AND FILL VACANCIES OF ALL TRUSTEES AND EXECUTIVE AND BOARD OFFIC ERS OF THE ORGANIZATION, B) APPROVE AND REVISE THE OPERATING AND CAPITAL BUDGETS OF THE OR GANIZATION, C) APPROVE ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION OR THE BYLAWS OF TH E ORGANIZATION, D) APPROVE ANY MERGER, SALE, LIQUIDATION OR VOLUNTARY BANKRUPTCY OR RECEIV ERSHIP PETITION OF THE ORGANIZATION, E) TO IMPLEMENT POLICIES AND DIRECTIVES (INCLUDING CO NFLOTS OF INTEREST) AND TO TAKE ANY OTHER ACTION AS PROVIDED IN THESE BYLAWS, F) TO BE TH E POINT OF CONTACT WITH RESPECT TO VENDORS OF THE ORGANIZATION AND TO REQUIRE THE ORGANIZA TION'S PARTICIPATION IN ANY AGREEMENT NEGOTIATED BY WELLSTAR AS IT RELATES TO THE ORGANIZA TION, G) TO ADOPT A STRATEGIC PLAN FOR THE ORGANIZATION OR APPROVE OR PERMIT ANY MATERIAL DEPARTURE FROM A PREVIOUSLY-APPROVED STRATEGIC PLAN, H) ADD TO, SUBTRACT FROM, REVISE OR O THERWISE AMEND THE PURPOSE OF THE ORGANIZATION, I) ENTER INTO, PARTICIPATE IN OR RENEW ANY MATERIAL STRATEGIC RELATIONSHIP, OR CREATE ANY NEW AFFILIATE, J) APPROVE THE PURCHASE OR LEASE OF ASSETS OR SERVICES OTHER THAN PURSUANT TO APPROVED BUDGETS, K) APPROVE THE INCURR ENCE OF DEBT WHETHER THROUGH LOAN, LEASE, INSTALLMENT PURCHASE OR OTHER ARRANGEMENT OTHER THAN PURSUANT TO APPROVED BUDGETS, L) APPROVE THE CONTRIBUTION, DONATION OR TRANSFER OF AS SETS WITH OR WITHOUT CONSIDERATION TO RECIPIENTS OUTSIDE WELLSTAR HEALTH SYSTEM, INC , M) TO REQUIRE PARTICIPATION BY TH</p> |



**990 Schedule O, Supplemental Information**

| Return Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| FORM 990, PART I, LINES 7A & 7B | <p>E ORGANIZATION IN WELLSTAR HEALTH SYSTEM, INC INDEBTEDNESS OF A TAXABLE OR NON-TAXABLE NA TURE, AND N) TO ACCESS OR REQUIRE ASSET TRANSFERS (WITH OR WITHOUT CONSIDERATION) BY THE O RGANIZATION TO ANY WELLSTAR HEALTH SYSTEM, INC AFFILIATE, FOR ANY PURPOSE THAT IT DETERMI NES TO BE IN THE BEST INTEREST OF THE SYSTEM AS A RESULT THE SAME GROUP OF PEOPLE WHO MAN AGE AND DIRECT THE ACTIVITIES OF WELLSTAR HEALTH SYSTEM, INC ALSO MANAGE AND DIRECT THE A CTIVITIES OF THE ORGANIZATION 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 TH E INTERNAL REVENUE SERVICE AN EXTERNAL ACCOUNTING FIRM, PRICEWATERHOUSECOOPERS LLP, REVIEW S AND SIGN-OFFS ON THE COMPLETED RETURN THIS REVIEWED FORM IS THEN MADE AVAILABLE TO BOTH THE ORGANIZATION'S FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AS WELL AS THE FULL BOARD IN THE FORM OF AN ELECTRONIC (PDF FORMAT) VERSION AND HARD COPY OF THE RETURN THE ORGANI ZATION'S CFO OR DESIGNEE SUBSEQUENTLY SIGNS THE RETURN FOR EITHER MANUAL OR ELECTRONIC FIL ING BY THE APPROPRIATE DUE DATE FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTERE ST 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 ATTESTA TION TO THE COMPLIANCE OFFICE THE POLICY REQUIRES AN ON-GOING DISCLOSURE OBLIGATION IN TH E EVENT A CONFLICT ARISES DURING THE YEAR THE FOLLOWING IS OUR PROCESS TO REGULARLY AND C ONSISTENTLY MONITOR AND ENFORCE THE POLICY COMPLIANCE IDENTIFIES ALL COVERED PERSONS WHO MUST COMPLETE THE SURVEY AND ATTESTATION COMPLIANCE VERIFIES THAT THE SURVEY AND ATTESTAT ION 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, P OTENTIAL CONFLICTS AND INCIDENCES OF NON-COMPLIANCE ARE REFERRED TO THE CHIEF COMPLIANCE O FFICER THE CCO TAKES APPROPRIATE ACTION TO COMPLETELY RESOLVE ALL IDENTIFIED CONFLICTS AN D INCIDENCES OF NON-COMPLIANCE FORM 990, PART VI, SECTION B, LINES 15A &amp; 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-APPR OVED EXECUTIVE COMPENSATION PHILOSOPHY THE COMPENSATION COMMITTEE CONSISTS OF FIVE TRUSTE ES AS WELL AS THE CEO IN AN ADVISORY ROLE AND NOT A VOTING MEMBER FURTHER IN COMMITTEE DI SCUSSIONS 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 OTHE R OFFICERS THE EXECUTIVE COMPENSATION PHILOSOPHY EMPOWERS THE COMMITTEE TO OVERSEE THE EX ECUTIVE COMPENSATION PROCESS A</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART I,<br>LINES 7A &<br>7B | <p>ND 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 AFFILIATES 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 &amp; FORM 990, SCHEDULE J COMPENSATION. ALL COMPENSATION AMOUNTS REPORTED ON FORM 990, PART VII, PART IX, LINES 5-7, AND SCHEDULE J REPRESENT COMPENSATION PROVIDED TO INDIVIDUALS THAT PROVIDE SERVICES TO THE ORGANIZATION. LIKEWISE, THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF INDIVIDUALS PROVIDING SERVICES TO THE ORGANIZATION. ALL FEDERAL EMPLOYMENT TAX RESPONSIBILITIES FOR THESE INDIVIDUALS (INCLUDING FEDERAL EMPLOYMENT TAX REPORTING RESPONSIBILITIES) ARE HANDLED BY WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649 541).</p> |

|                                                                                                                                                           |                                                                                                  |                 |  |                                              |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------|--|----------------------------------------------|---------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                      |                                                                                                  | As Filed Data - |  | DLN: 93493135115708                          |                           |
| SCHEDULE R<br>(Form 990)                                                                                                                                  | Related Organizations and Unrelated Partnerships                                                 |                 |  |                                              | OMB No 1545-0047          |
|                                                                                                                                                           |                                                                                                  |                 |  |                                              | 2016                      |
|                                                                                                                                                           | ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. |                 |  |                                              | Open to Public Inspection |
| ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |                                                                                                  |                 |  |                                              |                           |
| Department of the Treasury<br>Internal Revenue Service                                                                                                    |                                                                                                  |                 |  |                                              |                           |
| Name of the organization<br>WELLSTAR FOUNDATION INC                                                                                                       |                                                                                                  |                 |  | Employer identification number<br>58-1627413 |                           |

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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. |                         |                                                  |                            |                                                     |                                  |                                              |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| See Additional Data Table                                                                                                                                                                                             |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

| (a)<br>Name, address, and EIN of<br>related organization                                               | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                        |                         |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| <b>(1)</b> Cobb SOUTH PARKING DECK<br>793 SAWYER ROAD<br>Marietta, GA 300622222<br>75-2999669          | Parking                 | GA                                                              | NA                                     | N/A                                                                                                        |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| <b>(2)</b> KENNESTONE EAST PARKING DECK LLC<br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>20-0537100 | PARKING                 | GA                                                              | NA                                     | N/A                                                                                                        |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| <b>(3)</b> GRIFFIN IMAGING LLC<br>793 SAWYER ROAD<br>MARIETTA, GA 300622222                            | IMAGING<br>CENTER       | GA                                                              | NA                                     | N/A                                                                                                        |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| <b>(4)</b> TENET EMSSPALDING 911 LLC<br>793 SAWYER ROAD<br>MARIETTA, GA 300622222                      | OFF BLDG/EMS<br>CTR     | GA                                                              | NA                                     | N/A                                                                                                        |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| <b>(5)</b> NORTH FULTON PARKING DECK LP<br>793 SAWYER ROAD<br>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)<br>Name, address, and EIN of<br>related organization                                                 | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
| <b>(1)</b> Community Assurance Co<br>3rd Fl Barclays Hse Shedden Rd<br>George Town<br>CJ 58-1649541      | Insurance               | CJ                                                        | WHS INC                             | C CORP                                                 |                                 |                                           |                                |                                                     |    |
| <b>(2)</b> WEST GEORGIA HEALTH PHYSICIANS INC<br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>27-5125341 | PHYSICIAN PRAC          | GA                                                        | WGHS 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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

Yes

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

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

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

[illegible]

**Part VII** **Supplemental Information**

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

Additional Data

Software ID:  
Software Version:  
EIN: 58-1627413  
Name: WELLSTAR FOUNDATION INC

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

| (a)<br>Name, address, and EIN of related organization               | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                     |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| (1)<br><br>793 SAWYER ROAD<br>Marietta, GA 300622222<br>58-1649540  | Foundation              | GA                                               | 501(C)(3)                  | 12 II                                               | WHS INC                          | Yes                                           |    |
| (1)<br><br>793 SAWYER ROAD<br>Marietta, GA 300622222<br>58-0968382  | Healthcare              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (2)<br><br>793 SAWYER ROAD<br>Marietta, GA 300622222<br>58-2026750  | Healthcare              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (3)<br><br>793 SAWYER ROAD<br>Marietta, GA 300622222<br>58-2032904  | Healthcare              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (4)<br><br>793 SAWYER ROAD<br>Marietta, GA 300622222<br>58-2095884  | Healthcare              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (5)<br><br>793 SAWYER ROAD<br>Marietta, GA 300622222<br>58-1649541  | Healthcare              | GA                                               | 501(C)(3)                  | 12 II                                               | NA                               |                                               | No |
| (6)<br><br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>81-0837031  | HEALTHCARE              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (7)<br><br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>81-0851756  | HEALTHCARE              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (8)<br><br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>81-0864789  | HEALTHCARE              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (9)<br><br>793 SAYWER ROAD<br>MARIETTA, GA 300622222<br>81-0875069  | HEALTHCARE              | GA                                               | 501(C)(3)                  | 3                                                   | WHS INC                          | Yes                                           |    |
| (10)<br><br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>20-5497622 | HEALTHCARE              | GA                                               | 501(C)(3)                  | 12 II                                               | WHS INC                          | Yes                                           |    |
| (11)<br><br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>20-5497506 | HEALTHCARE              | GA                                               | 501(C)(3)                  | 3                                                   | WGHS INC                         | Yes                                           |    |
| (12)<br><br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>58-2575049 | HEALTHCARE              | GA                                               | 501(C)(3)                  | 10                                                  | WGHS INC                         | Yes                                           |    |
| (13)<br><br>793 SAWYER ROAD<br>MARIETTA, GA 300622222<br>20-0936376 | FOUNDATION              | GA                                               | 501(C)(3)                  | 12 II                                               | WGHS INC                         | Yes                                           |    |
| (14)<br><br>1514 VERNON ROAD<br>LAGRANGE, GA 30240<br>58-1303478    | FOUNDATION              | GA                                               | 501(C)(3)                  | 7                                                   | WGHS INC                         | Yes                                           |    |