

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
WEST GEORGIA MEDICAL CENTER INC
% JAMES M SWARTZ
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
793 SAWYER ROAD
City or town, state or province, country, and ZIP or foreign postal code
Marietta, GA 300622222

D Employer identification number
20-5497506

E Telephone number
(770) 956-7827

G Gross receipts \$ 213,848,437

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: 2006

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1,692
6 Total number of volunteers (estimate if necessary)	6	113
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,258
b Net unrelated business taxable income from Form 990-T, line 34	7b	2,978

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	150,224	146,872
9 Program service revenue (Part VIII, line 2g)	180,740,731	213,261,144
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,303,368	2,258,220
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,744,359	-2,305,821
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,938,682	213,360,415
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	208,423	189,375
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	86,332,261	115,523,320
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 915,258		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	78,042,591	67,032,686
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	164,583,275	182,745,381
19 Revenue less expenses. Subtract line 18 from line 12	22,355,407	30,615,034
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	194,498,260	193,712,432
21 Total liabilities (Part X, line 26)	194,654,546	201,538,926
22 Net assets or fund balances. Subtract line 21 from line 20	-156,286	-7,826,494

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-05-08
JAMES M SWARTZ VP ACCOUNTING
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P01235586
Firm's name: PricewaterhouseCoopers LLP Firm's EIN: _____
Firm's address: 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103 Phone no. (267) 330-3000

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.

4a (Code:) (Expenses \$ 163,323,481 including grants of \$ 189,375) (Revenue \$ 213,261,144)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 163,323,481

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	56
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (20), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: GA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JAMES M SWARTZ 793 SAWYER ROAD Marietta, GA 300622222 (770) 956-7827

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	140,940		
	e Government grants (contributions)	1e	0		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,932		
	g Noncash contributions included in lines 1a - 1f: \$ _____ 940				
	h Total. Add lines 1a-1f		146,872		

Program Service Revenue			Business Code				
	2a PATIENT REVENUE		621400	213,258,270	213,258,270		
b MEDICAL RECORDS		621900	2,563	2,563			
c LAB TESTS		621400	-238	-238			
d PATIENT EDUCATION		621990	549	549			
e _____							
f All other program service revenue.							
g Total. Add lines 2a-2f			213,261,144				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,826,885			2,826,885
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		237,043					
	b Less: rental expenses	49,216					
	c Rental income or (loss)	187,827	0				
	d Net rental income or (loss)			187,827			187,827
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			-568,665				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)		-568,665				
	d Net gain or (loss)			-568,665			-568,665
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0			
	b Less: direct expenses	b		0			
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19	a		0				
b Less: direct expenses	b		0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		660,303				
b Less: cost of goods sold	b		438,806				
c Net income or (loss) from sales of inventory			221,497		7,258	214,239	
Miscellaneous Revenue	Business Code						
11a CAFETERIA REVENUE	900099		883,709			883,709	
b BEAUTY SALON REVENUE	900099		35,996			35,996	
c OTHER REVENUE	900099		-3,634,850			-3,634,850	
d All other revenue							
e Total. Add lines 11a-11d			-2,715,145				
12 Total revenue. See Instructions.			213,360,415	213,261,144	7,258	-54,859	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	189,375	189,375		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,980,369	2,384,295	596,074	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	84,810,875	72,178,776	12,340,272	291,827
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,823,544	4,823,544		
9 Other employee benefits	17,652,296	14,776,011	2,861,836	14,449
10 Payroll taxes	5,256,236	5,256,236		
11 Fees for services (non-employees):				
a Management	2,239,103	2,239,085		18
b Legal	95,579	95,579		
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,278,612	12,330,417	6,892,341	55,854
12 Advertising and promotion	181,175	181,175		
13 Office expenses	589,434	589,434		
14 Information technology	0			
15 Royalties	0			
16 Occupancy	2,374,231	2,371,676	430	2,125
17 Travel	602,107	254,623	347,484	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	2,431,079	2,397,854	33,225	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	12,393,327	8,826,484	3,566,843	
23 Insurance	1,536,062	1,536,062		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	27,494,660	27,467,960	26,700	
b NON-MEDICAL SUPPLIES	3,672,832	3,023,080	649,752	
c REPAIRS AND MAINTENANCE	2,383,577	2,383,577		
d OTHER EXPENSES	-8,239,092	18,238	-8,808,315	550,985
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	182,745,381	163,323,481	18,506,642	915,258
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	15,675,233	1	3,755,649
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	21,975,473	4	32,251,366
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	3,756,874	8	3,776,536
	9 Prepaid expenses and deferred charges	660,193	9	689,694
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	97,611,086		
	b Less: accumulated depreciation	32,596,129		
	11 Investments—publicly traded securities	79,908,853	11	84,660,743
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	5,452,999	15	3,563,487
16 Total assets. Add lines 1 through 15 (must equal line 34)	194,498,260	16	193,712,432	
Liabilities	17 Accounts payable and accrued expenses	11,917,189	17	13,251,421
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	87,835	21	92,508
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	182,649,522	25	188,194,997
	26 Total liabilities. Add lines 17 through 25	194,654,546	26	201,538,926
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-5,646,652	27	-13,005,567
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	5,490,366	29	5,179,073
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-156,286	33	-7,826,494
	34 Total liabilities and net assets/fund balances	194,498,260	34	193,712,432

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	213,360,415
2	Total expenses (must equal Part IX, column (A), line 25)	2	182,745,381
3	Revenue less expenses. Subtract line 2 from line 1	3	30,615,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-156,286
5	Net unrealized gains (losses) on investments	5	2,508,095
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-40,793,337
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-7,826,494

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 20-5497506

Name: WEST GEORGIA MEDICAL CENTER INC

Form 990 (2018)

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMBICA YADAV TRUSTEE	1.0 13.0	X						0	5,919	0
AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF.	1.0 49.0	X		X				0	452,510	29,270
CHARLES J JONES TRUSTEE	1.0 13.0	X						0	9,318	0
DAVID H HAFNER MD TRUSTEE	1.0 13.0	X						0	56,388	0
EDWARD RICHARDSON TRUSTEE (BEG. 4/19)	1.0 13.0	X						0	0	0
FRANK ROS TRUSTEE	1.0 13.0	X						0	6,421	0
GARY A MILLER TRUSTEE	1.0 13.0	X						0	3,568	0
GREG MORGAN TRUSTEE	1.0 13.0	X						0	3,070	0
H SPEER BURDETTE III TRUSTEE	1.0 13.0	X						0	4,610	0
JAMES HOLMES TRUSTEE (BEG. 4/19)	1.0 13.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	1.0 51.0	X						0	353,602	71,950
MICHAEL B PATTON TRUSTEE	1.0 13.0	X						0	3,737	0
MITZI MOORE TRUSTEE	1.0 13.0	X						0	10,871	0
O SCOTT SWAYZE MD TRUSTEE	1.0 13.0	X						0	5,895	0
OTIS A BRUMBY III TRUSTEE	1.0 13.0	X						0	49,185	0
PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	1.0 49.0	X						0	796,091	40,795
R RANDALL BENTLEY SR ESQ TRUSTEE	1.0 13.0	X						0	44,408	0
ROBERT N CROSS MD TRUSTEE	1.0 13.0	X						0	11,001	0
T FITZ JOHNSON TRUSTEE	1.0 13.0	X						0	43,397	0
W CHARLES BROCK TRUSTEE	1.0 13.0	X						0	43,391	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER G ROBINSON TRUSTEE (END. 12/18)	1.0 13.0	X						0	8,139	0
ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG	1.0 51.0			X				0	665,560	83,346
ANDREW S ALBERRY VP INFO TECHNOLOGY OPERATIONS	1.0 49.0			X				0	258,768	24,039
ANDREW LEE VP CHIEF DIVERSITY OFFICER	1.0 49.0			X				0	341,507	34,030
ANDREW W COX VP CHIEF OF STAFF (BEG. 10/18)	1.0 49.0			X				0	203,435	34,918
ANTHONY J BUDZINSKI EVP & CFO	1.0 51.0			X				0	939,452	78,785
ANTHONY M TRUPIANO SVP SUPPLY CHAIN (END. 1/19)	1.0 49.0			X				0	936,846	48,232
AVIRAL SINGH VP BRAND&MRKT STR.(BEG.3/19)	1.0 49.0			X				0	0	0
BARBARA B COREY SVP MANAGED CARE	1.0 49.0			X				0	463,766	50,609
BETH KOST SVP, CHIEF COMPLIANCE OFFICER	1.0 49.0			X				0	470,653	51,220

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRADFORD B NEWTON VP INFO. TECHNOLOGY ADMIN.	1.0 49.0			X				0	349,560	50,622
CANDICE L SAUNDERS PRESIDENT & CEO	1.0 51.0			X				0	2,426,944	79,353
CAROL M TODD VP ASST GENERAL COUNSEL	50.0 0.0			X				227,622	0	37,749
CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION	1.0 49.0			X				0	951,290	66,912
CHARIS L ACREE VICE PRESIDENT & COO	50.0 0.0			X				357,789	0	56,062
DANIEL ABAD VP TOTAL REWARDS (BEG. 3/19)	1.0 49.0			X				0	0	0
DAVID JONES EVP HR&ORG. LEARN.(BEG.1/19)	1.0 49.0			X				0	0	0
DAVID W ANDERSON EVP/HR/OL/CCO	1.0 49.0			X				0	865,929	77,106
DAVID W PRESTON SVP BRAND EXP&COMM(BEG.10/18)	1.0 49.0			X				0	139,442	9,989
DOUGLAS ARVIN CPA MBA SVP FINANCE	1.0 49.0			X				0	459,531	39,837

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING	1.0 49.0			X				0	321,014	50,055
ELIZABETH H PAPETTI VP OPS. HOSPITAL DIVISION	1.0 49.0			X				0	260,522	36,956
ELLEN WRIGHT VP HIM CDI & POLICIES	1.0 49.0			X				0	225,933	40,773
FREDA LYON VP SYSTEM EMERGENCY SERVICES	1.0 49.0			X				0	267,000	55,948
GERALD N FULKS SVP HOSPITAL PRES. (END. 1/19)	48.0 2.0			X				657,700	0	51,132
IVY SPENCER VP CNO	1.0 49.0			X				0	199,226	39,496
JAMES M SWARTZ VP ACCOUNTING	1.0 49.0			X				0	302,471	46,262
JASON D STEVENS VP DEPUTY GENERAL COUNSEL	1.0 49.0			X				0	353,892	57,948
JASON L KELSEY VP REHAB&SPORTS MED(BEG.11/18)	1.0 49.0			X				0	177,401	48,079
JENNIFER J GIUSTI VP CLINICAL OUTCOMES	1.0 49.0			X				0	386,608	40,047

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JILL M CASE-WIRTH SVP NURSING SERVICES	1.0 49.0			X				0	474,604	60,462
JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	1.0 49.0			X				0	1,161,536	83,576
JONATHAN D MAURER VP INFO SEC. & CISO(BEG. 8/18)	1.0 49.0			X				0	177,852	18,662
JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	1.0 49.0			X				0	471,838	73,413
JUDITH WHITE VP LAB. SRVS. SYST.(BEG. 4/19)	1.0 49.0			X				0	0	0
KEITH BOWERMASTER VP COMMUNICATIONS (END. 12/18)	1.0 49.0			X				0	288,335	58,347
KEM M MULLINS EVP AMBULATORY & BUS. DEV.	1.0 49.0			X				0	713,886	56,723
KEVIN C SCHAEFFER MD VP ONCOLOGY	1.0 49.0			X				0	284,484	46,728
KIMBERLY TAACA VP OPS SPECIALTY DIVISION	1.0 49.0			X				0	239,588	46,291
KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	1.0 49.0			X				0	232,256	42,682

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEANNE COOK VP CONSUMER ENG. (BEG. 3/19)	1.0 49.0			X				0	0	0
LEO E REICHERT EVP & GENERAL COUNSEL	1.0 49.0			X				0	811,932	66,669
LIZA FRITCHLEY VP SENIOR CARE SERVICES	50.0 0.0			X				208,423	0	49,994
MARCUS P CHARLSON MD VP SURGERY	1.0 49.0			X				0	208,957	37,257
MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	1.0 49.0			X				0	325,273	54,487
MAXWELL S KAGAN VP FINANCE & CFO	1.0 49.0			X				0	296,639	39,858
MICHAEL T MCCULLOUGH SVP SUPPLY CHAIN (BEG. 12/18)	1.0 49.0			X				0	66,227	0
PAUL D MURPHREE VP MEDICAL OUTCOMES	1.0 49.0			X				0	439,670	76,901
PAUL R PERROTTI SVP & CFO	16.0 34.0			X				389,610	0	73,259
REBECCA L RUHL VP FACILITY COMPLIANCE OPS	1.0 49.0			X				0	203,610	29,995

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SOPHIA MARSHALL VP ORG. COMM. (BEG. 3/19)	1.0 49.0			X				0	0	0
STEPHEN L BADGER VP STRATEGIC SERVICES	1.0 49.0			X				0	619,283	82,985
STEVEN HUNT VP HUMAN RESOURCES (BEG. 2/19)	1.0 49.0			X				0	0	0
STEPHEN VAULT VP BUSINESS DEVELOPMENT	1.0 49.0			X				0	236,081	25,314
TIMOTHY HANEY SVP R. E. FAC. & DVLP. SVCS.	1.0 49.0			X				0	461,540	55,544
TOMMY BRITT VP HUMAN RESOURCES	50.0 0.0			X				210,117	0	28,590
TRACY C GYNTHNER VICE PRESIDENT, CNO	50.0 0.0			X				206,581	0	38,353
VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG	1.0 49.0			X				0	590,611	57,469
VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS	1.0 49.0			X				0	245,526	52,474
YVETTE BREWER MD VP PRIMARY CARE & BEHAV HEALTH	1.0 49.0			X				0	246,810	54,536

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALFRED MCNAIR PHARMACY MANAGER	50.0 0.0					X		161,187	0	18,219
DON DAVIS PHARMACY DIRECTOR	50.0 0.0					X		184,220	0	1,841
JANICE PAGE CLINICAL PHARMACIST	50.0 0.0					X		162,731	0	32,882
JEREAN GRAU PHARMACIST UNIT BASED	50.0 0.0					X		160,744	0	8,114
MARY A SPARROW PHARMACIST UNIT BASED	50.0 0.0					X		156,660	0	33,415
STEVEN OWEIDA MD FORMER TRUSTEE	0.0 0.0						X	0	50,171	0
TE RUSTY DURHAM FORMER TRUSTEE	0.0 0.0						X	0	15,116	0
BETHANY ROBERTSON FORMER VP/CHIEF LEARNING OFF.	0.0 0.0						X	0	341,999	15,481
ELLEN LANGFORD FORMER SVP WMG AMB. TRANS.	0.0 0.0						X	0	637,673	57,967
KIMBERLY W MENELEE FORMER SVP STRATEGIC COMM. DEV	0.0 0.0						X	0	840,489	20,595

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE ROBINSON FORMER VP MARKETING	0.0 0.0						X	0	396,371	14,122
PETER R JUNGBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR	0.0 50.0						X	0	398,300	79,163
ROBIN G BOEHRINGER FORMER VP TOTAL REWARDS	0.0 0.0						X	0	241,338	11,453

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WEST GEORGIA MEDICAL CENTER INC

Employer identification number
20-5497506

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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 _____
 - 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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 (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c Add lines 7a and 7b. . .						
8 Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c Add lines 10a and 10b. . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 20-5497506

Name: WEST GEORGIA MEDICAL CENTER INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
WEST GEORGIA MEDICAL CENTER INC

Employer identification number
20-5497506

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | 87,835 |
| d Additions during the year | 88,715 |
| e Distributions during the year | 84,042 |
| f Ending balance | 92,508 |
- 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	5,490,366	6,939,491	6,939,491	7,109,298	7,332,518
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	311,292	1,449,125	0	169,807	223,220
f Administrative expenses					
g End of year balance	5,179,074	5,490,366	6,939,491	6,939,491	7,109,298

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		1,720,000		1,720,000
b Buildings		50,273,084	8,859,957	41,413,127
c Leasehold improvements		4,586,940	1,583,058	3,003,882
d Equipment		33,912,267	21,397,673	12,514,594
e Other		7,118,795	755,441	6,363,354
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				65,014,957

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
TAX EXEMPT BOND LIAB. DUE TO WHS	120,602,337
ACCRUED PENSION LIABILITY	65,099,226
SELF-INSURANCE RESERVES	2,496,173
OTHER LONG TERM LIABILITIES	-2,739
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 188,194,997

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 20-5497506

Name: WEST GEORGIA MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	DESCRIPTION OF ORGANIZATION'S COLLECTIONS: WEST GEORGIA MEDICAL CENTER ("WGMC") HOLDS ART COLLECTIONS AND EXHIBITS THEM IN PUBLIC AREAS OF THE FACILITIES. THE EXHIBITS FURTHER WGMC 'S EXEMPT PURPOSE BY ENHANCING THE HEALTH CARE EXPERIENCES FOR PATIENTS, PATIENT FAMILIES, AND VISITORS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 1B	CUSTODIAL ACCOUNT ARRANGEMENT: WEST GEORGIA MEDICAL CENTER SERVED IN A CUSTODIAL ROLE FOR FUNDS HELD FOR ITS NURSING HOME RESIDENTS. SCHEDULE D, PART V, LINE 4 USE OF ORGANIZATION'S ENDOWMENT FUNDS: PERMANENT ENDOWMENT FUNDS ARE TO BE USED FOR PROPERTY AND IMPROVEMENTS FOR HOSPITAL PURPOSES.

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): "WELLSTAR AND ITS AFFILIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), AND THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. WELLSTAR APPLIES FASB ASC 740, INCOME TAXES, WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS. IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS NO IMPACT ON WELLSTAR'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF THE APPLICATION OF ASC 740."</p>

**SCHEDULE H
(Form 990)**

Department of the
Treasury
Internal Revenue Service
Name of the organization
WEST GEORGIA MEDICAL CENTER INC

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
20-5497506

OMB No. 1545-0047
2018
**Open to Public
Inspection**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125 %</u>	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,137,420		18,137,420	9.900 %
b Medicaid (from Worksheet 3, column a)			29,267,334	22,996,181	6,271,153	3.420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			47,404,754	22,996,181	24,408,573	13.320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			267,703		267,703	0.150 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			267,703		267,703	0.150 %
k Total. Add lines 7d and 7j			47,672,457	22,996,181	24,676,276	13.470 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,971,340
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	74,655,529
6	Enter Medicare allowable costs of care relating to payments on line 5	6	85,300,540
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,645,011
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WEST GEORGIA MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

WEST GEORGIA MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
	a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	e <input checked="" type="checkbox"/> Other (describe in Section C)			
	f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why:			
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	b <input type="checkbox"/> The hospital facility's policy was not in writing			
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

WEST GEORGIA MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
1 HOSPICE LAGRANGE 1510 VERNON ROAD LAGRANGE, GA 30240	HOSPICE
2 FLORENCE HAND HOME 200 MEDICAL DRIVE LAGRANGE, GA 30240	LONG TERM CARE
3 TWIN FOUNTAINS HOME 1400 HOGANSVILLE ROAD LAGRANGE, GA 30240	LONG TERM CARE
4 WEST GEORGIA WOUND CARE 1600 VERNON RD SUITE G LAGRANGE, GA 30240	WOUND CARE
5 WOMEN'S HEALTH CENTER 1420 VERNON ROAD LAGRANGE, GA 30240	WOMEN'S CENTER
6 WEST GEORGIA HOME CARE 120 GLEN BASE ROAD LAGRANGE, GA 30240	HOME HEALTH; SKILLED NURSING
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	PUBLICATION OF COMMUNITY BENEFIT REPORT: WEST GEORGIA MEDICAL CENTER, INC. IS AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC. WHICH ON AN ANNUAL BASIS ISSUES A COMMUNITY BENEFIT REPORT. THIS REPORT IS SUBSEQUENTLY DISTRIBUTED IN AND AROUND THE FIVE-COUNTY PRIMARY SERVICE AREA OF THE HEALTH SYSTEM. ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL. THE COMMUNITY BENEFIT REPORT CAN BE FOUND AT THE FOLLOWING LINK: HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/DOCUMENTS/WELLSTAR-COMMUNITY- BENEFITS-REPORT.PDF SCHEDULE H, PART I, LINE 7 COST TO CHARGE RATIO: FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND AFFILIATES (INCLUDING WEST GEORGIA MEDICAL CENTER, INC.) HAVE ESTIMATED THE CURRENT YEAR COST TO CHARGE RATIO FOR EACH HOSPITAL AS IT IS REPORTED IN THE ANNUAL COMMUNITY BENEFIT REPORT AND AS IT WILL BE REPORTED IN THE STATE'S ANNUAL HOSPITAL FINANCIAL SURVEY.
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT: THE REPORTED BAD DEBT CHARGES IS DERIVED FROM THE UNPAID BALANCES OF PATIENT ACCOUNTS THAT ARE DEEMED UNCOLLECTIBLE AFTER 120 DAYS OF COLLECTION EFFORT BY THE HOSPITAL'S PATIENT FINANCIAL SERVICES STAFF. THE UNPAID PATIENT ACCOUNTS ARE THEN SENT TO COLLECTION AGENCIES AND ANY COLLECTED AMOUNT IS DEEMED AS BAD DEBT RECOVERY. THE SOURCE OF THIS DATA IS THE HOSPITAL'S DETAILED FINANCIAL TRIAL BALANCE. THE NET REPORTED BAD DEBT CHARGES ARE THEN MULTIPLIED BY THE HOSPITAL FINANCIAL SURVEY CALCULATED COST TO CHARGE RATIO TO ARRIVE AT THE ESTIMATED BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	MEDICARE SHORTFALLS: WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. IS A PROVIDER OF INPATIENT AND OUTPATIENT SERVICES TO MEDICARE PROGRAM BENEFICIARIES AT DETERMINED RATES. WITHOUT THE PARTICIPATION IN THE MEDICARE PROGRAM THESE PATIENTS MAY NOT HAVE HAD CONVENIENT ACCESS TO THOSE SERVICES. THE MEDICARE SHORTFALL ON SCHEDULE H, PART III, SECTION B, LINE 7 REPRESENTS THE UNCOMPENSATED DIFFERENCE BETWEEN THE EXPECTED REIMBURSEMENT AND THE MEDICARE CHARGES FOR THOSE SERVICES STATED AT COST. WE DETERMINE A COST TO CHARGE RATIO FOR MEDICARE PATIENTS AS PART OF THE ANNUAL FILING OF THE MEDICARE COST REPORT.
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION PRACTICES: THE POLICY WRITTEN FOR COLLECTION PRACTICES THAT APPLIES TO ALL WELLSTAR HEALTH SYSTEM ENTITIES INCORPORATES GUIDELINES FOR PERSONNEL IN THE ADMISSIONS AND PATIENT ACCESS AREAS TO BE TRAINED IN IDENTIFYING PATIENTS THAT MIGHT QUALIFY FOR FINANCIAL ASSISTANCE. IT IS ALSO THE POLICY OF ALL WELLSTAR FACILITIES TO HAVE AT LEAST ONE EMPLOYEE OR CONTRACTOR AVAILABLE AT ALL TIMES, ESPECIALLY IN THE HOSPITALS WITH EMERGENCY ROOMS, WHO CAN PROVIDE ASSISTANCE WITH THE PAPERWORK NECESSARY TO HELP PATIENTS WHO WOULD QUALIFY FOR GOVERNMENTAL AND OTHER ASSISTANCE PROGRAMS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES: SECONDARY PUBLIC HEALTH DATA ON DISEASE INCIDENCE AND MORTALITY, AS WELL BEHAVIORAL HEALTH RISK FACTORS, WERE GATHERED FROM NUMEROUS SOURCES, INCLUDING: -GEORGIA DEPARTMENT OF HEALTH -HEALTHY COMMUNITIES INSTITUTE -CENTERS FOR DISEASE CONTROL AND PREVENTION -HEALTHY PEOPLE 2020 -COUNTY HEALTH RANKINGS -GEORGIA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), PUBLIC HEALTH DISTRICT 4 -NIELSON/CLARITAS DEMOGRAPHIC DATABASE DATA WAS COLLECTED FROM NATIONAL, LOCAL AND REGIONAL SOURCES, AS AVAILABLE. MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AVAILABLE AT THE COUNTY LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE COMPREHENSIVE UNDERSTANDING OF COMMUNITY NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE TWO HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA USED IN THIS ASSESSMENT INCLUDED A FOCUS GROUP WITH RESIDENTS, ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS, LISTENING SESSIONS WITH THE HOSPITALS REGIONAL HEALTH BOARDS, AND A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS. AN IN-DEPTH DESCRIPTION OF THE PARTICIPANTS, METHODS USED AND COLLECTION PERIOD FOR EACH QUALITATIVE PROCESS IS IN THE PRIMARY DATA. QUALITATIVE DATA INCLUDED: 1. FOCUS GROUPS WITH RESIDENTS GHPC RECRUITED AND CONDUCTED FOUR FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR WEST GEORGIA MEDICAL CENTER. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS WHO HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITIES IN THE SERVICE AREA, SPECIFICALLY COMMUNITIES THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED NINE PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITIES, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUP WAS CONDUCTED BY GHPC IN OCTOBER 2018: - WELLSTAR WEST GEORGIA MEDICAL CENTER SERVICE AREA RESIDENTS LAGRANGE, GA (SEPTEMBER 26, 2018) 2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS KEY INFORMANT SUMMARY (AUGUST 2018 JANUARY 2019) GHPC CONDUCTED INTERVIEWS WITH COMMUNITY LEADERS. LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS, INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA. THERE WAS A DIVERSE REPRESENTATION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE NINE STAKEHOLDERS INTERVIEWED, INCLUDING: - TROUP CARES, TROUP COUNTY SCHOOLS, GEORGIA DEPARTMENT OF PUBLIC HEALTH DISTRICT 4, CONIFER HEALTH SERVICES WEST GEORGIA, TROUP FAMILY CONNECTION AUTHORITY, LAGRANGE POLICE DEPARTMENT, UNITED WAY OF WEST GEORGIA, TWIN CEDARS YOUTH AND FAMILY SERVICES INC., CIRCLES OF TROUP COUNTY 3. A LISTENING SESSION WITH THE WEST GEORGIA REGIONAL HEALTH BOARD. WELLSTAR WEST GEORGIA MEDICAL CENTER HEALTH SUMMIT WAS HELD ON DECEMBER 4, 2018, AT THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE IN LAGRANGE, GA. THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS. THE 16 ATTENDEES INCLUDED EMPLOYEES OF WELLSTAR HEALTH SYSTEM AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN COMMUNITIES INCLUDED IN THE PRIMARY SERVICE AREA OF WELLSTAR WEST GEORGIA MEDICAL CENTER. THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: BUILD THE CROWD, CIRCLES OF TROUP COUNTY, CITY OF HOGANSVILLE, EMORY HEALTHCARE, GEORGIA DEPARTMENT OF LABOR, LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE MACKEY-WILSON-JENNINGS FUNERAL HOME INC., TROUP CARES, TWIN CEDARS YOUTH AND FAMILY SERVICES, UNITED WAY OF WEST GEORGIA, WELLSTAR WEST GEORGIA MEDICAL CENTER</p>
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: WEST GEORGIA MEDICAL CENTER, INC. PROVIDES NOTICE OF THE AVAILABILITY OF COMMUNITY FINANCIAL ASSISTANCE THROUGH THE FINANCIAL ASSISTANCE POLICY (FAP) VIA: -SIGNAGE -PATIENT BROCHURE -BILLING STATEMENT -COLLECTION ACTION LETTER -ONLINE AT: HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX WEST GEORGIA MEDICAL CENTER, INC. PROVIDES ITS PATIENTS WITH HOSPITAL PERSONNEL OR CONTRACTED PERSONNEL WHO ARE TRAINED IN ALL ASPECTS OF GOVERNMENTAL PROGRAMS, PAYMENTS PLANS, CHARITY DISCOUNTS, AND OTHER FINANCIAL ASSISTANCE OFFERED TO ASSIST THEM IN THEIR HOSPITAL BILLS. IF THE PATIENT IS ELIGIBLE FOR FEDERAL OR STATE ASSISTANCE PROGRAMS, A STAFF MEMBER IS KNOWLEDGEABLE IN THE STEPS NECESSARY TO QUALIFY THOSE INDIVIDUALS. IF A PATIENT IS INDIGENT OR CHARITY ELIGIBLE THEY WILL BE OFFERED ASSISTANCE THROUGH THE HOSPITAL'S CHARITY AND INDIGENT CARE POLICY INCLUDING THE STATE'S INDIGENT CARE TRUST FUND. IF THE PATIENT HAS NO OTHER INSURANCE AND FAILS TO QUALIFY FOR INDIGENT CARE ASSISTANCE, THE FINANCIAL COUNSELOR CAN THEN OFFER THE PATIENT AN OPPORTUNITY TO ACCEPT A PAYMENT PLAN WITH DISCOUNTED PAYMENT OPTIONS BASED ON THEIR ABILITY TO PAY IMMEDIATELY OR OVER TIME. ALL PATIENTS ARE AFFORDED THESE OPPORTUNITIES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>COMMUNITY INFORMATION: WELLSTAR WEST GEORGIA MEDICAL CENTER IS LOCATED IN LAGRANGE, GEORGIA, APPROXIMATELY 70 MILES SOUTHWEST OF ATLANTA. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITAL IS DEFINED AS THE FOUR ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED PATIENTS ORIGINATED DURING THE PREVIOUS YEAR. THE BULK OF PATIENTS ARE FROM COWETA, MERIWETHER, HARRIS AND TROUP COUNTIES. THIS GEOGRAPHIC REGION IS DEFINED AS THE SERVICE AREA THROUGHOUT THE REMAINDER OF THIS REPORT. Troup COUNTY ZIP CODES: 30230, 30240, 30241, 31833 TOTAL POPULATION: 72,716 ADDITIONAL COUNTIES WERE ADDED BY WELLSTAR COMMUNITY HEALTH COLLABORATIVE MEMBERS TO PROVIDE A MORE COMPREHENSIVE UNDERSTANDING OF THE GEOGRAPHICAL REGION SURROUNDING THE PRIMARY SERVICE AREA. This CHNA considers the population of residents living in the four residential zip code areas regardless of the use of services provided by WellStar or any other provider. More specifically, this assessment focuses on residents in the service area that are medically under-resourced or at risk of poor health outcomes. The population in Georgia is one of the fastest growing in the nation. When compared to Georgia, the community served by WellStar West Georgia Medical Center is slightly older, less diverse and lower-income earning. Among the counties in the service area, Coweta and Meriwether counties are higher-income earning, while Meriwether and Troup counties are more diverse. TOTAL POPULATION COWETA 143,548 HARRIS 34,658 MERIWETHER 18,590 TROUP 72,716 MEDIAN HOUSEHOLD INCOME COWETA \$65,244 HARRIS \$34,989 MERIWETHER \$65,336 TROUP \$52,124 MEDIAN AGE COWETA 37.9 HARRIS 42.3 MERIWETHER 42.8 TROUP N/A RACIAL/ETHNIC DISTRIBUTION COWETA Black 17.90% Asian & Pacific Islander 2.00% HISPANIC 6.70% White 71.20% HARRIS Black 16.90% Asian & Pacific Islander 1.20% HISPANIC 3.70% White 75.90% MERIWETHER Black 39.00% Asian & Pacific Islander 0.70% HISPANIC 2.70% White 55.80% TROUP Black 36.40% Asian & Pacific Islander 1.90% HISPANIC 4% White 55.70% Limited English COWETA 3.50% HARRIS 0.30% MERIWETHER 0.80% TROUP ND</p>
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>PROMOTION OF COMMUNITY HEALTH: AS STATED IN THE WELLSTAR HEALTH SYSTEM, INC. AND AFFILIATES AUDITED FINANCIAL STATEMENTS FOR THE PERIOD ENDED 6/30/2019 WEST GEORGIA MEDICAL CENTER, INC. (AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC.) OPERATES AS A CHARITABLE ORGANIZATION CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS RULING 69-545. IN THIS REGARD, THE GOVERNING BODY OF THE ORGANIZATION AND/OR ITS PARENT IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY, MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITY; WGMC OPERATES A FULL-TIME EMERGENCY ROOM OPEN TO ALL REGARDLESS OF ABILITY TO PAY; WGMC PROVIDES CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH ITS CHARITY CARE POLICY. THE HOSPITAL'S EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT OF PATIENT CARE, COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, PREVENTIVE SCREENINGS AND HEALTH FAIRS, RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE. WEST GEORGIA MEDICAL CENTER, INC. COMMITTED APPROXIMATELY \$7.1 MILLION IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET TECHNOLOGY AND PROGRAM NEEDS OF THE COMMUNITY IT SERVES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM: WELLSTAR HEALTH SYSTEM, THE LARGEST HEALTH SYSTEM IN GEORGIA, IS KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR CONSISTS OF WELLSTAR MEDICAL GROUP, 240 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS 11 INPATIENT HOSPITALS: WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA MEDICAL CENTER SOUTH, WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER (ANCHORED BY WELLSTAR KENNESTONE HOSPITAL), WELLSTAR WEST GEORGIA MEDICAL CENTER, AND WELLSTAR COBB, DOUGLAS, NORTH FULTON, PAULDING, SPALDING REGIONAL, SYLVAN GROVE AND WINDY HILL HOSPITALS. AS A NOT-FOR-PROFIT, WELLSTAR CONTINUES TO REINVEST IN THE HEALTH OF THE COMMUNITIES IT SERVES WITH NEW TECHNOLOGIES AND TREATMENTS. FOR MORE INFORMATION, VISIT: HTTPS://WWW.WELLSTAR.ORG/PAGES/DEFAULT.ASPX
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT: ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL.

Additional Data**Software ID:****Software Version:****EIN:** 20-5497506**Name:** WEST GEORGIA MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	WEST GEORGIA MEDICAL CENTER INC 1514 VERNON ROAD LAGRANGE, GA 30240 www.wellstar.org 141-661	X	X					X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3j	<p>OTHER DESCRIPTIONS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): ON APRIL 1, 2016 WEST GEORGIA HEALTH MERGED WITH THE MARIETTA, GEORGIA BASED WELLSTAR HEALTH SYSTEM AND BECAME KNOWN AS WELLSTAR WEST GEORGIA MEDICAL CENTER ("WGMC" WELLSTAR WGMC"). BECAUSE OF WELLSTAR HEALTH SYSTEM'S MERGER WITH WELLSTAR WGMC AND FIVE ADDITIONAL, NEWLY CONVERTED NOT-FOR-PROFIT HOSPITALS ON APRIL 1, 2016, WELLSTAR PLANS TO CONDUCT ITS NEXT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY REPORTING TO ALIGN WITH THE REQUIREMENTS OF THE NEWLY CONVERTED HOSPITALS BY JUNE 30, 2019. THIS MEANS THAT ALL HOSPITALS WITHIN WELLSTAR HEALTH SYSTEM WILL SUBMIT CHNA REPORTS AND IMPLEMENTATION STRATEGIES TO MEET THE 501(R) REQUIREMENTS BY YEAR ENDING JUNE 30, 2019. LOCATED IN LAGRANGE, GEORGIA, WELLSTAR WEST GEORGIA MEDICAL CENTER HAS SERVED TROUP COUNTY FOR NEARLY 80 YEARS. THIS 276-BED FACILITY HAS FOCUSED ON DELIVERING HIGH-QUALITY HEALTHCARE TO ITS COMMUNITY THROUGH TOP RATED SERVICES, RECENTLY BEING NAMED TOP LARGE HOSPITAL IN GEORGIA BY GEORGIA TREND MAGAZINE. PROUD TO BE PART OF WELLSTAR, THE LARGEST HEALTH SYSTEM IN GEORGIA, KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR ALSO INCLUDES WELLSTAR MEDICAL GROUP, 240 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS ADDITIONAL INPATIENT HOSPITALS: WELLSTAR DOUGLAS, WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA MEDICAL CENTER SOUTH, WELLSTAR COBB, WELLSTAR NORTH FULTON, WELLSTAR PAULDING, WELLSTAR SPALDING REGIONAL, WELLSTAR SYLVAN GROVE AND WELLSTAR WINDY HILL HOSPITALS. THE 2010 AFFORDABLE CARE ACT (ACA) REQUIRES ALL NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEED ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY EVERY THREE YEARS TO BETTER MEET THE HEALTH NEEDS OF UNDER-RESOURCED POPULATIONS LIVING IN THE COMMUNITIES THEY SERVE. WHAT FOLLOWS IS A COMPREHENSIVE CHNA THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION 501(R) ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS."</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES: SECONDARY PUBLIC HEALTH DATA ON DISEASE INCIDENCE AND MORTALITY, AS WELL BEHAVIORAL HEALTH RISK FACTORS, WERE GATHERED FROM NUMEROUS SOURCES, INCLUDING: -GEORGIA DEPARTMENT OF HEALTH -HEALTHY COMMUNITIES INSTITUTE -CENTERS FOR DISEASE CONTROL AND PREVENTION -HEALTHY PEOPLE 2020 -COUNTY HEALTH RANKINGS -GEORGIA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), PUBLIC HEALTH DISTRICT 4 -NI ELSON/CLARITAS DEMOGRAPHIC DATABASE DATA WAS COLLECTED FROM NATIONAL, LOCAL AND REGIONAL SOURCES, AS AVAILABLE. MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AVAILABLE AT THE COUNTY LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE COMPREHENSIVE UNDERSTANDING OF COMMUNITY NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE TWO HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA USED IN THIS ASSESSMENT INCLUDED A FOCUS GROUP WITH RESIDENTS, ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS, LISTENING SESSIONS WITH THE HOSPITALS REGIONAL HEALTH BOARDS, AND A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS. AN IN-DEPTH DESCRIPTION OF THE PARTICIPANTS, METHODS USED AND COLLECTION PERIOD FOR EACH QUALITATIVE PROCESS IS IN THE PRIMARY DATA. QUALITATIVE DATA INCLUDED: 1. FOCUS GROUPS WITH RESIDENTS GHPC RECRUITED AND CONDUCTED FOUR FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR WEST GEORGIA MEDICAL CENTER. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS WHO HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITIES IN THE SERVICE AREA, SPECIFICALLY COMMUNITIES THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED NINE PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITIES, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUP WAS CONDUCTED BY GHPC IN OCTOBER 2018: - WELLSTAR WEST GEORGIA MEDICAL CENTER SERVICE AREA RESIDENTS LAGRANGE, GA (SEPTEMBER 26, 2018) 2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS KEY INFORMANT SUMMARY (AUGUST 2018 JANUARY 2019) GHPC CONDUCTED INTERVIEWS WITH COMMUNITY LEADERS. LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS, INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA. THERE WAS A DIVERSE REPRESENTATION</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>ION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE NINE STAKEHOLDERS INTERVIEWED, INCLUDING: - TROUP CARES, TROUP COUNTY SCHOOLS, GEORGIA DEPARTMENT OF PUBLIC HEALTH DISTRICT 4, CONIFER HEALTH SERVICES WEST GEORGIA, TROUP FAMILY CONNECTION AUTHORITY, LAGRANGE POLICE DEPARTMENT, UNITED WAY OF WEST GEORGIA, TWIN CEDARS YOUTH AND FAMILY SERVICES INC., CIRCLES OF TROUP COUNTY 3. A LISTENING SESSION WITH THE WEST GEORGIA REGIONAL HEALTH BOARD . 4. WELLSTAR WEST GEORGIA MEDICAL CENTER HEALTH SUMMIT WAS HELD ON DECEMBER 4, 2018, AT THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE IN LAGRANGE, GA. THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS. THE 16 ATTENDEES INCLUDED EMPLOYEES OF WELLSTAR HEALTH SYSTEM AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN COMMUNITIES INCLUDED IN THE PRIMARY SERVICE AREA OF WELLSTAR WEST GEORGIA MEDICAL CENTER. THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: BUILD THE CROWD, CIRCLES OF TROUP COUNTY, CITY OF HOGANSVILLE, EMORY HEALTHCARE, GEORGIA DEPARTMENT OF LABOR, LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE MACKAY-WILSON-JENNINGS FUNERAL HOME IN C., TROUP CARES, TWIN CEDARS YOUTH AND FAMILY SERVICES, UNITED WAY OF WEST GEORGIA, AND WELLSTAR WEST GEORGIA MEDICAL CENTER.</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	WELLSTAR WEST GEORGIA MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: WWW.WELLSTAR.ORG/CHNA AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE WEST GEORGIA HEADER OR DIRECTLY: https://www.wellstar.org/about-us/documents/chna/wga_chna-2019.pdf AND HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/DOCUMENTS/CHNA/WGH_CHNA_IMPLEMENTATION_STRATEGY_9-13-13.PDF

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	WELLSTAR WEST GEORGIA MEDICAL CENTER'S IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: WWW.WELLSTAR.ORG/CHNA AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE WEST GEORGIA HEADER OR DIRECTLY: https://www.wellstar.org/about-us/documents/chna/wga_chna-2019.pdf AND HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/DOCUMENTS/CHNA/WGH_CHNA_IMPLEMENTATION_STRATEGY_9-13-13.PDF

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY: THE FOLLOWING IS A SUMMARY OF THE WELLSTAR WEST GEORGIA MEDICAL CENTER HEALTH SUMMIT THAT WAS HELD ON DECEMBER 4, 2018, AT THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE IN LAGRANGE, GA. THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS. THE 16 ATTENDEES INCLUDED EMPLOYEES OF WELLSTAR HEALTH SYSTEM AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN COMMUNITIES INCLUDED IN THE PRIMARY SERVICE AREA OF WELLSTAR WEST GEORGIA MEDICAL CENTER. THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: BUILD THE CROWD, CIRCLES OF TROUP COUNTY, CITY OF HOGANSVILLE, EMORY HEALTHCARE, GEORGIA DEPARTMENT OF LABOR, LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE MACKAY-WILSON-JENNINGS FUNERAL HOME INC., TROUP CARES, TWIN CEDARS YOUTH AND FAMILY SERVICES, UNITED WAY OF WEST GEORGIA, AND WELLSTAR WEST GEORGIA MEDICAL CENTER. GHPC PRESENTED TO COMMUNITY LEADERS THE FINDINGS FROM THE CHNA GENERATED FROM ANALYSIS OF SECONDARY DATA, KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND LISTENING SESSIONS. COMMUNITY LEADERS WERE THEN ASKED TO DISCUSS THE HEALTH NEEDS OF THE COMMUNITY THEY SERVE AND ENCOURAGED TO ADD ANY NEEDS THAT MAY HAVE BEEN ABSENT FROM THE DATA PRESENTED. PARTICIPANTS WERE THEN ASKED TO IDENTIFY THE TOP FIVE HEALTH NEEDS THAT THEY BELIEVED, WHEN COLLABORATIVELY ADDRESSED, WILL MAKE THE GREATEST DIFFERENCE IN CARE ACCESS, CARE QUALITY AND COSTS TO IMPROVE THE HEALTH OF THE COMMUNITY, ESPECIALLY THE MOST UNDER-RESOURCED POPULATIONS. THE NEEDS IDENTIFIED BY INDIVIDUAL GROUPS WERE CONSOLIDATED INTO MUTUALLY EXCLUSIVE HEALTH PRIORITIES AND VOTED UPON TO SURFACE COMMUNITY HEALTH PRIORITIES. GROUP RECOMMENDATIONS AND PROBLEM IDENTIFICATION: DURING THE HEALTH SUMMIT, PARTICIPANTS PRIORITIZED FIVE COMMUNITY HEALTH NEEDS OF RESIDENTS WITHIN THE PRIMARY SERVICE AREA SERVED BY BOTH HOSPITALS: ACCESS TO APPROPRIATE CARE, EDUCATION AND HEALTH LITERACY, HEALTHY LIFESTYLES AND POVERTY. KEY INFORMANT SUMMARY (AUGUST 2018 JANUARY 2019) GHPC CONDUCTED INTERVIEWS WITH COMMUNITY LEADERS. LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS, INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA. THERE WAS A DIVERSE REPRESENTATION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE NINE STAKEHOLDERS INTERVIEWED, INCLUDING: TROUP CARES, TROUP COUNTY SCHOOLS, GEORGIA DEPARTMENT OF PUBLIC HEALTH DISTRICT 4, CONIFER HEALTH SERVICES WEST GEORGIA, TROUP FAMILY CONNECTION AUTHORITY, LAGRANGE POLICE DEPARTMENT, UNITED WAY OF WEST GEORGIA, TWIN CEDARS YOUTH</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>AND FAMILY SERVICES INC., AND CIRCLES OF TROUP COUNTY. IMPLEMENTATION STRATEGIES FOR EACH NEED WERE RECOMMENDED DURING GROUP EXERCISES. THE STRATEGIES WERE LATER REVIEWED BY THE WELLSTAR POPULATION HEALTH AND COMMUNITY EDUCATION & OUTREACH TEAM AND VETTED BY THE WELLSTAR HEALTH SYSTEMS COMMUNITY ADVOCACY AND ENGAGEMENT COMMITTEE AND THE WCHC TASK FORCE, THE CONDUITS FOR SYSTEMWIDE DELIVERY OF COMMUNITY HEALTH IMPROVEMENT SERVICES AND EDUCATION. WELLSTAR SPALDING AND SYLVAN GROVE ARE DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY WE SERVE. WITH THE UNIQUE NEEDS IDENTIFIED BY OUR COMMUNITY PARTNERS, WELLSTAR CREATED THE CENTER FOR HEALTH EQUITY IN 2019. THE WELLSTAR CENTER FOR HEALTH EQUITY: THE PURPOSE OF THE WELLSTAR CENTER FOR HEALTH EQUITY IS TO ACCELERATE OUR STRATEGIC EFFORTS TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITIES WE SERVE. WE WILL IMPLEMENT OUR STRATEGY THROUGH COMMUNITY ENGAGEMENT, PARTNERSHIP, INTERNAL TRANSFORMATION, CAPACITY BUILDING, HEALTH POLICY AND SYSTEM ADVOCACY. THERE ARE SIX STRATEGIC DOMAINS FOR THE CENTER FOR HEALTH EQUITY: 1. ACCESS TO CARE 2. WOMENS HEALTH 3. SUBSTANCE ABUSE 4. SUICIDE 5. FOOD INSECURITY 6. CANCER WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE: WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE (WCHEC) IS A CROSS-FUNCTIONAL COMMITTEE THAT REPRESENTS MULTIPLE FACETS OF WELLSTAR HEALTH SYSTEM. - IN RESPONSE TO CHNA FINDINGS AND THE DIVERSITY OF WELLSTAR COMMUNITIES, WCHC WAS EXPANDED TO INCREASE WELLSTARS CAPACITY TO SUPPORT THE CENTER FOR HEALTH EQUITY STRATEGIES. - BY ENGAGING A MORE DIVERSE SELECTION OF WELLSTAR LEADERSHIP AND SUBJECT MATTER EXPERTS, THE CENTERS PRIORITIES AND INITIATIVES CAN BEST REFLECT THE CAPACITY OF THE ORGANIZATION TO IMPACT AND MEET THE COMMUNITYS NEEDS. - THIS EXPANSION ALSO HELPS THE CENTER INCREASE COORDINATION OF EFFORTS, LEVERAGE PARTNERSHIPS AND MAXIMIZE EFFICIENCY AND STRATEGIC ALIGNMENT, WITHIN AND ACROSS WELLSTAR HEALTH SYSTEM. - THIS IS DONE BY WCHEC MEMBERS GUIDING AND INFORMING THE STRATEGIC PLANNING AND IMPLEMENTATION PROCESS FOR GREATER INSTITUTIONAL ALIGNMENT AND IMPACT. THE CENTER FOR HEALTH EQUITYS IMPLEMENTATION STRATEGY FOCUSES ON SIX STRATEGIC DOMAINS: 1. FOOD INSECURITY - CONTEXT: FOOD INSECURITY IS AN IMPORTANT BUT OFTEN OVERLOOKED FACTOR AFFECTING THE HEALTH OF A SIGNIFICANT SEGMENT OF GEORGIA RESIDENTS. 16.2% OF THE PEOPLE LIVING IN GEORGIA ARE FOOD INSECURE AND 23.2% OF GEORGIA CHILDREN LIVE IN FOOD INSECURE HOUSEHOLDS. THIS IS ONE IN EVERY FOUR GEORGIA CHILDREN. - EXAMPLE WELLSTAR INTERVENTIONS: - WELLSTAR DAY OF SERVICE: CREATES VOLUNTEER OPPORTUNITIES FOR WELLSTAR EMPLOYEES TO SUPPORT GEORGIAS FOOD SUPPORT SYSTEM FOR VULNERABLE AND UNDERSERVED POPULATIONS. - FOOD AS MEDICINE PROGRAM: INTEGRATES HEALTH AND NUTRITION EDUCATION INTO THE COMMUNITY SETTING, WHILE ALSO PROVIDING ACCESS TO HEALTHY FOODS AND MEDICALLY TAILORED COOKING CLASSES. - FOOD INSECURITY SCREENING: IMPLEMENTING THE PROCESS TO SCREEN PATIENTS FOR FOOD INSECURITY AND CONNECTING P</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>ATTENTS TO AVAILABLE RESOURCES AND INTERVENTIONS. 2. OPIOIDS - CONTEXT: DEVASTATING CONSEQUENCES OF THE OPIOID EPIDEMIC INCLUDE INCREASES IN OPIOID MISUSE AND RELATED OVERDOSES, AS WELL AS THE RISING INCIDENCE OF NEWBORNS EXPERIENCING WITHDRAWAL SYNDROME DUE TO OPIOID USE AND MISUSE DURING PREGNANCY. - EXAMPLE WELLSTAR INTERVENTIONS: - GEORGIA SUPREME COURT PARTNERSHIP: PROVIDES ACCESS TO SUBSTANCE USE TREATMENT, PEER SUPPORT, MEDICAL TREATMENT AND OTHER SERVICES THROUGH COLLABORATIVE COMMUNITY PARTNERSHIPS FOR FAMILIES TO ASSURE HEALTHY PREGNANCIES AND HEALTHY DEVELOPMENT FOR YOUNG CHILDREN WITH SUBSTANCE USE EXPOSURE. THESE PARTNERS INCLUDE WELLSTAR WOMENS HEALTH SERVICE NETWORK, GEORGIA DEPARTMENT OF PUBLIC HEALTH, GEORGIA DEPARTMENT OF HUMAN SERVICES AND SUPREME COURT OF GEORGIA. - OPIOID TASKFORCE: THREE PHYSICIAN-LED WORK GROUPS COMMITTED TO PREVENTION, TREATMENT AND RECOVERY, TARGET VARIOUS POPULATIONS INTERNALLY (TEAM-BASED) AND EXTERNALLY (COMMUNITY-BASED): (1) PROVIDER AND PATIENT EDUCATION, (2) CLINICAL INITIATIVES AND (3) COMMUNITY AWARENESS AND ENGAGEMENT. 3. WOMENS HEALTH - CONTEXT: THE PREGNANCY-RELATED MATERNAL MORTALITY RATIO IN GEORGIA WAS 40.8 PER 100,000 LIVE BIRTHS. THE MATERNAL DEATH RATE FOR BLACK WOMEN IN GEORGIA IS TWICE THAT FOR WHITE WOMEN IN GEORGIA AND 6 TIMES THE RATE FOR WHITE WOMEN, NATIONALLY. - EXAMPLE WELLSTAR INTERVENTIONS: - CLINICAL PRACTICE STANDARDS: SYSTEM-LEVEL COUNCILS MONITOR CLINICAL PRACTICES THROUGHOUT WELLSTAR HEALTH SYSTEM AND IMPLEMENT CARE MODELS WITH EVIDENCE-BASED POLICIES, PROCEDURES, PROTOCOLS AND PATHWAYS, WHILE LOCAL INTERDISCIPLINARY COUNCILS MONITOR WOMENS HEALTH PRACTICES ON-SITE IN INDIVIDUAL WELLSTAR HOSPITALS. - WOMEN AND CHILDREN RESOURCE CENTER: OFFERS PERINATAL EDUCATION AND SUPPORT SERVICES THROUGH THE WOMEN AND CHILDREN RESOURCE CENTER TO REACH MORE THAN 15,000 FAMILIES ANNUALLY - GME COMMUNITY CLINIC & BABIES BORN HEALTHY (BBH): PROVIDES PRENATAL SERVICES AT A REDUCED RATE FOR VULNERABLE AND UNDERSERVED WOMEN. BBH SERVICES ARE LIMITED AND COVER ROUTINE PRENATAL VISITS AND SOME LAB WORK. 4. CANCER - CONTEXT: LUNG, COLORECTAL, BREAST, AND PROSTATE CANCER ACCOUNT FOR 51 PERCENT OF ALL CANCER DEATHS IN GEORGIA. - EXAMPLE WELLSTAR INTERVENTIONS: - CANCER PREVENTION SCREENING PROGRAM: PROACTIVE, PREVENTATIVE CANCER SCREENING PROGRAM TO SUPPORT THE COMMUNITIES WELLSTAR SERVES: - ESTABLISHED A NEW PROGRAM THAT SUPPORTS THE PATIENTS AND PHYSICIANS THROUGH THE SCREENING AND NAVIGATION PROCESS WITH AN EXTENDED CARE MODEL THAT ENSURES THAT CARE IS CONTINUOUS AND WELL-COORDINATED. - PARTNERSHIP WITH THE WELLS TAR FOUNDATION, SUSAN G. KOMEN GREATER ATLANTA AND ITS THE JOURNEY, INC. PROVIDES FREE MAMMOGRAMS FOR UNDERSERVED WOMEN WITH A FOCUS ON OUTREACH TO AFRICAN AMERICAN AND HISPANIC WOMEN. - CONGREGATIONAL HEALTH NETWORK: SERVES AS A BRIDGE BETWEEN OUR HEALTHCARE SYSTEM AND FAITH COMMUNITIES, OFFERING HELP WITH LIFESTYLE CHANGES, PERSONAL HABITS, ATTITUDES, FAITH AND WELL-BEING. 5. SUICIDE -</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B	FAP ELIGIBILITY CRITERIA - INCOME LEVEL OTHER THAN FPG: THE HOSPITAL ABIDES BY THE FINANCIAL ASSISTANCE REQUIREMENTS UNDER IRC 501(R)(5). IRC 501(R)(5) REQUIRES HEALTH CARE FACILITIES TO LIMIT THE AMOUNTS CHARGED FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE THAT IS PROVIDED TO INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER THE HEALTH CARE FACILITIES FINANCIAL ASSISTANCE POLICY TO NOT MORE THAN THE AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE. THE HOSPITAL EXTENDS ITS SLIDING SCALE FOR FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBILITY WELL BEYOND THE MINIMUM GOVERNMENT LEVELS TO 300% OF FPG. WELLSTAR HAS CHOSEN TO USE THE AVERAGE OF THE THREE BEST NEGOTIATED COMMERCIAL RATES AS THE TRIGGER TO NOT EXCEED IN THE APPLICATION OF THE DISCOUNTS/AMOUNTS CHARGED TO PATIENTS, ON OUR SLIDING SCALE.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	FAP ELIGIBILITY CRITERIA - OTHER CRITERIA: OTHER SPECIAL CIRCUMSTANCES MAY QUALIFY A PATIENT FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS. SPECIAL CIRCUMSTANCES MAY INCLUDE BUT NOT LIMITED TO: - PATIENT DECEASED, WITH VERIFICATION THAT THERE IS NO ESTATE. - UNABLE TO CONTACT PATIENT BUT PROPENSITY TO PAY SOFTWARE RETURNS A LOW ABILITY/LOW PROPENSITY DESIGNATION.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: IN ORDER TO QUALIFY FOR FINANCIAL ASSISTANCE, COOPERATION WITH WELLSTAR HEALTH SYSTEM HOSPITAL FINANCIAL ASSISTANCE STAFF IS NECESSARY IN IDENTIFYING AND DETERMINING ALTERNATIVE SOURCES OF PAYMENT OR COVERAGE FROM PUBLIC AND PRIVATE PAYMENT PROGRAMS. IN PARTICULAR, ALL APPLICANTS FILING A FAP APPLICATION FOR FINANCIAL ASSISTANCE MUST PROVIDE PROOF OF HOUSEHOLD INCOME AND HOUSEHOLD ASSETS BY PROVIDING ANY OR ALL OF THE FOLLOWING THAT ARE APPLICABLE: - PROVIDE THREE (3) MONTHS OF THE MOST RECENT PAYCHECK STUBS OR A STATEMENT FROM EMPLOYER VERIFYING GROSS WAGES - IRS W-2 ISSUED DURING THE PAST YEAR - MOST RECENT IRS FORM 1040 - MOST RECENT TWO (2) MONTHS OF BANK STATEMENTS FOR EACH CHECKING, SAVINGS, MONEY MARKET OR OTHER BANK OR INVESTMENT ACCOUNT - WRITTEN STATEMENTS FOR THE MOST RECENT TWO (2) MONTHS FOR ALL OTHER INCOME (E.G., UNEMPLOYMENT COMPENSATION, DISABILITY, RETIREMENT, STUDENT LOANS, AWARD LETTER FROM SOCIAL SECURITY OFFICE, CURRENT PROFIT AND LOSS REPORT FOR ALL SELF-EMPLOYED APPLICANTS, ALIMONY DOCUMENTATION, CHILD SUPPORT DOCUMENTATION, ETC.) - UNEMPLOYMENT COMPENSATION DENIAL LETTER - DOCUMENTATION OF ASSET VALUES, INCLUDING, WITHOUT LIMITATION, PROPERTY TAX STATEMENTS, CERTIFICATES OF DEPOSIT, 401K, 403B, IRA AND OTHER INVESTMENT STATEMENTS - CONTRIBUTION STATEMENTS FROM INDIVIDUALS WHO CONTRIBUTE INCOME OR IN-KIND ASSISTANCE TO THE PATIENT. FINANCIAL ASSISTANCE POLICY ELIGIBILITY WILL BE DETERMINED BASED ON A THOROUGH REVIEW OF THE SUBMITTED INFORMATION.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	THE WELLSTAR HEALTH SYSTEM COMMUNITY FINANCIAL ASSISTANCE POLICY CAN BE FOUND ON ITS WEBSITE: HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/ PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE: HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX AND CLICKING APPLICATION IN THE RIGHT NAVIGATION BOX TITLED RELATED DOCUMENTS. A WINDOW WILL APPEAR THAT ALLOW YOU TO SCROLL TO THE APPROPRIATE WELLSTAR HOSPITAL AND CLICK FOR A PDF VERSION OF THE APPLICATION TO PRINT OR DOWNLOAD.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	A PLAIN LANGUAGE SUMMARY OF THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE: HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/DOCUMENTS/FAP-PLAIN- LANGUAGE-SUMMARY-WGH.PDF

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	PUBLICATION OF THE FINANCIAL ASSISTANCE POLICY (FAP): IN ADDITION TO THE OTHER METHODS OF POSTING THE FINANCIAL ASSISTANCE POLICY, THE HOSPITAL MAKES AVAILABLE FOR PATIENTS IN ADMISSIONS AND OUTPATIENT REGISTRATION AREAS A PROMINENTLY DISPLAYED SIGN STATING FINANCIAL ASSISTANCE IS AVAILABLE AND A BROCHURE INCLUDING FREQUENTLY ASKED QUESTIONS.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E	ADDITIONAL EFFORTS MADE BEFORE COLLECTIONS ACTION INITIATED: THE HOSPITAL FACILITY ALSO NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY ONLINE AT: HTTP://WWW.WELLSTAR.ORG/PAGES/ONLINE-BILL-PAY.ASPX FURTHERMORE, THE HOSPITAL FACILITY UTILIZES A PROPENSITY TO PAY SOFTWARE. INDIVIDUALS WITH A LOW ABILITY/LOW PROPENSITY DESIGNATION MAY QUALIFY FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization WEST GEORGIA MEDICAL CENTER INC

Employer identification number 20-5497506

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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	PROCEDURE FOR MONITORING THE USE OF GRANTS/SCHOLARSHIP FUNDS: WELLSTAR HEALTH SYSTEM, INC. AND ITS AFFILIATES HAVE SET ASIDE FUNDS FOR CONTRIBUTIONS AND SPONSORSHIPS ON AN ANNUAL BASIS THAT PROVIDE ASSISTANCE TO NATIONAL AND LOCAL ORGANIZATIONS AND INDIVIDUALS IN THE FURTHERANCE OF THE COMMUNITY NEEDS. WELLSTAR ALSO HAS SEVERAL AGREEMENTS WITH AREA COLLEGES AND UNIVERSITIES TO PROMOTE HEALTHCARE RELATED CAREER OPPORTUNITIES. ALL SCHOLARSHIPS ARE AWARDED BASED ON SPECIFIC QUALIFICATIONS WITHOUT REGARD TO AGE, GENDER, OR ETHNICITY.

Additional Data

Software ID:
Software Version:
EIN: 20-5497506
Name: WEST GEORGIA MEDICAL CENTER INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROUP CARES INC PO BOX 800027 LAGRANGE, GA 30240	20-8176300	501(C)(3)	55,000		FMV	N/A	SPONSORSHIP
WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	20-0936376	501(C)(3)	65,000		FMV	N/A	SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THINC COLLEGE & CAREER ACADEMY ONE COLLEGE CIRCLE LAGRANGE, GA 30240	46-3697983	501(C)(3)	15,000		FMV	N/A	SPONSORSHIP
CIRCLES TROUP COUNTY 1220 LAFAYETTE PARKWAY LAGRANGE, GA 30241	27-0863139	501(C)(3)	25,000		FMV	N/A	SPONSORSHIP

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WEST GEORGIA MEDICAL CENTER INC

Employer identification number
20-5497506

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input checked="" type="checkbox"/>	Housing allowance or residence for personal use
<input checked="" type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input checked="" type="checkbox"/>	Tax idemnification and gross-up payments	<input checked="" type="checkbox"/>	Health or social club dues or initiation fees
<input checked="" type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8	Were any amounts reported on Form 990, Part VII, paid or 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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part 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 1A	<p>THE ITEMS, AS INDICATED IN LINE 1A, WERE PROVIDED, IN SOME INSTANCES, TO BOARD MEMBERS AND TO CERTAIN EMPLOYED INDIVIDUALS LISTED IN FORM 990, PART VII BY THE ORGANIZATION. THE ORGANIZATION FOLLOWS IRS GUIDELINES AND THESE ITEMS WERE ADDED AS TAXABLE INCOME AS APPROPRIATE. SCHEDULE J, PART I, LINE 1B REIMBURSEMENT POLICY: WHILE WELLSTAR HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF THE ITEMS LISTED IN SCHEDULE J, PART I, LINE 1A, THE ORGANIZATION FOLLOWS IRS GUIDELINES IN THE PAYMENT OF ANY OF THESE ITEMS TO INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A. THESE ITEMS ARE ADDED AS TAXABLE WAGES ON THE INDIVIDUAL'S FORM W-2 AS APPROPRIATE. SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS: PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING GROUPS OF OFFICERS ARE ENTITLED TO SEVERANCE PAYMENTS BASED ON THEIR COMPENSATION AT THAT TIME IN THE EVENT OF CERTAIN IDENTIFIED CIRCUMSTANCES. THE SEVERANCE PAYMENT PERIODS ARE 24 MONTHS FOR EXECUTIVE VICE PRESIDENTS, 18 MONTHS FOR SENIOR VICE PRESIDENTS, AND 12 MONTHS FOR VICE PRESIDENTS. THE FOLLOWING OFFICER RECEIVED SEVERANCE PAY DURING THE 2018 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION: ELLEN LANGFORD \$188,991 KIMBERLY W. MENEFFEE 219,596 SCHEDULE J, PART I, LINE 4B PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: DURING THE YEAR, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS AND CERTAIN PHYSICIANS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC. THE AMOUNTS RELATED TO THIS PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN SCHEDULE J, PART II, COLUMN (B): ANTHONY M. TRUPIANO \$505,532 BETHANY ROBERTSON 87,044 CANDICE L. SAUNDERS 324,125 CHARIS L. ACREE 26,881 DAVID W. ANDERSON 131,690 ELLEN LANGFORD 300,505 GERALD N. FULKS 90,982 JOSEPH L. BRYWCZYNSKI 62,355 KIMBERLY W. MENEFFEE 437,043 MICHELLE ROBINSON 126,106 ROBIN G. BOEHRINGER 44,873 SANDRA LUCIUS 32,043 SEAN P. TURNER 41,533 STEPHEN L. BADGER 41,750 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.</p>



Additional Data

Software ID:
Software Version:
EIN: 20-5497506
Name: WEST GEORGIA MEDICAL CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG	(i)	0	0	0	0	0	0	0
	(ii)	470,770	170,872	23,918	48,481	34,865	748,906	0
ALFRED MCNAIR PHARMACY MANAGER	(i)	152,820	6,947	1,420	0	18,219	179,406	0
	(ii)	0	0	0	0	0	0	0
ANDREW S ALBERRY VP INFO TECHNOLOGY OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	215,010	33,497	10,261	0	24,039	282,807	0
ANDREW LEE VP CHIEF DIVERSITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	289,994	42,276	9,237	5,625	28,405	375,537	0
ANDREW W COX VP CHIEF OF STAFF (BEG. 10/18)	(i)	0	0	0	0	0	0	0
	(ii)	179,606	21,790	2,039	10,130	24,788	238,353	0
ANTHONY J BUDZINSKI EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	675,979	237,926	25,547	48,500	30,285	1,018,237	0
ANTHONY M TRUPIANO SVP SUPPLY CHAIN (END. 1/19)	(i)	0	0	0	0	0	0	0
	(ii)	329,324	82,795	524,727	46,675	1,557	985,078	505,532
AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF.	(i)	0	0	0	0	0	0	0
	(ii)	226,143	219,935	6,432	27,715	1,555	481,780	0
BARBARA B COREY SVP MANAGED CARE	(i)	0	0	0	0	0	0	0
	(ii)	366,640	82,995	14,131	29,498	21,111	514,375	0
BETH KOST SVP, CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	334,014	120,892	15,747	29,500	21,720	521,873	0
BETHANY ROBERTSON FORMER VP/CHIEF LEARNING OFF.	(i)	0	0	0	0	0	0	0
	(ii)	217,528	30,271	94,200	3,889	11,592	357,480	87,044
BRADFORD B NEWTON VP INFO. TECHNOLOGY ADMIN.	(i)	0	0	0	0	0	0	0
	(ii)	226,646	113,691	9,223	21,775	28,847	400,182	0
CANDICE L SAUNDERS PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,326,416	750,823	349,705	48,409	30,944	2,506,297	324,125
CAROL M TODD VP ASST GENERAL COUNSEL	(i)	188,050	30,230	9,342	18,304	19,445	265,371	0
	(ii)	0	0	0	0	0	0	0
CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	693,547	244,044	13,699	36,125	30,787	1,018,202	0
CHARIS L ACREE VICE PRESIDENT & COO	(i)	270,660	44,485	42,644	43,209	12,853	413,851	26,881
	(ii)	0	0	0	0	0	0	0
DAVID W ANDERSON EVP/HR/OL/CCO	(i)	0	0	0	0	0	0	0
	(ii)	525,885	185,097	154,947	48,413	28,693	943,035	131,690
DON DAVIS PHARMACY DIRECTOR	(i)	169,229	9,925	5,066	0	1,841	186,061	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS ARVIN CPA MBA SVP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	360,102	85,978	13,451	20,103	19,734	499,368	0
ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	264,041	47,803	9,170	22,234	27,821	371,069	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ELIZABETH H PAPERI VP OPS. HOSPITAL DIVISION	(i)	0	0	0	0	0	0	
	(ii)	213,096	38,645	8,781	23,125	13,831	297,478	
ELLEN LANGFORD FORMER SVP WMG AMB. TRANS.	(i)	0	0	0	0	0	0	
	(ii)	93,017	46,247	498,409	44,796	13,171	695,640	
ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	0	0	0	0	0	0	
	(ii)	185,000	30,698	10,235	16,914	23,859	266,706	
FREDA LYON VP SYSTEM EMERGENCY SERVICES	(i)	0	0	0	0	0	0	
	(ii)	211,740	42,564	12,696	26,372	29,576	322,948	
GERALD N FULKS SVP HOSPITAL PRES. (END. 1/19)	(i)	463,311	88,416	105,973	30,000	21,132	708,832	
	(ii)	0	0	0	0	0	0	
IVY SPENCER VP CNO	(i)	0	0	0	0	0	0	
	(ii)	178,946	14,635	5,645	22,207	17,289	238,722	
JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	
	(ii)	244,997	107,479	1,126	41,625	30,325	425,552	
JAMES M SWARTZ VP ACCOUNTING	(i)	0	0	0	0	0	0	
	(ii)	243,883	47,830	10,758	18,776	27,486	348,733	
JANICE PAGE CLINICAL PHARMACIST	(i)	161,348	369	1,014	10,114	22,768	195,613	
	(ii)	0	0	0	0	0	0	
JASON D STEVENS VP DEPUTY GENERAL COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	285,390	57,348	11,154	34,055	23,893	411,840	
JASON L KELSEY VP REHAB&SPORTS MED (BEG.11/18)	(i)	0	0	0	0	0	0	
	(ii)	156,981	17,161	3,259	14,735	33,344	225,480	
JENNIFER J GIUSTI VP CLINICAL OUTCOMES	(i)	0	0	0	0	0	0	
	(ii)	316,002	60,528	10,078	29,970	10,077	426,655	
JEREAN GRAU PHARMACIST UNIT BASED	(i)	159,084	369	1,291	0	8,114	168,858	
	(ii)	0	0	0	0	0	0	
JILL M CASE-WIRTH SVP NURSING SERVICES	(i)	0	0	0	0	0	0	
	(ii)	364,467	89,300	20,837	47,904	12,558	535,066	
JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	(i)	0	0	0	0	0	0	
	(ii)	850,179	293,276	18,081	48,500	35,076	1,245,112	
JONATHAN D MAURER VP INFO SEC. & CISO(BEG. 8/18)	(i)	0	0	0	0	0	0	
	(ii)	79,618	73,482	24,752	14,373	4,289	196,514	
JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i)	0	0	0	0	0	0	
	(ii)	311,426	70,459	89,953	47,500	25,913	545,251	
KEITH BOWERMASTER VP COMMUNICATIONS (END. 12/18)	(i)	0	0	0	0	0	0	
	(ii)	232,266	46,656	9,413	29,425	28,922	346,682	
KEM M MULLINS EVP AMBULATORY & BUS. DEV.	(i)	0	0	0	0	0	0	
	(ii)	534,612	164,696	14,578	22,750	33,973	770,609	
KEVIN C SCHAEFFER MD VP ONCOLOGY	(i)	0	0	0	0	0	0	
	(ii)	228,440	45,897	10,147	35,222	11,506	331,212	

(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				
KIMBERLY W MENEFFEE FORMER SVP STRATEGIC COMM. DEV	(i)	0	0	0	0	0	0	
	(ii)	108,169	65,436	666,884	11,863	8,732	861,084	
KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	0	0	0	0	0	0	
	(ii)	198,952	31,934	8,702	23,125	23,166	285,879	
KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	(i)	0	0	0	0	0	0	
	(ii)	185,855	37,370	9,031	14,516	28,166	274,938	
LEO E REICHERT EVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	595,083	199,021	17,828	30,000	36,669	878,601	
LIZA FRITCHLEY VP SENIOR CARE SERVICES	(i)	168,760	30,954	8,709	21,366	28,628	258,417	
	(ii)	0	0	0	0	0	0	
MARCUS P CHARLSON MD VP SURGERY	(i)	0	0	0	0	0	0	
	(ii)	166,732	33,333	8,892	13,048	24,209	246,214	
MARY A SPARROW PHARMACIST UNIT BASED	(i)	155,049	369	1,242	24,607	8,808	190,075	
	(ii)	0	0	0	0	0	0	
MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	0	0	0	0	0	0	
	(ii)	262,137	52,736	10,400	29,752	24,735	379,760	
MAXWELL S KAGAN VP FINANCE & CFO	(i)	0	0	0	0	0	0	
	(ii)	250,016	36,829	9,794	22,951	16,907	336,497	
MICHELLE ROBINSON FORMER VP MARKETING	(i)	0	0	0	0	0	0	
	(ii)	226,753	36,209	133,409	4,061	10,061	410,493	
PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	
	(ii)	527,447	262,273	6,371	30,000	10,795	836,886	
PAUL D MURPHREE VP MEDICAL OUTCOMES	(i)	0	0	0	0	0	0	
	(ii)	359,840	68,279	11,551	47,800	29,101	516,571	
PAUL R PERROTTI SVP & CFO	(i)	312,960	59,057	17,593	40,804	32,455	462,869	
	(ii)	0	0	0	0	0	0	
PETER R JUNGBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	251,577	141,821	4,902	48,500	30,663	477,463	
REBECCA L RUHL VP FACILITY COMPLIANCE OPS	(i)	0	0	0	0	0	0	
	(ii)	161,556	32,493	9,561	3,250	26,745	233,605	
RICHARD S SIEGEL VP CARDIOLOGY & CVM ADMIN	(i)	0	0	0	0	0	0	
	(ii)	318,274	50,303	14,034	46,488	33,797	462,896	
ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	0	0	0	0	0	0	
	(ii)	550,000	163,488	15,234	29,435	9,464	767,621	
ROBERT J DECOUX VP CORPORATE MED STAFF SVCS	(i)	0	0	0	0	0	0	
	(ii)	188,285	36,883	10,190	28,453	26,464	290,275	
ROBIN G BOEHRINGER FORMER VP TOTAL REWARDS	(i)	0	0	0	0	0	0	
	(ii)	189,295	0	52,043	6,837	4,616	252,791	
SANDRA LUCIUS VP INFO TECHNOLOGY APPS	(i)	0	0	0	0	0	0	
	(ii)	236,053	118,441	46,279	46,822	2,347	449,942	

(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				
SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	(i)	0	0	0	0	0	0	
	(ii)	310,613	62,439	55,903	8,599	30,144	467,698	
SNEHAL H DOSHI VP SYSTEM PHARMACIST	(i)	0	0	0	0	0	0	
	(ii)	203,168	39,835	10,633	28,624	31,914	314,174	
SONYA E ALDY VP TALENT ACQUISITION	(i)	0	0	0	0	0	0	
	(ii)	216,180	43,457	10,070	9,750	25,380	304,837	
STEPHEN L BADGER VP STRATEGIC SERVICES	(i)	0	0	0	0	0	0	
	(ii)	460,803	99,466	59,014	47,475	35,510	702,268	
STEVEN OWEIDA MD FORMER TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	0	0	50,171	0	0	50,171	
STEPHEN VAULT VP BUSINESS DEVELOPMENT	(i)	0	0	0	0	0	0	
	(ii)	189,688	37,320	9,073	14,402	10,912	261,395	
TE RUSTY DURHAM FORMER TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	0	0	15,116	0	0	15,116	
TIMOTHY HANEY SVP R. E. FAC. & DVLP. SVCS.	(i)	0	0	0	0	0	0	
	(ii)	352,261	88,538	20,741	28,730	26,814	517,084	
TOMMY BRITT VP HUMAN RESOURCES	(i)	171,940	28,501	9,676	13,096	15,494	238,707	
	(ii)	0	0	0	0	0	0	
TRACY C GYNTHNER VICE PRESIDENT, CNO	(i)	168,760	27,954	9,867	22,624	15,729	244,934	
	(ii)	0	0	0	0	0	0	
VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG	(i)	0	0	0	0	0	0	
	(ii)	467,530	95,506	27,575	30,000	27,469	648,080	
VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS	(i)	0	0	0	0	0	0	
	(ii)	196,359	39,493	9,674	40,251	12,223	298,000	
YVETTE BREWER MD VP PRIMARY CARE & BEHAV HEALTH	(i)	0	0	0	0	0	0	
	(ii)	197,886	36,817	12,107	32,732	21,804	301,346	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Name of the organization

WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1	<p>VISION: DELIVER WORLD-CLASS HEALTHCARE TO EVERY PERSON, EVERY TIME. MISSION: TO ENHANCE THE HEALTH AND WELL-BEING OF EVERY PERSON WE SERVE. VALUES: WE SERVE WITH COMPASSION. WE PURSUE EXCELLENCE. WE HONOR EVERY VOICE. FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS WELLSTAR HEALTH SYSTEM IS A VERTICALLY INTEGRATED HEALTH CARE DELIVERY SYSTEM WHICH PROVIDES THROUGH AFFILIATED BUSINESS ORGANIZATIONS A FULL SPECTRUM OF HEALTH SERVICES, INCLUDING WELLNESS PROGRAMS, PHYSICIAN OFFICE VISITS, OUTPATIENT CARE, INPATIENT CARE, AND POST-ACUTE SERVICES SUCH AS HOME HEALTH, HOSPICE AND LONG-TERM NURSING CARE. THE SYSTEM THROUGH ITS AFFILIATED BUSINESS ORGANIZATIONS OPERATES 11 HOSPITALS (KENNESTONE, COBB, PAULDING MEDICAL CENTER, DOUGLAS, WINDY HILL, ATLANTA MEDICAL CENTER DOWNTOWN AND SOUTH, NORTH FULTON, SPALDING, SYLVAN GROVE AND WEST GEORGIA), MULTIPLE PHYSICIAN OFFICES, PRIMARY CARE CENTERS, OUTPATIENT CARE FACILITIES, A NURSING HOME AND OTHER HEALTH RELATED SERVICES INCLUDING TWO INPATIENT HOSPICE FACILITIES. THE SYSTEM IS SUPPORTED FINANCIALLY BY A FUNDRAISING ORGANIZATION, WELLSTAR FOUNDATION, INC. THE SERVICE AREA FOR THE SYSTEM ENCOMPASSES PARTS OF THE NORTHWESTERN, CENTRAL AND WESTERN SECTIONS OF THE STATE OF GEORGIA - THE PRIMARY AREA BEING IN BARTOW, CHEROKEE, COBB, DOUGLAS, PAULDING, FULTON, BUTTS, SPALDING AND TROUP COUNTIES. APPROXIMATELY MORE THAN 90% OF INPATIENT DISCHARGES AND OUTPATIENTS SERVED ARE FROM THE AFOREMENTIONED COUNTIES. THE WELLSTAR VISION IS TO DELIVER WORLD CLASS HEALTHCARE. OUR MISSION IS TO CREATE AND DELIVER HIGH QUALITY HOSPITAL, PHYSICIAN AND OTHER HEALTHCARE RELATED SERVICES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE. HISTORY IN 1993, WHAT WAS THEN KNOWN AS THE COBB HEALTH SYSTEM, THE KENNESTONE REGIONAL HEALTH CARE SYSTEM, AND THE DOUGLAS GENERAL HOSPITAL AFFILIATED TO FORM THE NORTHWEST GEORGIA HEALTH SYSTEM. PAULDING MEMORIAL MEDICAL CENTER AFFILIATED WITH NORTHWEST GEORGIA HEALTH SYSTEM IN 1994. IN 1994, THE NORTHWEST GEORGIA HEALTH SYSTEM HELPED FORM THE PROMINA HEALTH SYSTEM AND CHANGED ITS NAME TO PROMINA NORTHWEST HEALTH SYSTEM. IN 1998, PROMINA NORTHWEST HEALTH SYSTEM CHANGED ITS NAME TO WELLSTAR HEALTH SYSTEM. WELLSTAR DISASSOCIATED FROM AND BECAME TOTALLY INDEPENDENT OF PROMINA IN 1999. IN 2016 WELLSTAR ACQUIRED ATLANTA MEDICAL CENTER, NORTH FULTON HOSPITAL, SPALDING HOSPITAL, SYLVAN GROVE HOSPITAL AND WEST GEORGIA MEDICAL CENTER. WELLSTAR HEALTH SYSTEM IS A PARENT CORPORATION, WHICH PROVIDES OVERALL COORDINATION INCLUDING GOVERNING BODY TO ITS 11 AFFILIATES: - COBB HOSPITAL, INC.; - CHS FOUNDATION, INC.; - DOUGLAS HOSPITAL INC.; - KENNESTONE HOSPITAL, INC.; - PAULDING MEDICAL CENTER, INC.; - WELLSTAR FOUNDATION INC.; - WELLSTAR ATLANTA MEDICAL CENTER, INC.; - WELLSTAR NORTH FULTON HOSPITAL, INC.; - WELLSTAR SPALDING REGIONAL HOSPITAL, INC.; - WELLSTAR SYLVAN GROVE HOSPITAL, INC.; - WELLSTAR WEST GEORGIA HEALTH SERVICES, INC.</p>

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SERVICES	<p>WELLSTAR HEALTH SYSTEM IS ABLE TO OFFER A FULL RANGE OF HEALTHCARE SERVICES THROUGH ITS AFFILIATES. THE SERVICES OFFERED INCLUDE BUT ARE NOT LIMITED TO: - MOST MAJOR INPATIENT CLINICAL SERVICES, - OUTPATIENT SERVICES, - DIAGNOSTIC AND THERAPEUTIC SERVICES, - ANCILLARY AND SUPPORT SERVICES, - URGENT CARE SERVICES, - HOME HEALTH SERVICES, - SKILLED NURSING SERVICES AND - HOSPICE SERVICES. THE 11 HOSPITAL LOCATIONS ARE ACUTE CARE FACILITIES WITH INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES. THE SYSTEM INCLUDES A RESIDENTIAL FACILITY ON THE KENNESTONE HOSPITAL CAMPUS, CALLED ATHERTON PLACE. ATHERTON PLACE ALSO HOUSES AN ASSISTED LIVING UNIT AS AN ADDITIONAL LEVEL OF CARE. PAULDING MEDICAL CENTER IS HOME TO A FULL CARE NURSING HOME, PAULDING NURSING CENTER AND WEST GEORGIA MEDICAL CENTER IS ALSO HOME TO TWO FULL CARE NURSING HOMES. VERNON WOODS RETIREMENT COMMUNITY IS AN ASSISTED LIVING FACILITY. COBB HOSPITAL IS HOME TO A HOME HEALTH AGENCY AND A RESIDENTIAL HOSPICE FACILITY CALLED TRANQUILITY FOR THOSE PATIENTS IN THE END STAGES OF LIFE. KENNESTONE HOSPITAL ALSO OPERATES A RESIDENTIAL HOSPICE FACILITY NOT FAR FROM ITS MAIN CAMPUS. THE SYSTEM IS COMPLIMENTED WITH APPROXIMATELY 303 PHYSICIAN PRACTICES AND SEVERAL URGENT CARE CENTERS. THE SYSTEM IS THUS ABLE TO PROVIDE A COMPLETE CONTINUUM OF CARE FOR THE COMMUNITY IT SERVES. THE FOLLOWING STATEMENTS OF COMMUNITY BENEFIT AND PROGRAM SERVICE ACCOMPLISHMENTS REPRESENT SYSTEM-WIDE ACTIVITY FOR WELLSTAR HEALTH SYSTEM, INC. (THE "SYSTEM") - EIN 58-1649541. ALL AFFILIATED ENTITIES OF THE SYSTEM EXCEPT THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) OPERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. THE FOLLOWING EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS IDENTIFIES A BROAD OVERVIEW OF THE CHARITABLE PURPOSE FOR THE SYSTEM. THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THROUGH ITS AFFILIATES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS COMMUNITY FINANCIAL AID POLICY. IN FISCAL YEAR 2019 AND 2018, WELLSTAR AFFILIATE HOSPITALS MADE \$293 MILLION AND \$255.6 MILLION, RESPECTIVELY, IN PROVIDER PAYMENTS AND RECOGNIZED SUCH PAYMENTS AS A REDUCTION IN NET PATIENT SERVICE REVENUE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE SYSTEM ALSO PARTICIPATES IN CERTAIN GOVERNMENTAL INSURANCE PROGRAMS, INCLUDING MEDICARE AND MEDICAID. UNDER THESE PROGRAMS, THE SYSTEM PROVIDES CARE TO PATIENTS AT PAYMENT RATES WHICH ARE DETERMINED BY THE FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF THE SYSTEM'S ACTUAL CHARGES. IN MOST CASES, THESE PROGRAMS PAY THE SYSTEM AT AMOUNTS WHICH ARE LESS THAN ITS COST OF PROVIDING SERVICES. THE SYSTEM OFFERS MANY WELLNESS AND EDUCATIONAL SERVICES AT LITTLE OR NO COST TO THE COMMUNITY. HEALTH FAIRS ARE HELD THROUGHOUT THE YEAR AT CONVENIENT LOCATIONS, PROVIDING VARI</p>

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SERVICES	<p>OUS HEALTH SCREENINGS, SUCH AS MAMMOGRAMS, BONE DENSITY, BLOOD PRESSURE AND CHOLESTEROL CHECKS. A LARGE NUMBER OF EDUCATIONAL PROGRAMS ARE OFFERED FOR ALL AGES. THESE PROGRAMS INCLUDE BICYCLE SAFETY, CAR SEAT SAFETY, DEFENSIVE DRIVING, CPR AND FIRST-AID CLASSES. FLU SHOTS ARE AVAILABLE TO THE COMMUNITY DURING FLU SEASON AND HEALTH SCREENINGS, MEDICAL SUPPLIES, AND IMMUNIZATIONS ARE PROVIDED TO CHILDREN THROUGH LOCAL HEALTH DEPARTMENTS AND HEALTH FAIRS. THE COSTS OF THESE SERVICES ARE INCLUDED IN UNRESTRICTED REVENUE, GAINS AND OTHERSUPPORT IN EXCESS OF EXPENSES AND LOSSES IN THE FINANCIAL STATEMENTS.THE PHYSICIANS OF THE SYSTEM MAKE SIGNIFICANT CONTRIBUTIONS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY, INCLUDING INVOLVEMENT IN MANY COMMUNITY ACTIVITIES PROMOTING HEALTH AWARENESS AND IMPROVEMENT, EMERGENCY ROOM CARE, AND DELIVERY OF CARE TO THE INDIGENT POPULATION OF THE SYSTEM'S SERVICE AREA. THE SYSTEM ALSO MADE SIGNIFICANT CONTRIBUTIONS TO THE NURSING PROGRAM AT A LOCAL UNIVERSITY. THIS FINANCIAL SUPPORT HAS HELPED TO GROW THE PROGRAM, WHICH BENEFITS THE SYSTEM AS WELL AS THE COMMUNITY. THE SYSTEM AND ALL BUT ONE OF ITS AFFILIATES HAVE BEEN RECOGNIZED AS ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AND, THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. ONE OF THE SYSTEM'S AFFILIATES IS A CONTROLLED FOREIGN CORPORATION NOT SUBJECT TO FEDERAL INCOME TAX. THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) IS A TAXABLE AFFILIATE OF THE SYSTEM AND FILES IRS FORM 1120 US CORPORATION INCOME TAX RETURN.</p>

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FINANCIAL & DATA STATISTICS	<p>SERVICES PROVIDED SYSTEM-WIDE: LICENSED BEDS 2,775 ADULT DISCHARGES 115,246 NEWBORN DISCHARGES 14,489 EMERGENCY ROOM VISITS 647,911 SURGERIES 69,516 CATH LAB/PACEMAKERS/EP 18,856 NON-ED O/P RADIOLOGY PROCEDURES 494,041 MED/SURG. SHORT STAY CASES 834 GI LAB PROCEDURES 10,810 RADIOLOGY ONCOLOGY PROCEDURES 32,927 COMMUNITY BENEFITS WELLSTAR'S COMMUNITY EDUCATION & OUTREACH DEPARTMENT PROVIDES FREE BROCHURES ON A VARIETY OF HEALTH-RELATED ISSUES. WELL STAR PROVIDES SUPPORT GROUPS AND EDUCATIONAL OPPORTUNITIES TO THE COMMUNITY ON A VARIETY OF TOPICS INCLUDING MEN'S AND WOMEN'S HEALTH ISSUES, CARDIAC HEALTH, NUTRITION, CANCER, AND DIABETES. SOME OF THESE OPPORTUNITIES ARE PROVIDED FREE OF CHARGE OR AT A MINIMAL FEE. WELLSTAR ALSO PROVIDES FREE HEALTH SCREENINGS SUCH AS BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, BONE DENSITY AND WEIGHT ASSESSMENT. COMMUNITY EDUCATION & OUTREACH PROVIDES HEALTH AND WELLNESS PROGRAMS AND SERVICES ACROSS ALL WELLSTAR MARKETS REACHING OVER 450,000 PEOPLE ANNUALLY. SOME OF THE MORE SPECIFIC PROGRAMS/DEPARTMENTS ARE DOCUMENTED AS FOLLOWS: SCHOOL HEALTH PROGRAM: THIS PROGRAM TEACHES CHILDREN ABOUT HEALTH AND SAFETY TOPICS TO INCLUDE NUTRITION, PHYSICAL ACTIVITY, HYGIENE, BIKE AND PEDESTRIAN SAFETY AND MORE. THE PROGRAMS ARE CURRENTLY TAUGHT IN ELEMENTARY SCHOOLS (GRADES K-5) AND MIDDLE SCHOOLS (GRADES 6-8) IN CHEROKEE, COBB, DOUGLAS AND PAULDING COUNTIES. SAFE KIDS: WELLSTAR IS A CO-LEAD AGENCY FOR SAFE KIDS COBB COUNTY ALONG WITH COBB AND DOUGLAS PUBLIC HEALTH, AND WELLSTAR SPALDING HOSPITAL IS THE LEAD AGENCY FOR SAFE KIDS SPALDING THAT LAUNCHED IN JANUARY 2019. SAFE KIDS COBB COUNTY AND SAFE KIDS SPALDING ARE COMMITTED TO REDUCING AND PREVENTING ACCIDENTAL INJURIES TO CHILDREN AGES 19 AND UNDER BY HOSTING SAFETY EDUCATION EVENTS AND PROGRAMS, DISTRIBUTING SAFETY EDUCATION MATERIALS AND EQUIPMENT TO FAMILIES IN NEED. SAFETY AREAS OF FOCUS INCLUDE: CHILD PASSENGER, PEDESTRIAN, WHEEL, HOME, POISON PREVENTION AND WATER. EQUIPMENT DISTRIBUTION INCLUDES: CAR AND BOOSTER SEATS, BICYCLE HELMETS AND REFLECTORS, SMOKE/CARBON MONOXIDE ALARMS, HOME SAFETY KITS AND LIFEJACKETS. MOST OF THE EVENTS ARE FREE AND OPEN TO THE PUBLIC. THE IMPORTANT MESSAGE TAUGHT AT THESE EVENTS IS THAT SAFETY BEGINS WITH THE PARENTS AND CAREGIVERS. ANNUALLY, NEARLY 800 CAR SEATS ARE PRESENTED TO FAMILIES IN NEED, AND OVER 3,000 INFANT CAR SEATS ARE CHECKED AT OVER 130 CAR SEAT EVENTS. THE GOOD LIFE CLUB: WELLSTAR PROVIDES A SPECIAL PROGRAM FOR AREA RESIDENTS AGE 50 AND OLDER CALLED THE GOOD LIFE CLUB. THIS PROGRAM PROVIDES HEALTHY AGING RESOURCES AND PROMOTES HEALTH, WELLNESS, AND AN ACTIVE LIFESTYLE THROUGH CLASSES, HEALTH SCREENINGS AND OTHER OPPORTUNITIES. A SMALL ONE-TIME FEE COVERS A LIFETIME MEMBERSHIP AND INCLUDES: - HEALTH AND WELLNESS EDUCATION AND PROGRAMS - A QUARTERLY NEWSLETTER - FREE HEALTH SCREENINGS - DISCOUNTED PARKING AT HOSPITALS AND OTHER RETAIL DISCOUNTS - TRAVEL DISCOUNTS THE GOOD LIFE CLUB CURRENTLY HAS MORE THAN 2,000 MEMBERS. COMMUNITY ACTIV</p>

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FINANCIAL & DATA STATISTICS	<p>ITIES - WELLSTAR HAS PARTNERED WITH A LOCAL COLLEGE, KENNESAW STATE UNIVERSITY ("KSU") TO DEVELOP EDUCATIONAL AND ON-SITE TRAINING PROGRAMS WHICH WILL HOPEFULLY IMPROVE THE CURRENT AND FUTURE HEALTH OF OUR COMMUNITY. MANY OF THE NURSES IN THE SYSTEM ARE TRAINED THROUGH THE NURSING PROGRAM OFFERED BY KSU. WELLSTAR IS ALSO AFFILIATED WITH THE CHATTAHOOCHEE TECHNICAL COLLEGE-NORTH METRO CAMPUS'S RADIOLOGIC TECHNOLOGY PROGRAM. WELLSTAR SERVES AS THE CLINICAL AFFILIATE FOR THE STUDENTS IN THIS TWO-YEAR PROGRAM. THE STUDENTS TRAIN AT WELLS TARS HOSPITALS AND OUTPATIENT FACILITIES. THE PROGRAM RECEIVED ACCREDITATION FROM THE JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY. THE GOAL IS TO HAVE TRAINED STUDENTS WHO CAN SUBSEQUENTLY CONTRIBUTE TO THE HEALTH OF THE COMMUNITY WE SERVE. COMMUNITY PARTNERSHIPS AND SPONSORSHIPS - COMMUNITY EDUCATION & OUTREACH IS RESPONSIBLE FOR DEVELOPING AND CULTIVATING STRATEGIC COMMUNITY PARTNERSHIPS BY ALIGNING WELLSTARS STRATEGIC GOALS, COMMUNITY DEVELOPMENT OPPORTUNITIES AND THE PRIORITY HEALTH NEEDS OF OUR LOCAL COMMUNITIES. SPONSORSHIPS PROVIDE AN OPPORTUNITY TO SUPPORT WELLSTARS MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE BY SUPPORTING ORGANIZATIONS AND EVENTS AS A SPONSOR. ORGANIZATIONS INCLUDE THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN LUNG ASSOCIATION, ITS THE JOURNEY, MARCH OF DIMES, SUSAN G. KOMEN FOUNDATION, AS WELL AS SEVERAL NUMEROUS LOCAL ORGANIZATIONS. MANY EMPLOYEES ALSO VOLUNTEER AND PARTICIPATE IN SOME OF THE EVENTS HELD BY THESE ORGANIZATIONS SUCH AS WALKS, FUNDRAISERS AND SCREENINGS. CLINICS: WELLSTAR IS AFFILIATED WITH SEVERAL CLINICS WHICH PROVIDE FREE OR SLIDING SCALE HEALTH SERVICES TO PERSONS WHO CANNOT AFFORD TO PAY OR THOSE WHO ARE NOT EXPECTED TO PAY. WOMEN & CHILDREN RESOURCE CENTERS: THE WOMEN'S AND CHILDREN'S RESOURCE CENTER AT COBB, DOUGLAS, AND KENNESTONE HOSPITALS PROVIDE MUCH NEEDED SUPPORT FOR MOTHERS AND THEIR NEWBORN BABIES THROUGH INPATIENT AND OUTPATIENT CONSULTATIONS, WARM LINE PHONE CALLS, CHILDBIRTH, NEWBORN CARE AND BREASTFEEDING CLASSES, AN ANNUAL MATERNITY AND BABY FAIR, AS WELL AS OTHER EDUCATIONAL OPPORTUNITIES. THESE PROGRAMS DEMONSTRATE WELLSTARS COMMITMENT TO THE HEALTH AND WELL-BEING OF THE NEW MOTHERS AND THEIR BABIES IN OUR COMMUNITY. IN FY2019 THE UNREIMBURSED COST ASSOCIATED WITH THE PROGRAM TOTALED APPROXIMATELY \$400,000 AND MORE THAN 7,000 PARENTS PARTICIPATED IN PRENATAL AND CHILDBIRTH PROGRAMS. IN FY2019 THE TOTAL UNCOMPENSATED CARE, OTHER COMMUNITY BENEFITS AND COMMUNITY INVESTMENTS PROVIDED BY WELLSTAR WAS OVER \$ 1.1 BILLION. COMMITMENT TO THE COMMUNITY BREAKDOWN: CHARITY & INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 293,047,000 MEDICAID SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 104,179,000 MEDICARE SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 237,145,000 OTHER PATIENTS (UNCOMPENSATED CARE COSTS) - \$ 135,375,000 TOTAL UNCOMPENSATED CARE - \$ 769,746,000 OTHER COMMUNITY PROGRAMS (PARTICIPATION IN COALITIONS) - \$</p>

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FINANCIAL & DATA STATISTICS	344,000 OTHER COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 421,000 OTHER COMMUNITY PROGRAMS (HEALTH CARE SUPPORT) - \$ 10,092,000 TOTAL OTHER COMMUNITY PROGRAMS - \$ 10,857,000 COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 311,741,000 COMMUNITY INVESTMENTS (ALLIED HLTH/MEDICAL EDUCATION) - \$ 4,268,000 COMMUNITY INVESTMENTS (OPERATIONS - STAFF/SOFTWARE) - \$ 48,000 TOTAL COMMUNITY INVESTMENTS - \$ 316,057,000 WELLSTAR CONTINUES TO PARTICIPATE IN THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) MEDICARE SAVINGS PROGRAM AS AN ACCOUNTABLE CARE ORGANIZATION (ACO). WELLSTAR'S ACO IS THE LARGEST ACO IN GEORGIA AND 1,600 PHYSICIANS INCLUDING 50,000 MEMBERS. THE ACO HAS BEEN RECOGNIZED AS ONE OF THE TOP 100 ACOS IN THE COUNTRY. THE PROGRAM HAS BEEN SUCCESSFUL THROUGH A FOCUS ON WELLNESS AND THE IMPROVED MANAGEMENT OF CHRONIC ILLNESSES AND THE RELATED COORDINATION OF CARE, TO ENSURE PATIENTS, ESPECIALLY CHRONICALLY ILL, GET THE RIGHT CARE AT THE RIGHT TIME TO MAINTAIN THEIR OPTIMAL HEALTH AND AVOID THE NEED FOR HIGH-COST EMERGENCY AND HOSPITAL CARE.

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AWARDS, RECOGNITION AND ACCOMPLISHMENTS	<p>ECRI (FORMERLY EMERGENCY CARE RESEARCH INSTITUTE) RECENTLY NAMES WELLSTAR HEALTH SYSTEM AS ONE OF ELEVEN NATIONAL HEALTHCARE ORGANIZATIONS TO RECEIVE ITS PRESTIGIOUS SUPPLY CHAIN A CHIEVEMENT AWARD. THE AWARD HONORS ORGANIZATIONS FOR EXCELLENCE IN BALANCING COST, QUALITY AND OUTCOMES. AWARD WINNERS WERE SELECTED FROM 3,000 MEMBER ORGANIZATIONS. BECKERS HOSPIT AL REVIEW, ONE OF THE NATIONS MOST PRESTIGIOUS HEALTHCARE PUBLICATIONS, HAS NAMES WELLSTAR WEST GEORGIA MEDICAL CENTER TO ITS 2018 NATIONAL LIST OF "100 GREAT COMMUNITY HOSPITALS." WGMC IS ON OF THE ONLY TWO COMMUNITY HOSPITALS IN GEORGIA TO RECEIVE THIS HONOR. THE BECK ETT TEAM SELECTED HOSPITALS FOR INCLUSION BASED ON RANKINGS AND AWARDS FROM ORGANIZATIONS INCLUDING IVANTAGE HEALTH ANALYTICS, TRUVEN HEALTH ANALYTICS, HEALTHGRADES, CARE CHEX, THE AMERICAN NURSES CREDENTIALING CENTER AND THE LEAPFROG GROUP. INCLUDED ORGANIZATIONS HAVE EARNED RECOGNITION FROM ONE OR MORE OF THESE ORGANIZATIONS. WELLSTAR SPALDING HOSPITAL EMS TEAM RECEIVED THE AMERICAN HEART ASSOCIATION 2018 MISSION LIFETIME EMS SILVER AWARD FOR S TEMI CARE- ONE OF ONLY SIX SERVICES TO RECEIVE THE AWARD. WORKING MOTHER MAGAZINE ONCE AGA IN NAMED WELLSTAR HEALTH SYSTEM TO ITS ANNUAL LIST OF "100 BEST COMPANIES," WHICH CELBRATE S ORGANIZATIONS THAT LEAD IN THE AREAS OF FEMALE CAREER ADVANCEMENT, PAID PARENTAL, LEAVE, CHILDCARE ASSISTANCE, BENEFITS AND FLEXTIME. WELLSTAR EARNED A TOP SPOT FOR ITS INNOVATIV E WORK-LIFE BALANCE PROGRAMS AND EMPHASIS ON TEAM MEMBER WELLNESS. THE COMMISSION ON ACCRE DITATION OF REHABILITATION FACILITIES (CARF) RECENTLY ANNOUNCE THAT WELLSTAR KENNESTONE HO SPITAL RECEIVED A THREE-YEAR ACCREDITATION FOR ITS 20-BED INPATIENT REHABILITATION UNIT/P ROGRAM FOR ADULT STROKE PATIENTS. THE UNIT HAS BEEN CARF SINCE 1994. THE WELLSTAR BREAST H EALTH CONTINUUM OF CARE AT WELLSTAR KENNESTONE HOSPITAL RECEIVED ITS SECOND CONSECUTIVE AM ERICAN COLLEGE OF SURGEONS NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS ACCREDITATION (NAPBC). NAPBC ACCREDITATION FORMALLY ACKNOWLEDGES THE COMMITMENT OF WELLSTAR TO PROVIDE THE HIGHEST QUALITY EVALUATION AND MANAGEMENT TO PATIENTS WITH BREAST DISEASE. WELLSTAR WINDY HILL WAS NAMED A 2018 RECIPIENT OF THE GUARDIAN OF EXCELLENCE AWARD BY PRESS GANEY AT PRESS GANEYS ANNUAL CLIENT CONFERENCE IN NOVEMBER 2018. THE AWARD WAS GIVEN IN RECOGNITION OF EXCELLENCE AT THE SURGICAL CENTERS OF WINDY HILL HOSPITAL AND EAST COBB HEALTH PARK. T HE GUARDIAN OF EXCELLENCE AWARD, A NATIONALLY RECOGNIZED SYMBOL OF ACHIEVEMENT, RECOGNIZES TOP-PERFORMING HEALTHCARE ORGANIZATIONS THAT HAVE ACHIEVED 95TH PERCENTILE OR ABOVE FOR P PERFORMANCE INDICATORS FOR PATIENT EXPERIENCE. WELLSTAR PAULDING HOSPITAL HAS RECEIVED THE CNOR STRONG DESIGNATION FORM THE COMPETENCY & CREDENTIALING INSTITUTE (CCI). THIS RECOGNIT ION IS GIVEN TO FACILITIES THAT HAVE AT LEAST 50% OF OR NURSING STAFF CNOR CERTIFIED. WELL STAR PAULDING HAS EXCEEDED THE REQUIREMENT TO REACH 80% CERTIFICATION RATE. THE CNOR CERTI FICATION PROGRAM IS FOR PERIOP</p>

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AWARDS, RECOGNITION AND ACCOMPLISHMENTS	ERATIVE NURSES INTERESTED IN IMPROVING AND VALIDATING THEIR KNOWLEDGE AND SKILLS AND PROVIDING THE HIGHEST QUALITY CARE TO THEIR PATIENTS. WELLSTAR HAS BEEN NAMED TO THE NATIONAL ASSOCIATION FOR FEMALE EXECUTIVES TOP 10 NONPROFIT COMPANIES FOR EXECUTIVE WOMEN FOR 2018. THE AWARD HONORS ORGANIZATIONS THAT HAVE MOVED WOMEN INTO TOP EXECUTIVE POSITIONS AND CREATED A CULTURE WHERE TALENTED WOMEN THRIVE. WELLSTAR HAS BEEN NAMED TO ONE OF ATLANTAS 2018 BEST AND BRIGHTEST COMPANIES TO WORK FOR. WELLSTAR WAS RECOGNIZED FOR EXCELLENCE IN HUMAN RESOURCE PRACTICES AND EMPLOYEE ENRICHMENT. THE ATLANTA JOURNAL-CONSTITUTION AND AJCJOBS HONORS GEORGIAS TOP NURSES WITH THE AJCJOBS NURSING EXCELLENCE AWARDS. FIVE WELLSTAR NURSING PROFESSIONALS WERE SELECTED FROM A FIELD OF 800 NOMINATIONS FOR THEIR UNENDING SUPPORT OF PATIENTS AND THE COMMUNITY.

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FORM 990, PART IV, LINE 12B	AUDITED FINANCIAL STATEMENTS WELLSTAR Health System, Inc. IS AUDITED ON AN ANNUAL BASIS BY AN OUTSIDE AUDITING FIRM, KPMG, AND AS PART OF THAT AUDIT A CONSOLIDATED FINANCIAL STATEMENT IS ISSUED FOR ALL OF WELLSTAR HEALTH SYSTEM, INC. AND ITS CONTROLLED AFFILIATES. THE INDEPENDENT AUDITORS REPORT INCLUDES THE ACCOUNTS OF WELLSTAR AND ITS CONTROLLED AFFILIATES, WELLSTAR KENNESTONE HOSPITAL, INC., WELLSTAR COBB HOSPITAL, INC., WELLSTAR DOUGLAS HOSPITAL, INC., WELLSTAR PAULDING MEDICAL CENTER, INC., WELLSTAR ATLANTA MEDICAL CENTER, INC., WELLSTAR NORTH FULTON HOSPITAL, INC., WELLSTAR SPALDING REGIONAL HOSPITAL, INC., WELLSTAR SYLVAN GROVE HOSPITAL, INC., WELLSTAR WEST GEORGIA MEDICAL CENTER, INC., VERNON WOODS RETIREMENT COMMUNITY, INC., VARIOUS WELLSTAR OWNED PHYSICIAN PRACTICES, A HOSPICE FACILITY, A NURSING FACILITY, HOME HEALTH BUSINESS, AND ENTITIES FOR INFUSION THERAPY AND DURABLE MEDICAL EQUIPMENT. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION. THE BOARD OF TRUSTEES OF WELLSTAR HEALTH SYSTEM, INC. HAS THE AUTHORITY TO APPROVE APPOINTMENTS OF THE MEMBERS OF THE BOARD OF TRUSTEES OF ALL AFFILIATE CORPORATIONS.

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FORM 990, PART IV, LINE 24A	TAX EXEMPT BOND REPORTING FOR PURPOSES OF THE FORM 990 REPORTING, WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541) WILL LIST ALL TAX-EXEMPT BONDS ISSUED SINCE JANUARY 1, 2003 ON SCHEDULE K AS IT TYPICALLY ALLOCATES THE PROCEEDS OF THE BONDS TO MEMBERS OF THE OBLIGATED GROUP (INCLUDING THE HOSPITALS AND PHYSICIAN GROUP). WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. WILL REPORT THIS TAX EXEMPT BOND LIABILITY ON FORM 990, PART X, LINE 25 OTHER LIABILITIES DUE TO WHS, INC. FORM 990, PART VI, SECTION A, LINE 6 THE SOLE CORPORATE MEMBER IS WELLSTAR HEALTH SYSTEM, INC.

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FORM 990, PART VI, SECTION A, LINES 7A & 7B	POWERS OF THE BOARD AS PER THE ARTICLES OF INCORPORATION, THE SOLE MEMBER OF THE ORGANIZATION IS WELLSTAR HEALTH SYSTEM, INC., A GEORGIA NONPROFIT CORPORATION. AS SOLE MEMBER, WELLSTAR HEALTH SYSTEM, INC. HOLDS CERTAIN POWERS OF ELECTION AND APPROVAL IN CONNECTION WITH THE GOVERNING BODY OF THE ORGANIZATION. THESE POWERS ARE PRESENTED IN DETAIL IN THE GOVERNING DOCUMENTS WHICH THE COMPANY MAKES AVAILABLE TO THE PUBLIC UPON REQUEST.

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FORM 990, PART VI, SECTION B, LINE 11B	BOARD REVIEW OF FORM 990 INTERNAL STAFF PREPARES THE ORGANIZATION'S FORM 990. BEFORE FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE AN EXTERNAL ACCOUNTING FIRM, PRICEWATERHOUSECOOPERS LLP, REVIEWS AND SIGN-OFFS ON THE COMPLETED RETURN OF EACH ORGANIZATION. THE CURRENT YEAR FORM 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE ALONG WITH A QUESTION AND ANSWER SESSION. A MOTION IS THEN MADE BY THE FINANCE COMMITTEE TO APPROVE THE RETURNS AND PRESENT TO THE FULL BOARD COPIES OF THE FORMS IN AN ELECTRONIC (PDF FORMAT) VERSION AS WELL AS A HARD COPY. THE ORGANIZATION'S CFO OR DESIGNEE SUBSEQUENTLY SIGNS THE RETURN FOR EITHER MANUAL OR ELECTRONIC FILING BY THE APPROPRIATE DUE DATE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY OUR CONFLICT OF INTEREST POLICY REQUIRES ALL COVERED PERSONS TO ANNUALLY REVIEW THE POLICY AND THEN COMPLETE, SIGN AND RETURN THE CONFLICTS OF INTEREST SURVEY AND ATTESTATION TO THE COMPLIANCE OFFICE. THE POLICY REQUIRES AN ON-GOING DISCLOSURE OBLIGATION IN THE EVENT A CONFLICT ARISES DURING THE YEAR. THE FOLLOWING IS OUR PROCESS TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE THE POLICY: COMPLIANCE IDENTIFIES ALL COVERED PERSONS WHO MUST COMPLETE THE SURVEY AND ATTESTATION. COMPLIANCE VERIFIES THAT THE SURVEY AND ATTESTATION IS DISTRIBUTED TO THESE PERSONS. COMPLIANCE VERIFIES THAT THESE PERSONS RETURN A FULLY COMPLETED AND SIGNED SURVEY AND ATTESTATION. COMPLIANCE REVIEWS EACH COMPLETED AND SIGNED SURVEY AND ATTESTATION TO IDENTIFY ALL CONFLICTS LISTED IN THE DOCUMENT. ALL CONFLICTS, POTENTIAL CONFLICTS AND INCIDENCES OF NON-COMPLIANCE ARE REFERRED TO THE CHIEF COMPLIANCE OFFICER. THE CCO TAKES APPROPRIATE ACTION TO COMPLETELY RESOLVE ALL IDENTIFIED CONFLICTS AND INCIDENCES OF NON-COMPLIANCE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>COMPENSATION OF OFFICERS WELLSTAR HEALTH SYSTEM, INC. HAS ENGAGED SULLIVAN COTTER TO WORK WITH THE GOVERNING BOARD TO REVIEW AND RECOMMEND EXECUTIVE COMPENSATION. THE EXECUTIVE COMPENSATION PROCESS AT WELLSTAR IS OVERSEEN BY A COMMITTEE OF INDEPENDENT TRUSTEES, WHICH FOLLOWS A BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY. THE COMPENSATION COMMITTEE CONSISTS OF FIVE TRUSTEES AS WELL AS THE CEO IN AN ADVISORY ROLE AND NOT A VOTING MEMBER. FURTHER IN COMMITTEE DISCUSSIONS ABOUT THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, THE CEO WILL RECUSE HIM/HERSELF FROM THAT PROCESS AND IS A NON-VOTING COMMITTEE MEMBER FOR DISCUSSIONS ON ALL OTHER OFFICERS. THE EXECUTIVE COMPENSATION PHILOSOPHY EMPOWERS THE COMMITTEE TO OVERSEE THE EXECUTIVE COMPENSATION PROCESS AND ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM ON BEHALF OF THE FULL BOARD OF TRUSTEES 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. BASE COMPENSATION IS TARGETED AT THE MEDIAN BASE COMPENSATION PAID TO SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS (THE MARKET). OFFICERS OF THE COMPANY ALSO RECEIVE VARIABLE COMPENSATION THAT IS DEPENDENT ON INDIVIDUAL AND ORGANIZATION PERFORMANCE. WHEN PERFORMANCE IS AT A PREDETERMINED TARGETED LEVEL, THE TOTAL COMPENSATION, BOTH BASE AND VARIABLE, IS INTENDED TO BE AT OR AROUND THE 75TH% OF COMPENSATION PAID TO SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS. 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 SULLIVAN COTTER 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 PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII & 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 58-1649541).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS FOR THE REPORTING PERIOD WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. HAD A CHANGE IN NET ASSETS OF (\$40,793,337) RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION FEES TOTAL FEES:1636100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:LAB FEES TOTAL FEES:634404

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:17008108

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
WEST GEORGIA MEDICAL CENTER INC

Employer identification number

20-5497506

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

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

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

See Additional Data Table

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-5497506
Name: WEST GEORGIA MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
793 SAWYER ROAD Marietta, GA 30062 58-1649540	Foundation	GA	501(C)(3)	12 II	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-2026750	Healthcare	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD Marietta, GA 30062 58-2032904	Healthcare	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-2095884	Healthcare	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-1627413	Foundation	GA	501(C)(3)	12 II	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-1649541	Healthcare	GA	501(C)(3)	12 II	NA		No
793 SAWYER ROAD MARIETTA, GA 30062 81-0837031	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0851756	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0864789	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0875069	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 20-5497622	HEALTHCARE	GA	501(C)(3)	12 II	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-0968382	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-2575049	HEALTHCARE	GA	501(C)(3)	10	WGHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 20-0936376	FOUNDATION	GA	501(C)(3)	12 II	WGHS INC	Yes	
1514 VERNON ROAD LAGRANGE, GA 30240 58-1303478	FOUNDATION	GA	501(C)(3)	7	WGHS INC	Yes	