



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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 118,016,620	including grants of \$ 5,147	(Revenue \$ 139,846,843 )
See Additional Data				

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

<b>4e</b>	<b>Total program service expenses ▶</b>	118,016,620
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

	Yes	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> 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> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	979			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	20	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	10	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b> Did the organization have members or stockholders?	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

### 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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

## Part VII

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	2,422,735	28,620,351	3,420,860

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 75

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

## Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0



Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . . . . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	8,179			
	g Noncash contributions included in lines 1a - 1f \$ . . . . .					
h Total. Add lines 1a-1f . . . . . ▶		8,179				
Program Service Revenue			Business Code			
	2a PATIENT REVENUE	621990	139,741,839	139,741,839		
	b LAB TESTS	621990	14,374	14,374		
	c MEDICAL RECORDS	621900	90,630	90,630		
	d					
	e					
	f All other program service revenue . . . . .					
g Total. Add lines 2a-2f . . . . . ▶		139,846,843				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		659,478			659,478
	4 Income from investment of tax-exempt bond proceeds . . . . . ▶		0			
	5 Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal		
	6a Gross rents		-8,464			
	b Less rental expenses					
	c Rental income or (loss)		-8,464	0		
	d Net rental income or (loss) . . . . . ▶		-8,464			-8,464
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory			29,747		
	b Less cost or other basis and sales expenses					
	c Gain or (loss)			29,747		
	d Net gain or (loss) . . . . . ▶		29,747			29,747
	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		0			
b Less cost of goods sold . . . . . b		0				
c Net income or (loss) from sales of inventory . . . . . ▶		0				
Miscellaneous Revenue		Business Code				
11a OPERATING REVENUES		900099	176,118		176,118	
b PERSONAL TRAINING REVENUE		900099	12,500		12,500	
c ALL OTHER REVENUE		900099	37,385		37,385	
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . . ▶		226,003				
12 Total revenue. See Instructions . . . . . ▶		140,761,786		139,846,843	906,764	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,147	5,147		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,575,026	1,260,021	315,005	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	59,287,564	45,834,165	13,453,399	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,297,599	3,297,599		
<b>9</b> Other employee benefits.	9,369,877	7,007,184	2,362,693	
<b>10</b> Payroll taxes.	3,551,095	3,551,095		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	2,786,993	2,786,993		
<b>b</b> Legal.	0			
<b>c</b> Accounting.	0			
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,724,480	13,050,612	5,673,868	0
<b>12</b> Advertising and promotion.	13,565	13,565		
<b>13</b> Office expenses.	819,085	819,085		
<b>14</b> Information technology.	0			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	1,875,563	1,875,152	411	
<b>17</b> Travel.	319,066	89,474	229,592	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	8,081,859	8,050,139	31,720	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	8,306,072	5,422,829	2,883,243	
<b>23</b> Insurance.	1,479,465	1,479,465		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	21,161,654	21,139,809	21,845	
<b>b</b> REPAIRS AND MAINTENANCE	1,881,580	1,881,580		
<b>c</b> NON-MEDICAL SUPPLIES	1,103,193	557,144	546,049	
<b>d</b> OTHER	-5,208,318	-104,438	-5,103,880	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	138,430,565	118,016,620	20,413,945	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		24,277	<b>1</b>	91,157	
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0	
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0	
	<b>4</b>	Accounts receivable, net . . . . .		23,536,621	<b>4</b>	24,195,520	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		1,899,863	<b>8</b>	2,380,718	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		971,213	<b>9</b>	540,696	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	87,943,181			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	17,784,292	70,778,619	<b>10c</b>	70,158,889
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0	
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		141,887,147	<b>15</b>	142,371,243	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		239,097,740	<b>16</b>	239,738,223		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		9,474,297	<b>17</b>	13,371,365	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		215,643,712	<b>25</b>	212,569,830	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		225,118,009	<b>26</b>	225,941,195	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		13,979,731	<b>27</b>	13,796,528	
	<b>28</b>	Temporarily restricted net assets . . . . .		0	<b>28</b>	500	
	<b>29</b>	Permanently restricted net assets		0	<b>29</b>	0	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		13,979,731	<b>33</b>	13,797,028		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		239,097,740	<b>34</b>	239,738,223		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	140,761,786
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	138,430,565
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,331,221
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,979,731
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,513,924
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	13,797,028

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 81-0864789

**Name:** WELLSTAR SPALDING REGIONAL HOSPITAL 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
CARRIE O PLIETZ ..... EVP & COO HOSPITAL DIVISION	1 0 ..... 49 0			X				0	951,290	66,912
DANIEL ABAD ..... VP TOTAL REWARDS (BEG 3/19)	1 0 ..... 49 0			X				0	0	0
DAVID BITTNER ..... VP OPERATIONS & COO	50 0 ..... 0 0			X				260,646	0	34,241
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
EH I OSEHOB O MD ..... VP HOSPITAL CHIEF MED OFFICER	25 0 ..... 25 0			X				246,449	0	47,045

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
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
JILL M CASE-WIRTH ..... SVP NURSING SERVICES	1 0 ..... 49 0			X				0	474,604	60,462

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			
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
LEANNE COOK ..... VP CONSUMER ENG (BEG 3/19)	1 0 ..... 49 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			
LEO E REICHERT ..... EVP & GENERAL COUNSEL	1 0 ..... 49 0			X				0	811,932	66,669
LISA N JOHNSON ..... VP CNO PATIENT SRVCS(BEG10/18)	25 0 ..... 25 0			X				193,379	0	21,673
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 (END 2/19)	16 0 ..... 34 0			X				0	389,610	73,259
REBECCA L RUHL ..... VP FACILITY COMPLIANCE OPS	1 0 ..... 49 0			X				0	203,610	29,995
RICHARD S SIEGEL ..... VP CARDIOLOGY & CVM ADMIN	1 0 ..... 49 0			X				0	382,611	80,285

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			
ROB SCHREINER ..... EVP & PRESIDENT MEDICAL GROUP	1 0 ..... 49 0			X				0	728,722	38,899
ROBERT J DECOUX ..... VP CORPORATE MED STAFF SVCS	1 0 ..... 49 0			X				0	235,358	54,917
SANDRA LUCIUS ..... VP INFO TECHNOLOGY APPS	1 0 ..... 49 0			X				0	400,773	49,169
SEAN P TURNER ..... VP REVENUE CYCLE MANAGEMENT	1 0 ..... 49 0			X				0	428,955	38,743
SHALIMA PANNIKODE ..... SVP CHF INFO&DIGITAL(BEG 4/19)	1 0 ..... 49 0			X				0	0	0
SNEHAL H DOSHI ..... VP SYSTEM PHARMACIST	1 0 ..... 49 0			X				0	253,636	60,538
SONYA E ALDY ..... VP TALENT ACQUISITION	1 0 ..... 49 0			X				0	269,707	35,130
SOPHIA MARSHALL ..... VP ORG COMM (BEG 3/19)	1 0 ..... 49 0			X				0	0	0
STACEY J HANCOCK ..... VP HUMAN RESOURCES	25 0 ..... 25 0			X				217,449	0	51,180
STEPHEN L BADGER ..... VP STRATEGIC SERVICES	1 0 ..... 49 0			X				0	619,283	82,985

**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			
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
TAMARA D ISON ..... SVP & HOSPITAL PRESIDENT	24 0 ..... 26 0			X				409,027	0	52,739
TIMOTHY HANEY ..... SVP R E FAC & DVLP SVCS	1 0 ..... 49 0			X				0	461,540	55,544
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
DENNIS SIMMONS ..... DIRECTOR - PHARMACY SERVICES	50 0 ..... 0 0					X		202,613	0	46,648
KAREN DUCKWORTH ..... DIRECTOR - NURSING	50 0 ..... 0 0					X		162,579	0	23,578
LORI HINCKLEY ..... PHARMACIST UNIT BASED	50 0 ..... 0 0					X		151,204	0	23,505

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			
MELONY HOSFORD ..... MANAGER - PHARMACY SERVICES	50 0 ..... 0 0					X		159,692	0	38,370
TERRY HOSCH ..... DIRECTOR - NURSING	50 0 ..... 0 0					X		158,495	0	33,200
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
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
WADRA MCCULLOUGH ..... FORMER VP CNO	0 0 ..... 0 0						X	261,202	0	12,010

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

WELLSTAR SPALDING REGIONAL HOSPITAL INC

Employer identification number

81-0864789

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						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018



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	<b>Total.</b> 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	<b>Public support.</b> 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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

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

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

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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: 81-0864789  
Name: WELLSTAR SPALDING REGIONAL HOSPITAL 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

► 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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WELLSTAR SPALDING REGIONAL HOSPITAL INC

Employer identification number  
81-0864789

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

**a** Board designated or quasi-endowment ▶

**b** Permanent endowment ▶

**c** Temporarily restricted endowment ▶

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		2,835,000		2,835,000
<b>b</b> Buildings . . . . .		58,220,209	7,128,895	51,091,314
<b>c</b> Leasehold improvements		1,988,552	395,029	1,593,523
<b>d</b> Equipment . . . . .		13,342,925	7,406,051	5,936,874
<b>e</b> Other . . . . .		11,556,496	2,854,318	8,702,178
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				70,158,889

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) OTHER ASSETS	142,371,243
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	142,371,243

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	212,619,024
OTHER LONG TERM LIABILITIES	-49,194
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	212,569,830

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

☒

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

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

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

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

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

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

**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:** 81-0864789  
**Name:** WELLSTAR SPALDING REGIONAL HOSPITAL INC

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE FOLLOWING FOOTNOTE IS RELATED TO THE ORGANIZATION'S APPLICATION OF FIN 48 (ASC 740) " WELLSTAR AND ITS AFFILIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER I NTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), AND T HEREOFRE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES WELLST AR APPLIES FASB ASC 740, INCOME TAXES, WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INC OME TAX POSITIONS IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN EN TITY'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 A SC 740 "

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

WELLSTAR SPALDING REGIONAL HOSPITAL INC

Employer identification number

81-0864789

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 125 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<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 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,401,798		14,401,798	10 400 %
b Medicaid (from Worksheet 3, column a)			25,282,360	20,863,413	4,418,947	3 190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			39,684,158	20,863,413	18,820,745	13 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			220,906		220,906	0 160 %
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			220,906		220,906	0 160 %
k Total. Add lines 7d and 7j			39,905,064	20,863,413	19,041,651	13 750 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	5,026,610	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	61,937,469	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	69,664,033	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-7,726,564	
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

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



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
WELLSTAR SPALDING REGIONAL HOSPITAL**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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)**

WELLSTAR SPALDING REGIONAL HOSPITAL

**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			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>16</b> 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)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
<b>c</b> <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>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <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			
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)			

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

WELLSTAR SPALDING REGIONAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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)**

WELLSTAR SPALDING REGIONAL HOSPITAL

**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
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

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

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

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

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

**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 WELLSTAR SPALDING REGIONAL HOSPITAL IS AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC WHICH ON AN ANNUAL BASIS ISSUES A COMMUNITY BENEFIT REPORT THIS REPORT IS SUBSEQUENTLY DISTRIBUTED IN AND AROUND THE FIVE-COUNTY PRIMARY SERVICE AREA OF THE HEALTH SYSTEM ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA) GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL THE COMMUNITY BENEFIT REPORT CAN BE FOUND AT THE FOLLOWING LINK <a href="https://www.wellstar.org/community/documents/wellstar-community-benefits-report.pdf">HTTPS //WWW WELLSTAR ORG/COMMUNITY/DOCUMENTS/WELLSTAR-COMMUNITY- BENEFITS-REPORT PDF</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COST TO CHARGE RATIO FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND AFFILIATES (INCLUDING WELLSTAR SPALDING REGIONAL HOSPITAL) 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



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT THE REPORTED BAD DEBT CHARGES IS DERIVED FROM UNPAID BALANCES OF PATIENT ACCOUNTS THAT ARE DEEMED UNCOLLECTABLE AFTER 120 DAYS OF COLLECTION EFFORT BY THE HOSPITALS 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 HOSPITALS 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 SPALDING REGIONAL HOSPITAL 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, AND 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

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION PRACTICES THE POLICY WRITTEN FOR COLLECTION PRACTICES THAT APPLIES TO ALL WELLSTAR HEALTH SYSTEM ENTITIES INCORPORATES GUIDELINES FOR PERSONNEL IN THE ADMISSIONS AND PATIENT ACCESS AREAS TO BE TRAINED IN IDENTIFYING PATIENTS THAT MIGHT QUALIFY FOR FINANCIAL ASSISTANCE IT IS ALSO THE POLICY OF ALL WELLSTAR FACILITIES TO HAVE AT LEAST ONE EMPLOYEE OR CONTRACTOR AVAILABLE AT ALL TIMES, ESPECIALLY IN THE HOSPITALS WITH EMERGENCY ROOMS, WHO CAN PROVIDE ASSISTANCE WITH THE PAPERWORK NECESSARY TO HELP PATIENTS WHO WOULD QUALIFY FOR GOVERNMENTAL AND OTHER ASSISTANCE PROGRAMS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT TO ASSESS THE CURRENT HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, WELLSTAR HEALTH SYSTEM, INC. CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR WELLSTAR SPALDING REGIONAL AND SYLVAN GROVE HOSPITALS. THE CHNA WAS A COLLABORATIVE EFFORT INVOLVING WELLSTAR EXECUTIVE LEADERSHIP, HOSPITAL LEADERSHIP, PUBLIC HEALTH AGENCIES, AND A MULTI-SECTOR COALITION OF COMMUNITY STAKEHOLDERS. INPUT FROM COMMUNITY REPRESENTATIVES &amp; COMMUNITY SOURCES. THE SECONDARY DATA INCLUDED IN THIS ASSESSMENT WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE BOTH RELIABLE AND REPRESENTATIVE OF THE COMMUNITIES SERVED BY WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS. QUANTITATIVE DATA SOURCES INCLUDED BUT WERE NOT LIMITED TO -CENTERS FOR DISEASE CONTROL AND PREVENTION -COMMUNITY COMMONS -COMMUNITY NEED INDEX (CNI) -COUNTY HEALTH RANKINGS AND ROADMAPS -GEORGIA DEPARTMENT OF PUBLIC HEALTH -GEORGIA PREVENTION PROJECT -U.S. CENSUS BUREAU. 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:</p> <ol style="list-style-type: none"> <li>1. FOCUS GROUPS WITH RESIDENTS: GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR NORTH FULTON HOSPITAL. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER SERVICE AREA, SPECIFICALLY, AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, 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 GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2018 AND OCTOBER 2018:             <ul style="list-style-type: none"> <li>- WELLSTAR NORTH FULTON HOSPITAL SERVICE AREA RESIDENTS DULUTH, GEORGIA (JAN 10, 2018)</li> <li>- WELLSTAR NORTH FULTON HOSPITAL SERVICE AREA RESIDENTS DULUTH, GEORGIA (OCT 3, 2018)</li> </ul> </li> <li>2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS: KEY INFORMANT SUMMARY (DECEMBER 2017-JANUARY 2018). GHPC CONDUCTED INTERVIEWS WITH COMMUNITY LEADERS. LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS, INCLUDING:             <ul style="list-style-type: none"> <li>(1) PUBLIC HEALTH EXPERTISE,</li> <li>(2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND</li> <li>(3) REPRESENTATIVES OF UNDERSERVED POPULATIONS.</li> </ul>             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.           </li> <li>3. A LISTENING SESSION WITH THE SPALDING AND SYLVAN GROVE REGIONAL HEALTH BOARDS.</li> <li>4. HEALTH SUMMIT HELD ON MARCH 1, 2018, AT GRIFFIN REGIONAL WELCOME CENTER. THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS. THE 24 PARTICIPANTS INCLUDED EMPLOYEES OF WELLSTAR AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN THE PRIMARY SERVICE AREAS OF WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS. THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED:             <ul style="list-style-type: none"> <li>-WELLSTAR SPALDING EMS -LAMAR AND UPSON COUNTY HEALTH DEPARTMENTS</li> <li>-WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS</li> <li>-SOUTHSIDE MEDICAL CENTER AT HOPE HEALTH CLINIC</li> <li>-UNIVERSITY OF GEORGIA ARCHWAY PARTNERSHIP</li> <li>-STATE FARM INSURANCE</li> <li>-GRIFFIN-SPALDING BOARD OF EDUCATION</li> <li>-GRIFFIN-SPALDING COUNTY UNITED WAY</li> <li>-THE EMERGENCY PREPAREDNESS GROUP</li> <li>-CITY OF JACKSON</li> </ul>             WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS ARE LOCATED APPROXIMATELY 20 MILES AWAY FROM EACH OTHER IN GRIFFIN AND JACKSON, RESPECTIVELY. THE HOSPITALS SERVE THE SAME GEOGRAPHIC AREAS BECAUSE OF THEIR PROXIMITY. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR BOTH HOSPITALS IS DEFINED AS THE FIVE ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR. THE BULK OF PATIENTS ARE FROM BUTTS, PIKE AND SPALDING COUNTIES. THIS CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE FIVE RESIDENTIAL ZIP CO           </li> </ol>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	DE 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 WHO ARE MEDICALLY UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE HOSPITAL PROVIDES NOTICE OF THE AVAILABILITY OF COMMUNITY FINANCIAL ASSISTANCE THROUGH THE FINANCIAL ASSISTANCE POLICY (FAP) VIA - SIGNAGE - PATIENT BROCHURE - BILLING STATEMENT - COLLECTION ACTION LETTER - ONLINE AT <a href="https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx">HTTPS //WWW WELLSTAR ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/ COMMUNITY-FINANCIAL-ASSISTANCE-POLICY ASPX</a> WELLSTAR SPALDING REGIONAL HOSPITAL 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
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION WELLSTAR SPALDING REGIONAL HOSPITAL IS A 160-BED FACILITY SERVING THE RESIDENTS OF SPALDING, PIKE, LAMAR, BUTTS, UPSON AND HENRY COUNTIES, PROVIDING COMPREHENSIVE CARE WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS ARE LOCATED APPROXIMATELY 20 MILES AWAY FROM EACH OTHER IN GRIFFIN AND JACKSON, RESPECTIVELY THE HOSPITALS SERVE THE SAME GEOGRAPHIC AREAS BECAUSE OF THEIR PROXIMITY FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR BOTH HOSPITALS IS DEFINED AS THE FIVE ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR THE BULK OF PATIENTS ARE FROM BUTTS, PIKE AND SPALDING COUNTIES -SPALDING COUNTY ZIP CODES 30223, 30224 -PIKE COUNTY 30292 -BUTTS COUNTY 30233 -HENRY COUNTY 30228 THE POPULATION IN GEORGIA IS ONE OF THE FASTEST GROWING IN THE NATION WHEN COMPARED TO GEORGIA, THE COMMUNITY SERVED BY WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS IS SLIGHTLY OLDER, LESS DIVERSE AND LOWER-INCOME-EARNING AMONG THE THREE PRIMARY COUNTIES IN THE SERVICE AREA, BUTTS AND SPALDING COUNTIES ARE SLIGHTLY YOUNGER, MORE DIVERSE AND LOWER-INCOME-EARNING THAN PIKE COUNTY TOTAL POPULATION -BUTTS COUNTY 23,593 -PIKE COUNTY 17,941 -SPALDING COUNTY 64,051 INCOME DISTRIBUTION BUTTS COUNTY MEDIAN INCOME \$41,667 -LESS THAN \$15,000 15 2% -\$15,000 - 24,999 14 4% -\$25,000 - 34,999 13 0% -\$35,000 49,999 13 2% -\$50,000 74,999 17 2% -\$75,000 99,999 12 6% -OVER \$100,000 14 4% PIKE COUNTY MEDIAN INCOME \$51,338 -LESS THAN \$15,000 11 4% -\$15,000 - 24,999 8 8% -\$25,000 - 34,999 9 1% -\$35,000 49,999 19 4% -\$50,000 74,999 19 4% -\$75,000 99,999 12 9% -OVER \$100,000 19 0% SPALDING COUNTY MEDIAN INCOME \$40,246 -LESS THAN \$15,000 19 9% -\$15,000 - 24,999 13 0% -\$25,000 - 34,999 12 1% -\$35,000 49,999 14 5% -\$50,000 74,999 17 8% -\$75,000 99,999 11 2% -OVER \$100,000 11 4% AGE DISTRIBUTION -BUTTS COUNTY MEDIAN AGE 38 4 -0 17 20 7% -18 64 63 9% -65 + 15 4% -PIKE COUNTY MEDIAN AGE 38 9 -0 17 23 6% -18 64 51 0% -65 + 15 4% -SPALDING COUNTY MEDIAN AGE 38 2 -0 17 23 6% -18 64 59 2% -65 + 17 1% RACE/ETHNIC DISTRIBUTION BUTTS COUNTY -BLACK 27 8% -ASIAN 0 6% -HISPANIC 3 1% -NON-HISPANIC WHITE 67 1% -LIMITED ENGLISH 0 5% PIKE COUNTY -BLACK 10 2% -ASIAN 0 5% -HISPANIC 1 6% -NON-HISPANIC WHITE 86 1% -LIMITED ENGLISH 0 1% SPALDING COUNTY -BLACK 33 1% -ASIAN 0 9% -HISPANIC 4 5% -NON-HISPANIC WHITE 59 6% -LIMITED ENGLISH 0 8%</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH WELLSTAR SPALDING REGIONAL HOSPITAL (AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC ) OPERATE 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, AND THE HOSPITAL 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 WELLSTAR SPALDING REGIONAL HOSPITAL COMMITTED APPROXIMATELY \$5 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 <a href="https://www.wellstar.org/pages/default.aspx">HTTPS //WWW WELLSTAR ORG/PAGES/DEFAULT APSX</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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:** 81-0864789  
**Name:** WELLSTAR SPALDING REGIONAL HOSPITAL INC

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	WELLSTAR SPALDING REGIONAL HOSPITAL 601 South 8th Street GRIFFIN, GA 302244213 WWW.WELLSTAR.ORG 176-712	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	OTHER DESCRIPTIONS FROM THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT FOR OVER A CENTURY, THE WELLNESS OF OUR COMMUNITY HAS BEEN OUR PRIMARY FOCUS WELLSTAR SPALDING REGIONAL HOSPITAL SUPPORTS THE MEDICAL/HEALTH NEEDS OF OVER 110,000 PATIENTS ANNUALLY FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION, OUR MEDICAL SPECIALTIES INCLUDE EMERGENCY SERVICES, CARDIAC HEALTH, PRIMARY STROKE CENTER, ORTHOPEDIC & JOINT HEALTH, WOMENS SERVICES AND ONCOLOGY THE HOSPITAL ALSO OPERATES SEVERAL SPECIALIZED OUTPATIENT FACILITIES AMONG FOUR COUNTIES CENTER FOR REHABILITATION, CENTER FOR SLEEP MEDICINE AND CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE WE ARE ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) IN CT, MAMMOGRAPHY, MRI, NUCLEAR MEDICINE, AND ULTRASOUND WELLSTAR SPALDING REGIONAL HOSPITAL HAS RECEIVED SEVERAL AWARDS AND RECOMMENDATIONS, INCLUDING MULTIPLE JOINT COMMISSION ACCREDITATIONS, DISTINCTIONS FROM THE AMERICAN HEART ASSOCIATION, GEORGIA ASSOCIATION OF EMERGENCY MEDICAL SERVICES AND AMERICAN COLLEGE OF SURGEONS THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE HAS BEEN NAMED A NATIONAL CENTER OF DISTINCTION OUR PRIMARY STROKE CENTER WAS PRESENTED WITH THE GOLD PLUS TARGET STROKE HONOR ROLE ELITE AWARD BY THE AMERICAN HEART/AMERICAN STROKE ASSOCIATION THE HOSPITALS EMERGENCY MEDICAL SERVICES WAS NAMED BEST IN THE STATE AND WAS GIVEN THE GOLD AWARD FOR CARDIAC SERVICES FROM THE PRESTIGIOUS AMERICAN HEART ASSOCIATION RECENTLY, WELLSTAR SPALDING REGIONAL HOSPITAL ALSO WAS BESTOWED WITH A STATEWIDE QUALITY AND PATIENT SAFETY AWARD IN THE INFECTION PREVENTION AND CONTROL CATEGORY FROM PARTNERSHIP FOR HEALTH AND ACCOUNTABILITY (PHA) 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 WELLSTAR SPALDING REGIONAL HOSPITAL AND WELLSTAR SYLVAN GROVE HOSPITAL SERVICE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION PLANNING PROCESS WHAT FOLLOWS IS A COMPREHENSIVE CHNA THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION 501(R) ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS "

**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 5	<p>INPUT FROM COMMUNITY REPRESENTATIVES &amp; COMMUNITY SOURCES THE SECONDARY DATA INCLUDED IN THIS ASSESSMENT WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE BOTH RELIABLE AND REPRESENTATIVE OF THE COMMUNITIES SERVED BY WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS. QUANTITATIVE DATA SOURCES INCLUDED BUT WERE NOT LIMITED TO -CENTERS FOR DISEASE CONTROL AND PREVENTION -COMMUNITY COMMONS -COMMUNITY NEED INDEX (CNI) -COUNTY HEALTH RANKINGS AND ROADMAPS -GEORGIA DEPARTMENT OF PUBLIC HEALTH -GEORGIA PREVENTION PROJECT -U.S. CENSUS BUREAU. 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 TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR NORTH FULTON HOSPITAL. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER SERVICE AREA, SPECIFICALLY, AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, 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 GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2018 AND OCTOBER 2018: - WELLSTAR NORTH FULTON HOSPITAL SERVICE AREA RESIDENTS DULUTH, GEORGIA (JAN 10, 2018) - WELLSTAR NORTH FULTON HOSPITAL SERVICE AREA RESIDENTS DULUTH, GEORGIA (OCT 3, 2018) 2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS: KEY INFORMANT SUMMARY (DECEMBER 2017/JANUARY 2018). 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</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
SCHEDULE H, PART V, SECTION B, LINE 5	<p>R INFORMATION RELEVANT TO THE CHNA 3 A LISTENING SESSION WITH THE SPALDING AND SYLVAN GR OVE REGIONAL HEALTH BOARDS 4 HEALTH SUMMIT HELD ON MARCH 1, 2018, AT GRIFFIN REGIONAL WE LCOME CENTER THE HEALTH SUMMIT WAS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS THE 24 PARTI CIPANTS INCLUDED EMPLOYEES OF WELLSTAR AND COMMUNITY STAKEHOLDERS COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS IN THE PRIMARY SERVICE AREAS OF WELLSTAR SPALD ING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED -WELLSTAR SPALDING EMS -LAMAR AND UPSON COUNTY HEALTH DEPARTMENTS -WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS -SOUTHSIDE MEDICAL CENTER AT HOPE HEALTH CLINIC -UNIVERSITY OF GEORGIA ARCHWAY PARTNERSHIP -STATE FARM INSURANCE -GR IFFIN-SPALDING BOARD OF EDUCATION -GRIFFIN-SPALDING COUNTY UNITED WAY -THE EMERGENCY PREPA REDNESS GROUP -CITY OF JACKSON</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 6A	ORGANIZATIONS INCLUDED IN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WELLSTAR SPALDING REGIONAL HOSPITAL CONDUCTED A JOINT CHNA AND IMPLEMENTATION STRATEGY WITH WELLSTAR SYLVAN GROVE HOSPITAL TO MEET IRC 501(R) REQUIREMENTS BY FISCAL YEAR ENDING JUNE 30, 2019 A JOINT 2018 CHNA FOR THE HOSPITALS (WELLSTAR SPALDING REGIONAL AND SYLVAN GROVE HOSPITALS) LOCATED IN ITS PRIMARY SERVICE AREA DEFINED AS ONE COMMUNITY GRIFFIN-BASED WELLSTAR SPALDING REGIONAL HOSPITAL IS A 160-BED HOSPITAL THAT PROVIDES COMPREHENSIVE CARE LOCATED IN THE ADJACENT TOWN OF JACKSON, WELLSTAR SYLVAN GROVE HOSPITAL HAS 25 INPATIENT BEDS AND HAS SUCCESSFULLY SERVED THE MEDICAL AND HEALTH NEEDS THROUGH A 24-HOUR EMERGENCY DEPARTMENT (ED) BOTH HOSPITALS ARE DESIGNATED NOT-FOR-PROFIT HOSPITALS UNDER THE INTERNAL REVENUE CODE (IRC) SECTION 501(R) THIS APPROACH WAS DONE BECAUSE WELLSTARS SYSTEM-WIDE DELIVERY SYSTEM OF COMMUNITY BENEFIT SERVICES IN ADDITION, THIS ENHANCES WELLSTARS ABILITY TO BEST LEVERAGE ITS ECONOMIES OF SCALE AND SERVICES TO ADDRESS THE PRIORITIZED HEALTH NEEDS OF THE COMMUNITY, ESPECIALLY THE MOST VULNERABLE FOR THE WELLSTAR HOSPITALS AND ITS COLLABORATIVE COMMUNITY PARTNERS, THE JOINT APPROACH TO ADDRESSING PRIORITY HEALTH NEEDS MAXIMIZES RESOURCES TO ENHANCE CARE ACCESS, STRENGTHENS PARTNERSHIPS FOR SHARED RESPONSIBILITY AND HELPS IMPROVE OVERALL COMMUNITY HEALTH - THE JOINT WELLSTAR SPALDING REGIONAL AND SYLVAN GROVE HOSPITALS CHNA REPORT MEETS THE REQUIREMENTS OF PARAGRAPH (B)(6)(I) OF THIS SECTION - WELLSTAR HEALTH SYSTEM COLLABORATED WITH OTHER HOSPITALS AND HEALTH SYSTEMS IN CONDUCTING THE 2018 CHNA FOR SPECIFIED QUANTITATIVE AND QUALITATIVE DATA INCLUDING KAISER PERMANENTE, PIEDMONT AND GRADY - GUIDED AT THE SYSTEM LEVEL, WELLSTAR HOSPITALS SOLICITED THE HELP OF STATE AND LOCAL HEALTH DEPARTMENTS AND KEY INFORMANTS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND COLLABORATED IN LISTENING SESSIONS AND FOCUS GROUPS TO SOLICIT AND RECEIVE INPUT FROM RESIDENTS, INCLUDING ITS MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS - THE 2018 CHNA REPORT DOCUMENTS THE JOINT CHNA PROCESS AND CONTAINS ALL OF THE ELEMENTS DESCRIBED IN PARAGRAPH (B)(6)(I) OF THE IRSS 501(R) SECTION IN THE CODE OF REGULATIONS AS IT RELATES TO COMMUNITY HEALTH NEEDS ASSESSMENTS - THE WELLSTAR HEALTH SYSTEM BOARD OF TRUSTEES ADOPTED THE JOINT CHNA AND ITS IMPLEMENTATION STRATEGY ON JUNE 6, 2019 - THE JOINT CHNA REPORT IS CLEARLY IDENTIFIED AS APPLYING TO THE HOSPITAL FACILITY ALL OF WELLSTAR HOSPITALS ARE NOTED ON THE COVER OF THE JOINT CHNA AND EACH HOSPITALS PRESIDENT IS LISTED AS MEMBERS OF THE WELLSTAR COMMUNITY BENEFIT OVERSIGHT COMMITTEE WITHIN THE CHNA, ALONG WITH A HOSPITAL-SPECIFIC PROFILES AND COUNTY-SPECIFIC PRIMARY AND SECONDARY DATA AND NOTED IN THE TRACKING PROGRESS SECTION - ALL OF THE COLLABORATING HOSPITAL FACILITIES AND ORGANIZATIONS INCLUDED IN THE JOINT CHNA REPORT DEFINE THEIR COMMUNITY TO BE THE SAME

**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 SPALDING REGIONAL HOSPITAL CONDUCTED A CHNA AND IMPLEMENTATION STRATEGY TO MEET 501(R) REQUIREMENTS BY FISCAL YEAR ENDING JUNE 30, 2019 WELLSTAR SPALDING REGIONAL HOSPITALS COMMUNITY HEALTH NEEDS ASSESSMENT AND 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 SPALDING/SYLVAN GROVE HEADER OR DIRECTLY HTTPS //WWW WELLSTAR ORG/ABOUT-US/DOCUMENTS/CHNA/SR-SG_CHNA-2019 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 SPALDING REGIONAL HOSPITAL CONDUCTED A CHNA AND IMPLEMENTATION STRATEGY TO MEET 501(R) REQUIREMENTS BY FISCAL YEAR ENDING JUNE 30, 2019 WELLSTAR SPALDING REGIONAL HOSPITALS COMMUNITY HEALTH NEEDS ASSESSMENT AND 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 SPALDING/SYLVAN GROVE HEADER OR DIRECTLY HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/DOCUMENTS/CHNA/SR-SG_CHNA-2019.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
SCHEDULE H, PART V, SECTION B, LINE 11	<p>PROGRAMS &amp; STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY THE FOLLOWING IS A SUMMARY OF THE WELLSTAR SPALDING REGIONAL HOSPITAL AND WELLSTAR SYLVAN GROVE HOSPITAL HEALTH SUMMIT HELD ON MARCH 1, 2018, AT GRIFFIN REGIONAL WELCOME CENTER THE HEALTH SUMMIT WAS FACILITAT ED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND L ASTED APPROXIMATELY THREE HOURS THE 24 PARTICIPANTS INCLUDED EMPLOYEES OF WELLSTAR AND CO MMUNITY STAKEHOLDERS COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATIONS SERVING RESIDENTS I N THE PRIMARY SERVICE AREAS OF WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPIT ALS THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED -WELLSTAR SPALDING EM S -LAMAR AND UPSON COUNTY HEALTH DEPARTMENTS -WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLV AN GROVE HOSPITALS -SOUTHSIDE MEDICAL CENTER AT HOPE HEALTH CLINIC -UNIVERSITY OF GEORGIA ARCHWAY PARTNERSHIP -STATE FARM INSURANCE -GRIFFIN-SPALDING BOARD OF EDUCATION -GRIFFIN-SP ALDING COUNTY UNITED WAY -THE EMERGENCY PREPAREDNESS GROUP -CITY OF JACKSON 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 T HEN ASKED TO DISCUSS THE HEALTH NEEDS OF THE COMMUNITY THEY SERVE AND ENCOURAGED TO ADD AN Y 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, WI LL MAKE THE GREATEST DIFFERENCE IN CARE ACCESS, CARE QUALITY AND COSTS TO IMPROVE THE HEAL TH OF THE COMMUNITY, ESPECIALLY THE MOST UNDER-RESOURCED POPULATIONS THE NEEDS IDENTIFIED BY INDIVIDUAL GROUPS WERE CONSOLIDATED INTO MUTUALLY EXCLUSIVE HEALTH PRIORITIES AND VOTE D UPON TO SURFACE COMMUNITY HEALTH PRIORITIES GROUP RECOMMENDATIONS AND PROBLEM IDENTIFIC ATION DURING THE HEALTH SUMMIT, PARTICIPANTS PRIORITIZED FIVE COMMUNITY HEALTH NEEDS OF R ESIDENTS WITHIN THE PRIMARY SERVICE AREA SERVED BY BOTH HOSPITALS WELLNESS EDUCATION, ACC ESS TO APPROPRIATE CARE, TRANSPORTATION, ACCESS TO BEHAVIORAL HEALTHCARE, AND BIRTH OUTCOM ES THE FOLLOWING IS A SUMMARY OF THE INPUT PARTICIPANTS OFFERED WHEN ASKED ABOUT CONTRIBU TING FACTORS, POTENTIAL SOLUTIONS AND COMMUNITY RESOURCES TO ADDRESS THE HEALTH PRIORITIES KEY INFORMANT SUMMARY (DECEMBER 2017JANUARY 2018) GHPC CONDUCTED INTERVIEWS WITH COMMUNI TY LEADERS LEADERS WHO PARTICIPATED IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY O F 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 ME THODOLOGY THE FOLLOWING QUALITATIVE DATA WERE GATHERED DURING INDIVIDUAL INTERVIEWS WITH 12 STAKEHOLDERS IN COMMUNITIES</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
SCHEDULE H, PART V, SECTION B, LINE 11	SERVED BY WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS EACH INTERVIEW WAS CONDUCTED BY GHPC STAFF AND LASTED APPROXIMATELY 45 MINUTES ALL RESPONDENTS WERE ASKE D THE SAME SET OF QUESTIONS DEVELOPED BY GHPC THE PURPOSE OF THESE INTERVIEWS WAS FOR STA KEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS, AS WELL AS WAYS TO A DDRESS THOSE CONCERNS THERE WAS A DIVERSE REPRESENTATION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE 12 STAKEHOLDERS INTERVIEWED THE ORGANIZATIONS REPRESENTED INCLUDE D -GRIFFIN-SPALDING COUNTY HEALTH DEPARTMENT -GEORGIA DEPARTMENT OF PUBLIC HEALTH* -SPALD ING COLLABORATIVE -ROCK SPRINGS CLINIC -SPALDING COUNTY FIRE DEPARTMENT -GRIFFIN-SPALDING COUNTY BOARD OF EDUCATION -UNITED WAY* -BUTTS COLLABORATIVE -JACKSON POLICE DEPARTMENT -CI TY OF JACKSON -JACKSON UNITED METHODIST CHURCH -BUTTS COUNTY HOSPITAL AUTHORITY* -GEORGIA ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT -PROJECT AWARE -GRIFFIN-SPALDING COUNTY SCHOOL S YSTEM -SOUTHSIDE MEDICAL CENTER* * DENOTES ORGANIZATIONAL PARTICIPATION IN KEY INFORMANT I NTERVIEW AND WELLSTAR HEALTH SUMMIT LEADERS OF GEORGIA STATE UNIVERSITYS GEORGIA HEALTH PO LICY CENTER HELPED GUIDE WELLSTAR SPALDING REGIONAL AND WELLSTAR SYLVAN GROVE HOSPITALS TH ROUGH THE PRIORITIZATION PROCESS AT THE HEALTH SUMMIT FROM THE SIGNIFICANT HEALTH NEEDS I DENTIFIED BY CHNA RESEARCH CONDUCTED, THE FOLLOWING HEALTH NEEDS WERE VALUATED AS PRIORITY FOR THE COMMUNITY THE HOSPITALS SERVE 1 WELLNESS EDUCATION 2 ACCESS TO APPROPRIATE CAR E 3 TRANSPORTATION 4 ACCESS TO BEHAVIORAL HEALTHCARE 5 BIRTH OUTCOMES IMPLEMENTATION ST RATEGIES FOR EACH NEED WERE RECOMMENDED DURING GROUP EXERCISES THE STRATEGIES WERE LATER REVIEWED BY THE WELLSTAR POPULATION HEALTH AND COMMUNITY EDUCATION & OUTREACH TEAM AND VET TED BY THE WELLSTAR HEALTH SYSTEMS COMMUNITY ADVOCACY AND ENGAGEMENT COMMITTEE AND THE WCH C TASK FORCE, THE CONDUITS FOR SYSTEMWIDE DELIVERY OF COMMUNITY HEALTH IMPROVEMENT SERVICE S 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, WEL LSTAR 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 EFFOR TS TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITIES WE SERVE WE WILL IMPLEMENT OUR STRATEGY THROUGH COMMUNITY ENGAGEMENT, PARTNERSHIP, INTERNAL TRANSFORMATION, CAPACITY BUI Lding, HEALTH POLICY AND SYSTEM ADVOCACY THERE ARE SIX STRATEGIC DOMAINS FOR THE CENTER F OR 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 HEA LTH EQUITY COMMITTEE (WCHEC) IS A CROSS-FUNCTIONAL COMMITTEE THAT REPRESENTS MULTIPLE FACE TS OF WELLSTAR HEALTH SYSTEM - IN RESPONSE TO CHNA FINDINGS AND THE DIVERSITY OF WELLSTAR COMMUNITIES, WCHEC WAS EXPAND

**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 11	ED TO INCREASE WELLSTARS CAPACITY TO SUPPORT THE CENTER FOR HEALTH EQUITY'S 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 COMMUNITY'S 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 EQUITY'S 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 GEORGIA'S 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 PATIENTS 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 WOMEN'S 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 WOMEN'S 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 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 WELLSTAR SPALDING REGIONAL 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 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 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.	
<b>Section C. Supplemental Information for Part V, Section B.</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 <a href="https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx">HTTPS //WWW WELLSTAR ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/ COMMUNITY-FINANCIAL-ASSISTANCE-POLICY ASPX</a>



**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 ITS WEBSITE <a href="https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx">HTTPS //WWW WELLSTAR ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/COMMUNITY- FINANCIAL- ASSISTANCE-POLICY ASPX</a> 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.	
<b>Section C. Supplemental Information for Part V, Section B.</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	THE PLAIN LANGUAGE SUMMARY OF THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE <a href="https://www.wellstar.org/about-us/policies-procedures/documents/fap-plain-language-summary-wgh.pdf">HTTPS //WWW WELLSTAR ORG/ABOUT-US/POLICIES-PROCEDURES/DOCUMENTS/ FAP-PLAIN-LANGUAGE-SUMMARY-WGH PDF</a>

**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 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 <a href="http://www.wellstar.org/pages/online-bill-pay.aspx">HTTP //WWW WELLSTAR ORG/PAGES/ONLINE-BILL-PAY ASPX</a> 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

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization WELLSTAR SPALDING REGIONAL HOSPITAL INC	Employer identification number 81-0864789
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Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 indemnification 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>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		<b>1b</b>	No
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	Yes
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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.		<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

**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. MENEFEE \$219,596; WADRA MCCULLOUGH \$261,202. 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; DAVID W. ANDERSON \$131,690; ELLEN LANGFORD \$300,505; JOSEPH L. BRYWCZYNSKI \$62,355; KIMBERLY W. MENEFEE \$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 &amp; CUSTOMER SERVICE GOAL FOR EMPLOYEE "TRUST INDEX" (2) QUALITY &amp; 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: 81-0864789  
Name: WELLSTAR SPALDING REGIONAL HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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
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
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
DAVID BITTNER VP OPERATIONS & COO	(i)	210,700	41,235	8,711	7,777	26,464	294,887	0
	(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
DENNIS SIMMONS DIRECTOR - PHARMACY SERVICES	(i)	182,356	13,750	6,507	25,494	21,154	249,261	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
EHI OSEHOBO MD VP HOSPITAL CHIEF MED OFFICER	(i)	198,702	38,327	9,420	18,430	28,615	293,494	0
	(ii)	0	0	0	0	0	0	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
ELIZABETH H PAPETTI VP OPS HOSPITAL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	213,096	38,645	8,781	23,125	13,831	297,478	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				
ELLEN LANGFORD FORMER SVP WMG AMB TRANS	(i)	0	0	0	0	0	0	0
	(ii)	93,017	46,247	498,409	44,796	13,171	695,640	300,505
ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	0	0	0	0	0	0	0
	(ii)	185,000	30,698	10,235	16,914	23,859	266,706	0
FREDA LYON VP SYSTEM EMERGENCY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	211,740	42,564	12,696	26,372	29,576	322,948	0
IVY SPENCER VP CNO	(i)	0	0	0	0	0	0	0
	(ii)	178,946	14,635	5,645	22,207	17,289	238,722	0
JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	244,997	107,479	1,126	41,625	30,325	425,552	0
JAMES M SWARTZ VP ACCOUNTING	(i)	0	0	0	0	0	0	0
	(ii)	243,883	47,830	10,758	18,776	27,486	348,733	0
JASON D STEVENS VP DEPUTY GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	285,390	57,348	11,154	34,055	23,893	411,840	0
JASON L KELSEY VP REHAB&SPORTS MED (BEG 11/18)	(i)	0	0	0	0	0	0	0
	(ii)	156,981	17,161	3,259	14,735	33,344	225,480	0
JENNIFER J GIUSTI VP CLINICAL OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	316,002	60,528	10,078	29,970	10,077	426,655	0
JILL M CASE-WIRTH SVP NURSING SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	364,467	89,300	20,837	47,904	12,558	535,066	0
JOHN A BRENNAN EVP CHIEF CLIN INTEG OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	850,179	293,276	18,081	48,500	35,076	1,245,112	0
JONATHAN D MAURER VP INFO SEC & CISO(BEG 8/18)	(i)	0	0	0	0	0	0	0
	(ii)	79,618	73,482	24,752	14,373	4,289	196,514	0
JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	311,426	70,459	89,953	47,500	25,913	545,251	62,355
KAREN DUCKWORTH DIRECTOR - NURSING	(i)	143,688	11,758	7,133	0	23,578	186,157	0
	(ii)	0	0	0	0	0	0	0
KEITH BOWERMASTER VP COMMUNICATIONS (END 12/18)	(i)	0	0	0	0	0	0	0
	(ii)	232,266	46,656	9,413	29,425	28,922	346,682	0
KEM M MULLINS EVP AMBULATORY & BUS DEV	(i)	0	0	0	0	0	0	0
	(ii)	534,612	164,696	14,578	22,750	33,973	770,609	0
KEVIN C SCHAEFFER MD VP ONCOLOGY	(i)	0	0	0	0	0	0	0
	(ii)	228,440	45,897	10,147	35,222	11,506	331,212	0
KIMBERLY W MENEFFEE FORMER SVP STRATEGIC COMM DEV	(i)	0	0	0	0	0	0	0
	(ii)	108,169	65,436	666,884	11,863	8,732	861,084	437,043
KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	198,952	31,934	8,702	23,125	23,166	285,879	0
KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	(i)	0	0	0	0	0	0	0
	(ii)	185,855	37,370	9,031	14,516	28,166	274,938	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
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		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LEO E REICHERT EVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	595,083	199,021	17,828	30,000	36,669	878,601	0
LISA N JOHNSON VP CNO PATIENT SRVCS (BEG10/18)	(i)	150,214	33,851	9,314	20,950	723	215,052	0
	(ii)	0	0	0	0	0	0	0
LORI HINCKLEY PHARMACIST UNIT BASED	(i)	149,679	300	1,225	11,248	12,257	174,709	0
	(ii)	0	0	0	0	0	0	0
MARCUS P CHARLSON MD VP SURGERY	(i)	0	0	0	0	0	0	0
	(ii)	166,732	33,333	8,892	13,048	24,209	246,214	0
MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	262,137	52,736	10,400	29,752	24,735	379,760	0
MAXWELL S KAGAN VP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	250,016	36,829	9,794	22,951	16,907	336,497	0
MELONY HOSFORD MANAGER - PHARMACY SERVICES	(i)	146,571	8,416	4,705	20,148	18,222	198,062	0
	(ii)	0	0	0	0	0	0	0
MICHELLE ROBINSON FORMER VP MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	226,753	36,209	133,409	4,061	10,061	410,493	126,106
PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	527,447	262,273	6,371	30,000	10,795	836,886	0
PAUL D MURPHREE VP MEDICAL OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	359,840	68,279	11,551	47,800	29,101	516,571	0
PAUL R PERROTTI SVP & CFO (END 2/19)	(i)	0	0	0	0	0	0	0
	(ii)	312,960	59,057	17,593	40,804	32,455	462,869	0
PETER R JUNGBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	251,577	141,821	4,902	48,500	30,663	477,463	0
REBECCA L RUHL VP FACILITY COMPLIANCE OPS	(i)	0	0	0	0	0	0	0
	(ii)	161,556	32,493	9,561	3,250	26,745	233,605	0
RICHARD S SIEGEL VP CARDIOLOGY & CVM ADMIN	(i)	0	0	0	0	0	0	0
	(ii)	318,274	50,303	14,034	46,488	33,797	462,896	0
ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	0	0	0	0	0	0	0
	(ii)	550,000	163,488	15,234	29,435	9,464	767,621	0
ROBERT J DECOUX VP CORPORATE MED STAFF SVCS	(i)	0	0	0	0	0	0	0
	(ii)	188,285	36,883	10,190	28,453	26,464	290,275	0
ROBIN G BOEHRINGER FORMER VP TOTAL REWARDS	(i)	0	0	0	0	0	0	0
	(ii)	189,295	0	52,043	6,837	4,616	252,791	44,873
SANDRA LUCIUS VP INFO TECHNOLOGY APPS	(i)	0	0	0	0	0	0	0
	(ii)	236,053	118,441	46,279	46,822	2,347	449,942	32,043
SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	310,613	62,439	55,903	8,599	30,144	467,698	41,533
SNEHAL H DOSHI VP SYSTEM PHARMACIST	(i)	0	0	0	0	0	0	0
	(ii)	203,168	39,835	10,633	28,624	31,914	314,174	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				
SONYA E ALDY VP TALENT ACQUISITION	(i)	0	0	0	0	0	0	0
	(ii)	216,180	43,457	10,070	9,750	25,380	304,837	0
STACEY J HANCOCK VP HUMAN RESOURCES	(i)	175,137	33,438	8,874	22,029	29,151	268,629	0
	(ii)	0	0	0	0	0	0	0
STEPHEN L BADGER VP STRATEGIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	460,803	99,466	59,014	47,475	35,510	702,268	41,750
STEPHEN VAULT VP BUSINESS DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	189,688	37,320	9,073	14,402	10,912	261,395	0
TAMARA D ISON SVP & HOSPITAL PRESIDENT	(i)	319,391	78,167	11,469	23,125	29,614	461,766	0
	(ii)	0	0	0	0	0	0	0
TERRY HOSCH DIRECTOR - NURSING	(i)	144,000	8,757	5,738	24,053	9,147	191,695	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY HANEY SVP R E FAC & DVLV SVCS	(i)	0	0	0	0	0	0	0
	(ii)	352,261	88,538	20,741	28,730	26,814	517,084	0
VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG	(i)	0	0	0	0	0	0	0
	(ii)	467,530	95,506	27,575	30,000	27,469	648,080	0
VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	196,359	39,493	9,674	40,251	12,223	298,000	0
WADRA MCCULLOUGH FORMER VP CNO	(i)	0	0	261,202	4,187	7,823	273,212	0
	(ii)	0	0	0	0	0	0	0
YVETTE BREWER MD VP PRIMARY CARE & BEHAV HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	197,886	36,817	12,107	32,732	21,804	301,346	0

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<b>SCHEDULE O</b> (Form 990 or 990-EZ)		<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold;">2018</div> <b>Open to Public Inspection</b>
Department of the Treasury Name of the organization WELLSTAR SPALDING REGIONAL HOSPITAL INC				Employer identification number  81-0864789	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1	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

Return Reference	Explanation
SERVICES	<p>WELLSTAR HEALTH SYSTEM IS ABLE TO OFFER A FULL RANGE OF HEALTHCARE SERVICES THROUGH ITS AF FILIATES THE SERVICES OFFERED INCLUDE BUT ARE NOT LIMITED TO - MOST MAJOR INPATIENT CLIN ICAL SERVICES, - OUTPATIENT SERVICES, - DIAGNOSTIC AND THERAPEUTIC SERVICES, - ANCILLARY AND SUPPORT SERVICES, - URGENT CARE SERVICES, - HOME HEALTH SERVICES, - SKILLED NURSING SER VICES AND - HOSPICE SERVICES THE 11 HOSPITAL LOCATIONS ARE ACUTE CARE FACILITIES WITH INP ATIENT, OUTPATIENT, AND EMERGENCY SERVICES THE SYSTEM INCLUDES A RESIDENTIAL FACILITY ON THE KENNESTONE HOSPITAL CAMPUS, CALLED ATHERTON PLACE ATHERTON PLACE ALSO HOUSES AN ASSIS TED 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 FACI LITY COBB HOSPITAL IS HOME TO A HOME HEALTH AGENCY AND A RESIDENTIAL HOSPICE FACILITY CAL LED TRANQUILITY FOR THOSE PATIENTS IN THE END STAGES OF LIFE KENNESTONE HOSPITAL ALSO OPE NED A RESIDENTIAL HOSPICE FACILITY NOT FAR FROM ITS MAIN CAMPUS THE SYSTEM IS COMPLIMENTE D WITH APPROXIMATELY 303 PHYSICIAN PRACTICES AND SEVERAL URGENT CARE CENTERS THE SYSTEM I S THUS ABLE TO PROVIDE A COMPLETE CONTINUUM OF CARE FOR THE COMMUNITY IT SERVES THE FOLLO WING STATEMENTS OF COMMUNITY BENEFIT AND PROGRAM SERVICE ACCOMPLISHMENTS REPRESENT SYSTEM- WIDE ACTIVITY FOR WELLSTAR HEALTH SYSTEM, INC (THE "SYSTEM") - EIN 58-1649541 ALL AFFILI ATED ENTITIES OF THE SYSTEM EXCEPT THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) OP ERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE COD E 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 TH E 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 AM OUNT 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 R EDUCTION IN NET PATIENT SERVICE REVENUE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS THE SYSTEM ALSO PARTICIPATES IN CERTAIN GOVERNMENTAL INSURANCE PROGRAMS, INCLUDING MEDICA RE AND MEDICAID UNDER THESE PROGRAMS, THE SYSTEM PROVIDES CARE TO PATIENTS AT PAYMENT RAT ES 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 CONVEN IENT LOCATIONS, PROVIDING VARI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 OTHER SUPPORT 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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 WELLSTARS COMMUNITY EDUCATION &amp; 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 WE LLSTAR ALSO PROVIDES FREE HEALTH SCREENINGS SUCH AS BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, BONE DENSITY AND WEIGHT ASSESSMENT COMMUNITY EDUCATION &amp; OUTREACH PROVIDES HEALTH AND WELLNESS PROGRAMS AND SERVICES ACROSS ALL WELLSTAR MARKETS REACHING OVER 450,000 PEOPLE ANNUALLY SOME OF THE MORE SPECIFIC PROGRAM/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 ACTIVE</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 &amp; 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 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 &amp; 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 COSTS 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 &amp; 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>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 - \$ 10,857,00 0 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) WELLSTARS 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 ACHIEVEMENT AWARD. THE AWARD HONORS ORGANIZATIONS FOR EXCELLENCE IN BALANCING COST, QUALITY AND OUTCOMES. AWARD WINNERS WERE SELECTED FROM 3,000 MEMBER ORGANIZATIONS. BECKERS HOSPITAL 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." WGMHC IS ONE OF THE ONLY TWO COMMUNITY HOSPITALS IN GEORGIA TO RECEIVE THIS HONOR. THE BECKETT TEAM SELECTED HOSPITALS FOR INCLUSION BASED ON RANKINGS AND AWARDS FROM ORGANIZATIONS INCLUDING IVANTAGE HEALTH ANALYTICS, TRUVEN HEALTH ANALYTICS, HEALTHGRADES, CARE CHX, 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 STEMI CARE- ONE OF ONLY SIX SERVICES TO RECEIVE THE AWARD. WORKING MOTHER MAGAZINE ONCE AGAIN NAMED WELLSTAR HEALTH SYSTEM TO ITS ANNUAL LIST OF "100 BEST COMPANIES," WHICH CELEBRATES 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 INNOVATIVE WORK-LIFE BALANCE PROGRAMS AND EMPHASIS ON TEAM MEMBER WELLNESS. THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) RECENTLY ANNOUNCED THAT WELLSTAR KENNESTONE HOSPITAL RECEIVED A THREE-YEAR ACCREDITATION FOR ITS 20-BED INPATIENT REHABILITATION UNIT/PROGRAM FOR ADULT STROKE PATIENTS. THE UNIT HAS BEEN CARF SINCE 1994. THE WELLSTAR BREAST HEALTH CONTINUUM OF CARE AT WELLSTAR KENNESTONE HOSPITAL RECEIVED ITS SECOND CONSECUTIVE AMERICAN 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 GANEY'S 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. THE GUARDIAN OF EXCELLENCE AWARD, A NATIONALLY RECOGNIZED SYMBOL OF ACHIEVEMENT, RECOGNIZES TOP-PERFORMING HEALTHCARE ORGANIZATIONS THAT HAVE ACHIEVED 95TH PERCENTILE OR ABOVE FOR PERFORMANCE INDICATORS FOR PATIENT EXPERIENCE. WELLSTAR PAULDING HOSPITAL HAS RECEIVED THE CNOR STRONG DESIGNATION FROM THE COMPETENCY &amp; CREDENTIALING INSTITUTE (CCI). THIS RECOGNITION IS GIVEN TO FACILITIES THAT HAVE AT LEAST 50% OF OR NURSING STAFF CNOR CERTIFIED. WELLSTAR PAULDING HAS EXCEEDED THE REQUIREMENT TO REACH 80% CERTIFICATION RATE. THE CNOR CERTIFICATION PROGRAM IS FOR PERIOD</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 GEORGIA'S 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINES 7A & 7B	<p>UNRELATED BUSINESS INCOME WELLSTAR SPALDING REGIONAL HOSPITAL GENERATED NO UNRELATED BUSINESS INCOME ("UBI") FOR THE REPORTING PERIOD AS A RESULT THE FILED 990-T SHOWS NO ACTIVITY IF SUBSEQUENT REVIEW OF THE BOOKS REVEALS ANY UNREPORTED UBI WE WILL FILE AN AMENDED RETURN FOR THE TAX PERIOD ENDED JUNE 30, 2019 FORM 990, PART IV, LINE 12B AUDITED FINANCIAL STATEMENTS WELLSTAR SPALDING REGIONAL HOSPITAL 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 , CHS Foundation, 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</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 SPALDING REGIONAL HOSPITAL 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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	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

## 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 SPALDING REGIONAL HOSPITAL HAD A CHANGE IN NET ASSETS OF (\$2,513,924) 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 3596597

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE JANITORIAL FEES TOTAL FEES 706023



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE LAB SERVICES TOTAL FEES 689472

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 13732388

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WELLSTAR SPALDING REGIONAL HOSPITAL INC

Employer identification number  
81-0864789

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	
<b>(1)</b> COBB SOUTH PARKING DECK 793 SAWYER ROAD MARIETTA, GA 300622222 75-2999669	PARKING	GA	NA	N/A								
<b>(2)</b> KENNESTONE EAST PARKING DECK LLC 793 SAWYER ROAD MARIETTA, GA 300622222 20-0537100	PARKING	GA	NA	N/A								
<b>(3)</b> GRIFFIN IMAGING LLC 793 SAWYER ROAD MARIETTA, GA 300622222 31-1828673	IMAGING CENTER	GA	WSRH INC	EXCLUDED	587,875	96,259		No	0		No	50 500 %
<b>(4)</b> WELLSTAR SPALDING EMSSPALDING 911 LLC 793 SAWYER ROAD MARIETTA, GA 300622222	OFF BLDG/EMS CTR	GA	WSRH INC	EXCLUDED	0	0		No	0		No	
<b>(5)</b> NORTH FULTON PARKING DECK LP 793 SAWYER ROAD MARIETTA, GA 300622222	PARKING	GA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> COMMUNITY ASSURANCE CO 3RD FL BARCLAYS HSE SHEDDEN ROAD GEORGE TOWN CJ 58-1649541	INSURANCE	CJ	WHS INC	C CORP					
<b>(2)</b> 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**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GRIFFIN IMAGING LLC	S	575,700	FMV

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

[illegible]

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

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 81-0864789

Name: WELLSTAR SPALDING REGIONAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 81-0875069	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 20-5497506	HEALTHCARE	GA	501(C)(3)	3	WGHS 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	
793 SAWYER ROAD MARIETTA, GA 30062 58-0968382	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
1514 VERNON ROAD LAGRANGE, GA 30240 58-1303478	FOUNDATION	GA	501(C)(3)	7	WGHS INC	Yes	