

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

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

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

**C** Name of organization  
WEST GEORGIA HEALTH FOUNDATION

% JAMES M SWARTZ  
Doing business as

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

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

**D** Employer identification number  
20-0936376

**E** Telephone number  
(770) 956-7827

**G** Gross receipts \$ 1,144,912

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

**H(a)** Is this a group return for subordinates?  Yes  No

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.wghealth.org](http://www.wghealth.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2004

**M** State of legal domicile: GA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO SUPPORT THE CHARITABLE ACTIVITIES OF WEST GEORGIA MEDICAL CENTER, INC. AND ITS AFFILIATES.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	12
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	506,597	431,792
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	931,601	577,861
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,790	64,770
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,486,988	1,074,423
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	113,303	154,511
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	156,110	204,867
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	269,413	359,378
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,217,575	715,045
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	18,958,728	19,642,135
<b>21</b> Total liabilities (Part X, line 26)	0	6,522
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,958,728	19,635,613

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: JAMES M SWARTZ VP ACCOUNTING  
Date: 2021-05-14

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE FOUNDATION OPERATES EXCLUSIVELY FOR THE BENEFIT OF THE WEST GEORGIA MEDICAL CENTER, INC. AND ITS AFFILIATED ENTITIES.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 195,558 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 90,000 including grants of \$ 90,000 ) (Revenue \$ 0 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 14,511 including grants of \$ 14,511 ) (Revenue \$ 0 )  
See Additional Data

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

**4e Total program service expenses** ▶ 300,069

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

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

		Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
<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> . . . . .	23	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> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<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? . . . . .	24c		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>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> . . . . .	25a		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> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		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> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		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> . . . . .	32		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> . . . . .	33		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> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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> . . . . .	35b		No
<b>36</b>	<b>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> . . . . .	36		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> . . . . .	37		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. . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 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. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (GA)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JAMES M SWARTZ 793 SAWYER ROAD Marietta, GA 300622222 (770) 956-7827





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	32,485				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	60,000				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	339,307				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			431,792			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .			0			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		514,734			514,734	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	63,127			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>				
		<b>c</b> Gain or (loss)	<b>7c</b>	63,127			
	<b>d</b> Net gain or (loss) . . . . .			63,127		63,127	
	<b>8a</b> Gross income from fundraising events (not including \$ 32,485 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		135,259			
			<b>8b</b>	70,489			
<b>c</b> Net income or (loss) from fundraising events . . . . .				64,770		64,770	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0				
		<b>9b</b>	0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0				
		<b>10b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
<b>11a</b> Miscellaneous Revenue		Business Code					
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				0			
<b>12 Total revenue.</b> See instructions . . . . .			1,074,423			642,631	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	140,000	140,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	14,511	14,511		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			0
<b>7</b> Other salaries and wages . . . . .	0			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	0			0
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	59,309		59,309	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
<b>12</b> Advertising and promotion . . . . .	850	850		
<b>13</b> Office expenses . . . . .	0			
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	0			
<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 . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	0			
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS & MAINTENANCE	10,764	10,764	0	0
<b>b</b> PATIENT SERVICE EXPENSES	21,387	21,387	0	0
<b>c</b> CAMP DOGWOOD EXPENSES	6,401	6,401	0	0
<b>d</b> COMMUNITY EXPENSES	932	932	0	0
<b>e</b> All other expenses	105,224	105,224		
<b>25</b> Total functional expenses. Add lines 1 through 24e	359,378	300,069	59,309	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 . . . . .	0	<b>1</b>	0	
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0	
	<b>3</b> Pledges and grants receivable, net . . . . .	75,657	<b>3</b>	20,912	
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	18,883,071	<b>11</b>	19,621,223	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	18,958,728	<b>16</b>	19,642,135		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0	<b>17</b>	6,522	
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	0	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	6,522	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	0	<b>27</b>	-50,000	
	<b>28</b> Net assets with donor restrictions . . . . .	18,958,728	<b>28</b>	19,685,613	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	18,958,728	<b>32</b>	19,635,613		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	18,958,728	<b>33</b>	19,642,135		

**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>	1,074,423
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	359,378
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	715,045
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,958,728
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-38,160
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,635,613

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-0936376

**Name:** WEST GEORGIA HEALTH FOUNDATION

Form 990 (2019)

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

TO PROVIDE FUNDS FOR THE SUPPORT OF WEST GEORGIA MEDICAL CENTER, INC. AND ITS AFFILIATES. SUPPORT INCLUDES BEREAVEMENT SERVICES, HOSPITAL VOLUNTEER PROGRAM, CAMP DOGWOOD - A GRIEF CAMP FOR CHILDREN AND THE CANCER CENTER

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

TO PROVIDE FINANCIAL SUPPORT TO WEST GEORGIA MEDICAL CENTER, INC. FOR THE OPERATION OF THE HOSPICE CENTER.

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

HELPING HANDS FAMILY ASSISTANCE PROGRAM- TO ASSIST PRESENT AND RETIRED WEST GEORGIA HEALTH SERVICES, INC. EMPLOYEES AND HOSPITAL AUXILIARY VOLUNTEERS WITH FINANCIAL SUPPORT IN TIMES OF CRISIS. QUALIFYING HARDSHIPS INCLUDE CATASTROPHIC ILLNESS OR ACCIDENT SUFFERED BY A RECIPIENT OR AN UNINSURED LOSS TO A PRIMARY RESIDENCE CAUSED BY FIRE OR OTHER MAJOR INCIDENT OF DISASTER. FROM JULY 1, 2019 TO JUNE 30, 2020, THE HELPING HANDS PROGRAM ASSISTED 30 WEST GEORGIA HEALTH SERVICES, INC. EMPLOYEES BY PROVIDING \$14,511 IN MONETARY ASSISTANCE.

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**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			
CANDICE L SAUNDERS ..... PRESIDENT & CEO	1.0 ..... 51.0			X				0	2,470,527	81,334
ANTHONY J BUDZINSKI ..... EVP & CFO	1.0 ..... 49.0			X				0	1,316,813	80,725
JOHN A BRENNAN ..... EVP CHIEF CLIN. INTEG. OFFICER	1.0 ..... 49.0			X				0	1,152,200	85,658
CARRIE O PLIETZ ..... EVP & COO HOSPITAL DIVISION	1.0 ..... 49.0			X				0	958,040	72,283
LEO E REICHERT ..... EVP & GENERAL COUNSEL	1.0 ..... 49.0			X				0	827,805	78,484
ROB SCHREINER ..... EVP & PRESIDENT MEDICAL GROUP	1.0 ..... 49.0			X				0	744,399	40,297
KEM M MULLINS ..... EVP AMBULATORY & BUS. DEV.	1.0 ..... 49.0			X				0	722,112	57,728
ALAN R MUSTER MD ..... SVP SPECIALTY DIVISION WMG	1.0 ..... 51.0			X				0	668,022	84,899
DAVID JONES ..... EVP CHIEF HR OFFICER	1.0 ..... 49.0			X				0	701,279	28,471
VALERY A AKOPOV MD ..... SVP HOSPITAL DIVISION WMG	1.0 ..... 49.0			X				0	646,474	58,863

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL DOUGLASS MD ..... TRUSTEE & PHYSICIAN	1.0 ..... 49.0	X						0	661,178	43,597
STEPHEN L BADGER ..... FORMER VP STRATEGIC SERVICES	0.0 ..... 50.0						X	0	588,669	86,070
JILL M CASE-WIRTH ..... SVP NURSING SERVICES	1.0 ..... 49.0			X				0	583,296	62,394
JOSEPH L BRYWCZYNSKI ..... SVP HEALTH PARKS DEVELOPMENT	1.0 ..... 49.0			X				0	492,843	74,240
BETH KOST ..... SVP, CHIEF COMPLIANCE OFFICER	1.0 ..... 49.0			X				0	492,253	57,487
PETER R JUNGBLUT MD MBA ..... FORMER SVP & MEDICAL DIRECTOR	0.0 ..... 50.0						X	0	450,613	81,450
PAUL D MURPHREE ..... VP MEDICAL OUTCOMES	1.0 ..... 49.0			X				0	448,944	82,648
BARBARA B COREY ..... SVP MANAGED CARE	1.0 ..... 49.0			X				0	477,581	45,174
AVRIL P BECKFORD MD ..... TRUSTEE & CHIEF PEDIATRIC OFF.	1.0 ..... 49.0	X		X				0	481,985	31,447
DOUGLAS ARVIN CPA MBA ..... SVP FINANCE (END. 2/20)	1.0 ..... 49.0			X				0	471,706	35,798

**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			
KIMBERLY J RYAN ..... SENIOR VICE PRESIDENT	1.0 ..... 49.0			X				0	448,905	52,987
SHALIMA PANNIKODE ..... SVP CHIEF INFO. & DIGITAL OFF.	1.0 ..... 49.0			X				0	460,276	31,296
RICHARD S SIEGEL ..... VP CARDIO.&CVM ADMN(END. 1/20)	1.0 ..... 49.0			X				0	396,222	81,281
DAVID W PRESTON ..... SVP BRAND EXP. & COMMUNICATION	1.0 ..... 49.0			X				0	431,352	44,407
ELIZABETH H LOUDERMILK ..... VP FINANCIAL PLANNING	1.0 ..... 49.0			X				0	419,394	54,633
MICHAEL T MCCULLOUGH ..... SVP SUPPLY CHAIN	1.0 ..... 49.0			X				0	409,522	52,085
JASON D STEVENS ..... SVP DEPUTY GENERAL COUNSEL	1.0 ..... 49.0			X				0	392,420	67,372
ANDREW LEE ..... VP CHIEF DIVERSITY OFFICER	1.0 ..... 49.0			X				0	406,354	45,501
JENNIFER J GIUSTI ..... VP CLINICAL OUTCOMES	1.0 ..... 49.0			X				0	398,519	53,140
JAMES L HORNSBY JR MD ..... TRUSTEE & PHYSICIAN	1.0 ..... 51.0	X						0	373,914	74,050

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SEAN P TURNER ..... VP REVENUE CYCLE MANAGEMENT	1.0 ..... 49.0			X				0	390,811	37,929
MARY L TAVERNARO ..... VP HUMAN RESOURCES OPERATIONS	1.0 ..... 49.0			X				0	350,907	56,108
MAXWELL S KAGAN ..... VP FINANCE & CFO	1.0 ..... 49.0			X				0	327,577	41,300
FREDA LYON ..... VP SYSTEM EMERGENCY SERVICES	1.0 ..... 49.0			X				0	300,559	56,758
SANDRA LUCIUS ..... VP INFO. TECHNOLOGY APPS	1.0 ..... 49.0			X				0	306,237	49,809
SNEHAL H DOSHI ..... VP SYSTEM PHARMACIST	1.0 ..... 49.0			X				0	296,483	58,986
TIMOTHY HANEY ..... SVP RE FAC&DVLP SVC (END.1/20)	1.0 ..... 49.0			X				0	286,214	57,126
BRADFORD B NEWTON ..... VP INFO. TECHNOLOGY ADMIN.	1.0 ..... 49.0			X				0	289,266	51,425
ELIZABETH H PAPETTI ..... VP OPS. HOSPITAL DIVISION	1.0 ..... 49.0			X				0	284,999	53,295
JONATHAN D MAURER ..... VP INFORMATION SECURITY & CISO	1.0 ..... 49.0			X				0	273,385	54,987

**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			
ANDREW W COX ..... VP CHIEF OF STAFF&LEADER. DEV.	1.0 ..... 49.0			X				0	282,060	40,633
KIMBERLY TAACA ..... VP OPS SPECIALTY DIVISION	1.0 ..... 49.0			X				0	271,710	47,647
ROBERT J DECOUX ..... VP CORPORATE MED. STAFF SVCS.	1.0 ..... 49.0			X				0	259,843	57,448
VARMA RAMESWAR MD ..... VP PEDIATRIC OPERATIONS	1.0 ..... 49.0			X				0	251,504	60,578
JAMES M SWARTZ ..... VP ACCOUNTING	1.0 ..... 49.0			X				0	277,027	32,048
SONYA E ALDY ..... VP TALENT ACQUISITION	1.0 ..... 49.0			X				0	275,400	33,218
MARCUS P CHARLSON MD ..... VP SURGERY	1.0 ..... 49.0			X				0	264,441	42,244
JASON L KELSEY ..... VP REHAB. & SPORTS MED. SRVCS.	1.0 ..... 49.0			X				0	240,840	57,789
IVY SPENCER ..... VP CNO	1.0 ..... 49.0			X				0	254,378	41,577
DANYALE ZIGLOR ..... VP HUMAN RESOURCES (BEG.12/19)	1.0 ..... 49.0			X				0	240,986	52,827

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL TODD ..... VP ASST. GENERAL COUNSEL	1.0 ..... 49.0			X				0	247,822	41,104
SOPHIA MARSHALL ..... VP ORGANIZATION COMMUNICATIONS	1.0 ..... 49.0			X				0	256,207	28,073
KRISTEN S TRICE ..... VP DIAGNOSTIC OUTREACH	1.0 ..... 49.0			X				0	238,621	43,882
KEITH BOWERMASTER ..... FORMER VP COMMUNICATIONS	0.0 ..... 0.0						X	0	280,619	1,267
DANIEL ABAD ..... VP TOTAL REWARDS	1.0 ..... 49.0			X				0	256,961	24,460
STEVEN HUNT ..... VP HUMAN RESOURCES	1.0 ..... 49.0			X				0	231,668	49,685
AVIRAL SINGH ..... VP BRAND & MARKET STRATEGY	1.0 ..... 49.0			X				0	245,822	31,144
ANDREW S ALBERRY ..... VP INFO TECH OPS. (END. 11/19)	1.0 ..... 49.0			X				0	251,645	23,900
KIMBERLY W MENEFFEE ..... FORMER SVP STRATEGIC COMM. DEV	0.0 ..... 0.0						X	0	275,126	0
STEPHEN VAULT ..... VP STRATEGIC COMMUNITY DEV.	1.0 ..... 49.0			X				0	238,106	34,840

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN WRIGHT ..... VP HIM CDI & POLICIES	1.0 ..... 49.0			X				0	234,370	38,568
JUDITH WHITE ..... VP LABORATORY SERVICES SYSTEM	1.0 ..... 49.0			X				0	215,854	29,743
REBECCA L RUHL ..... VP FACILITY COMPLIANCE OPS.	1.0 ..... 49.0			X				0	209,269	30,575
ELLEN LANGFORD ..... FORMER SVP WMG AMB. TRANS.	0.0 ..... 0.0						X	0	236,783	0
DAVID W ANDERSON ..... FORMER EVP/HR/OL/CCO	0.0 ..... 0.0						X	0	176,481	50,980
LAURA DANNELS ..... VP & CHIEF LEARNING OFFICER	1.0 ..... 49.0			X				0	192,305	26,444
LEANNE COOK ..... VP CONSUMER ENGAGEMENT	1.0 ..... 49.0			X				0	173,953	40,414
SHYROLL MORRIS ..... VP ONC.&DIG.HEALTH (BEG. 9/19)	1.0 ..... 49.0			X				0	161,753	5,490
JESSICA KOVALESKY ..... VP CARE COORDINATOR(BEG.10/19)	1.0 ..... 49.0			X				0	107,841	3,813
LINDA HUFFER ..... VP POST ACUTE SRVC.(BEG.10/19)	1.0 ..... 49.0			X				0	100,348	6,233

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARIF AZIZ MD ..... TRUSTEE	1.0 ..... 12.0	X						0	51,758	0
STEVEN OWEIDA MD ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	49,802	0
OTIS A BRUMBY III ..... TRUSTEE	1.0 ..... 12.0	X						0	48,188	0
T FITZ JOHNSON ..... TRUSTEE	1.0 ..... 12.0	X						0	47,229	0
R RANDALL BENTLEY SR ESQ ..... TRUSTEE	1.0 ..... 12.0	X						0	41,602	0
W CHARLES BROCK ..... TRUSTEE	1.0 ..... 12.0	X						0	41,553	0
DAVID HAFNER ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	20,311	0
TE RUSTY DURHAM ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	15,319	0
MITZI MOORE ..... TRUSTEE	1.0 ..... 12.0	X						0	11,203	0
CHARLES J JONES ..... TRUSTEE	1.0 ..... 12.0	X						0	10,891	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT N CROSS MD ..... TRUSTEE (END. 7/19)	1.0 ..... 12.0	X						0	8,132	0
FRANK ROS ..... TRUSTEE	1.0 ..... 12.0	X						0	7,085	0
O SCOTT SWAYZE MD ..... TRUSTEE	1.0 ..... 12.0	X						0	7,074	0
AMBICA YADAV ..... TRUSTEE	1.0 ..... 12.0	X						0	5,692	0
GARY A MILLER ..... TRUSTEE	1.0 ..... 12.0	X						0	5,447	0
GREG MORGAN ..... TRUSTEE	1.0 ..... 12.0	X						0	5,218	0
EDWARD RICHARDSON ..... TRUSTEE	1.0 ..... 12.0	X						0	4,547	0
JAMES HOLMES ..... TRUSTEE	1.0 ..... 12.0	X						0	4,401	0
H SPEER BURDETTE III ..... TRUSTEE	1.0 ..... 12.0	X						0	4,391	0
JOHN MCKIBBEN ..... TRUSTEE (BEG. 8/19)	1.0 ..... 12.0	X						0	643	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH BRAUD ..... VP INFO. TECH. OPS.(BEG. 1/20)	1.0 ..... 49.0			X				0	0	0
KATHARINE LEONARD ..... VP RE & FAC DVLP (BEG. 3/20)	1.0 ..... 49.0			X				0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
WEST GEORGIA HEALTH FOUNDATION

**Employer identification number**  
20-0936376

**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 . . . . . 1

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		
(A) WEST GEORGIA MEDICAL CENTER INC	205497506	3	Yes		90,000	0
<b>Total</b>	<b>1</b>				90,000	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<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**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</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 . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</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 . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</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 . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</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 . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<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 . . . . . ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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</b>	<b>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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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>		Yes	
<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>		No
<b>2</b>			No
<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>		No
<b>3a</b>			No
<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>		No
<b>4a</b>			No
<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>		No
<b>5a</b>			No
<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>		No
<b>6</b>			No
<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>		No
<b>7</b>			No
<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>		No
<b>8</b>			No
<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>		No
<b>9a</b>			No
<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>		No
<b>9b</b>			No
<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>		No
<b>9c</b>			No
<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>		No
<b>10a</b>			No
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>			

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**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>1</b>	
<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>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	

**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 ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
		<b>2a</b>	
<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>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		<b>3a</b>	
<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>3b</b>	

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-0936376

**Name:** WEST GEORGIA HEALTH FOUNDATION

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

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

**Name of the organization**  
WEST GEORGIA HEALTH FOUNDATION

**Employer identification number**  
20-0936376

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 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 . . . . .	18,958,227	17,672,892	16,332,380	14,602,355	11,774,139
<b>b</b> Contributions . . . . .	570,516	631,904	513,548	550,791	2,295,910
<b>c</b> Net investment earnings, gains, and losses	483,424	954,755	1,078,160	1,387,967	781,178
<b>d</b> Grants or scholarships . . . . .	90,000	90,000	93,050	0	
<b>e</b> Other expenditures for facilities and programs . . . . .	236,554	211,324	158,146	208,235	256,371
<b>f</b> Administrative expenses . . . . .				0	
<b>g</b> End of year balance . . . . .	19,685,613	18,958,227	17,672,892	16,332,878	14,594,856

- 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 ▶ 5.000 %
  - c** Temporarily restricted endowment ▶ 95.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <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 . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (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)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 0

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 1:			
<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 1:			
<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:** 20-0936376

**Name:** WEST GEORGIA HEALTH FOUNDATION

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	USE OF ORGANIZATION'S ENDOWMENT FUNDS: NET ASSETS ARE RELEASED FROM RESTRICTIONS WHEN EXPENSES ARE INCURRED TO SATISFY THE RESTRICTED PURPOSES, BY PASSAGE OF TIME OR BY OCCURENCE OF SPECIFIC EVENTS. NET ASSETS RELEASED DURING THE YEAR WERE PRIMARILY FOR THE CONTRIBUTIONS AND SUPPORT OF CONSTRUCTION OF ADDITIONAL FACILITIES, SPECIFIC MEDICAL AND CANCER TREATMENT EQUIPMENT, AND THE HOSPICE PROGRAM OF LAGRANGE-TROUP COUNTY HOSPITAL AUTHORITY.

## Supplemental Information

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization WEST GEORGIA HEALTH FOUNDATION

Employer identification number 20-0936376

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	<b>GOLF OUTING</b> (event type)	<b>POINSETTA SALE</b> (event type)	<b>4</b> (total number)	(add col. (a) through col. (c))	
<b>1</b> Gross receipts . . . . .	108,235	50,833	8,676	167,744	
<b>2</b> Less: Contributions . . . . .	32,485			32,485	
<b>3</b> Gross income (line 1 minus line 2) . . . . .	75,750	50,833	8,676	135,259	
Direct Expenses	<b>4</b> Cash prizes . . . . .	13,060		13,060	
	<b>5</b> Noncash prizes . . . . .	2,735		2,735	
	<b>6</b> Rent/facility costs . . . . .	21,600		21,600	
	<b>7</b> Food and beverages . . . . .	8,450	281	8,731	
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	5,854	17,387	1,122	24,363
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				70,489
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				64,770	

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

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

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

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

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

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

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

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization WEST GEORGIA HEALTH FOUNDATION

Employer identification number 20-0936376

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HELPING HANDS EMPLOYEE PROGRAM	30	14,511		FMV	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURE FOR MONITORING THE USE OF GRANTS: FUNDS WERE USED TO SUPPORT WEST GEORGIA MEDICAL CENTER, INC., A RELATED 501(C)(3) ORGANIZATION AND OTHER AFFILIATED HEALTHCARE PROVIDERS. THE HELPING HANDS FAMILY ASSISTANCE PROGRAM IS AN EMPLOYEE EMERGENCY ASSISTANCE PROGRAM.

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
WEST GEORGIA HEALTH FOUNDATION

Employer identification number  
20-0936376

**Part I Questions Regarding Compensation**

	Yes	No								
<p><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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><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 on Line 1a?</p>	<b>2</b>									
<p><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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes								
	<b>4b</b>	Yes								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><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 . . . . .</p>	<b>7</b>	Yes								
<p><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 . . . . .</p>	<b>8</b>	No								
<p><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)? . . . . .</p>	<b>9</b>									



**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 MEMEBERS 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 officers received severance pay during the 2019 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION: DAVID W. ANDERSON 96,194 DOUGLAS ARVIN, CPA, MBA 28,771 ELLEN LANGFORD 263,783 KEITH BOWERMASTER 223,420 KIMBERLY W. MENELEE 275,126 TIMOTHY HANEY 40,702 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 J. BUDZINSKI 388,946 CANDICE L. SAUNDERS 350,539 ELIZABETH H. LOUDERMILK 81,056 FREDA LYON 28,914 JAMES M. SWARTZ 69,963 JILL M. CASE-WIRTH 98,356 JOSEPH L. BRYWCZYNSKI 65,163 KEITH BOWERMASTER 48,214 LINDA HUFFER 30,499 ROBERT J. DECOUX 26,883 SNEHAL H. DOSHI 30,664 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. ANNUAL EXTERNAL AUDIT PROCESS AND APPROVED BY THE BOARD OF TRUSTEES AT THAT TIME.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-0936376  
**Name:** WEST GEORGIA HEALTH FOUNDATION

**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				
1ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG	(i)	0	0	0	0	0	0	0
	(ii)	492,176	153,371	22,475	48,600	36,299	752,921	0
1ANDREW LEE VP CHIEF DIVERSITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,534	69,143	36,677	16,250	29,251	451,855	0
2ANDREW S ALBERRY VP INFO TECH OPS. (END. 11/19)	(i)	0	0	0	0	0	0	0
	(ii)	211,694	30,192	9,759	0	23,900	275,545	0
3ANDREW W COX VP CHIEF OF STAFF&LEADER. DEV.	(i)	0	0	0	0	0	0	0
	(ii)	239,175	30,725	12,160	13,988	26,645	322,693	0
4ANTHONY J BUDZINSKI EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	711,281	189,614	415,918	49,600	31,125	1,397,538	388,946
5AVIRAL SINGH VP BRAND & MARKET STRATEGY	(i)	0	0	0	0	0	0	0
	(ii)	176,928	62,139	6,755	11,654	19,490	276,966	0
6AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF.	(i)	0	0	0	0	0	0	0
	(ii)	194,006	277,267	10,712	27,825	3,622	513,432	0
7BARBARA B COREY SVP MANAGED CARE	(i)	0	0	0	0	0	0	0
	(ii)	383,148	77,716	16,717	21,125	24,049	522,755	0
8BETH KOST SVP, CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	376,783	98,784	16,686	30,600	26,887	549,740	0
9BRADFORD B NEWTON VP INFO. TECHNOLOGY ADMIN.	(i)	0	0	0	0	0	0	0
	(ii)	236,842	43,177	9,247	21,775	29,650	340,691	0
10CANDICE L SAUNDERS PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,380,165	719,400	370,962	49,600	31,734	2,551,861	350,539
11CAROL TODD VP ASST. GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	196,522	41,362	9,938	20,517	20,587	288,926	0
12CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	714,553	228,715	14,772	40,650	31,633	1,030,323	0
13DANIEL ABAD VP TOTAL REWARDS	(i)	0	0	0	0	0	0	0
	(ii)	193,663	56,883	6,415	15,103	9,357	281,421	0
14DANYALE ZIGLOR VP HUMAN RESOURCES (BEG.12/19)	(i)	0	0	0	0	0	0	0
	(ii)	197,389	34,259	9,338	37,200	15,627	293,813	0
15DAVID HAFNER FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	20,311	0	0	0	0	20,311	0
16DAVID JONES EVP CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	453,078	224,378	23,823	1,924	26,547	729,750	0
17DAVID W ANDERSON FORMER EVP/HR/OL/CCO	(i)	0	0	0	0	0	0	0
	(ii)	0	76,387	100,094	47,492	3,488	227,461	0
18DAVID W PRESTON SVP BRAND EXP. & COMMUNICATION	(i)	0	0	0	0	0	0	0
	(ii)	363,301	53,327	14,724	23,750	20,657	475,759	0
19 DOUGLAS ARVIN CPA MBA SVP FINANCE (END. 2/20)	(i)	0	0	0	0	0	0	0
	(ii)	344,734	85,091	41,881	16,038	19,760	507,504	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				
<b>21</b> ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	275,849	48,400	95,145	25,750	28,883	474,027	81,056
<b>1</b> ELIZABETH H PAPETTI VP OPS. HOSPITAL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	226,303	49,996	8,700	23,750	29,545	338,294	0
<b>2</b> ELLEN LANGFORD FORMER SVP WMG AMB. TRANS.	(i)	0	0	0	0	0	0	0
	(ii)	0	0	236,783	0	0	236,783	0
<b>3</b> ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	0	0	0	0	0	0	0
	(ii)	193,600	31,419	9,351	17,529	21,039	272,938	0
<b>4</b> FREDA LYON VP SYSTEM EMERGENCY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	217,078	39,545	43,936	26,604	30,154	357,317	28,914
<b>5</b> IVY SPENCER VP CNO	(i)	0	0	0	0	0	0	0
	(ii)	199,800	44,029	10,549	23,750	17,827	295,955	0
<b>6</b> JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	258,750	113,904	1,260	42,750	31,300	447,964	0
<b>7</b> JAMES M SWARTZ VP ACCOUNTING	(i)	0	0	0	0	0	0	0
	(ii)	156,679	42,634	77,714	12,917	19,131	309,075	69,963
<b>8</b> JASON D STEVENS SVP DEPUTY GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	300,025	80,584	11,811	42,750	24,622	459,792	0
<b>9</b> JASON L KELSEY VP REHAB. & SPORTS MED. SRVCS.	(i)	0	0	0	0	0	0	0
	(ii)	196,700	29,897	14,243	23,721	34,068	298,629	0
<b>10</b> JENNIFER J GIUSTI VP CLINICAL OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	328,682	58,258	11,579	30,600	22,540	451,659	0
<b>11</b> JILL M CASE-WIRTH SVP NURSING SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	378,036	83,757	121,503	49,600	12,794	645,690	98,356
<b>12</b> JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	858,700	273,803	19,697	49,600	36,058	1,237,858	0
<b>13</b> JONATHAN D MAURER VP INFORMATION SECURITY & CISO	(i)	0	0	0	0	0	0	0
	(ii)	230,006	33,886	9,493	42,750	12,237	328,372	0
<b>14</b> JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	325,276	70,050	97,517	47,600	26,640	567,083	65,163
<b>15</b> JUDITH WHITE VP LABORATORY SERVICES SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	159,235	50,004	6,615	15,690	14,053	245,597	0
<b>16</b> KEITH BOWERMASTER FORMER VP COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	8,937	0	271,682	0	1,267	281,886	48,214
<b>17</b> KEM M MULLINS EVP AMBULATORY & BUS. DEV.	(i)	0	0	0	0	0	0	0
	(ii)	554,656	152,604	14,852	22,750	34,978	779,840	0
<b>18</b> KIMBERLY J RYAN SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	434,560	0	14,345	30,600	22,387	501,892	0
<b>19</b> KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	214,863	48,147	8,700	23,750	23,897	319,357	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>41</b> KIMBERLY W MENEFFEE FORMER SVP STRATEGIC COMM. DEV	(i)	0	0	0	0	0	0	
	(ii)	0	0	275,126	0	0	275,126	
<b>1</b> KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	(i)	0	0	0	0	0	0	
	(ii)	194,173	35,398	9,050	14,914	28,968	282,503	
<b>2</b> LAURA DANNELS VP & CHIEF LEARNING OFFICER	(i)	0	0	0	0	0	0	
	(ii)	98,080	79,817	14,408	22,625	3,819	218,749	
<b>3</b> LEANNE COOK VP CONSUMER ENGAGEMENT	(i)	0	0	0	0	0	0	
	(ii)	156,705	10,263	6,985	17,026	23,388	214,367	
<b>4</b> LEO E REICHERT EVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	621,870	187,493	18,442	40,624	37,860	906,289	
<b>5</b> MARCUS P CHARLSON MD VP SURGERY	(i)	0	0	0	0	0	0	
	(ii)	214,819	40,665	8,957	16,511	25,733	306,685	
<b>6</b> MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	0	0	0	0	0	0	
	(ii)	275,898	63,460	11,549	30,600	25,508	407,015	
<b>7</b> MAXWELL S KAGAN VP FINANCE & CFO	(i)	0	0	0	0	0	0	
	(ii)	259,036	57,927	10,614	23,750	17,550	368,877	
<b>8</b> MICHAEL T MCCULLOUGH SVP SUPPLY CHAIN	(i)	0	0	0	0	0	0	
	(ii)	313,000	57,012	39,510	30,600	21,485	461,607	
<b>9</b> PAUL D MURPHREE VP MEDICAL OUTCOMES	(i)	0	0	0	0	0	0	
	(ii)	370,120	61,879	16,945	49,600	33,048	531,592	
<b>10</b> PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	
	(ii)	435,988	251,171	-25,981	30,600	12,997	704,775	
<b>11</b> PETER R JUNGLBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	295,768	151,439	3,406	49,320	32,130	532,063	
<b>12</b> REBECCA L RUHL VP FACILITY COMPLIANCE OPS.	(i)	0	0	0	0	0	0	
	(ii)	168,824	30,777	9,668	3,250	27,325	239,844	
<b>13</b> RICHARD S SIEGEL VP CARDIO.&CVM ADMN (END. 1/20)	(i)	0	0	0	0	0	0	
	(ii)	318,274	63,363	14,585	47,090	34,191	477,503	
<b>14</b> ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	0	0	0	0	0	0	
	(ii)	563,080	164,713	16,606	30,600	9,697	784,696	
<b>15</b> ROBERT J DECOUX VP CORPORATE MED. STAFF SVCS.	(i)	0	0	0	0	0	0	
	(ii)	190,573	32,513	36,757	30,173	27,275	317,291	
<b>16</b> SANDRA LUCIUS VP INFO. TECHNOLOGY APPS	(i)	0	0	0	0	0	0	
	(ii)	246,746	44,982	14,509	47,460	2,349	356,046	
<b>17</b> SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	(i)	0	0	0	0	0	0	
	(ii)	322,181	58,719	9,911	8,776	29,153	428,740	
<b>18</b> SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	(i)	0	0	0	0	0	0	
	(ii)	342,698	110,000	7,578	14,830	16,466	491,572	
<b>19</b> SHYROLL MORRIS VP ONC.&DIG.HEALTH (BEG. 9/19)	(i)	0	0	0	0	0	0	
	(ii)	79,425	60,807	21,521	3,566	1,924	167,243	

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>61</b> SNEHAL H DOSHI VP SYSTEM PHARMACIST	(i)	0	0	0	0	0	0	
	(ii)	210,792	38,860	46,831	26,030	32,956	355,469	
<b>1</b> SONYA E ALDY VP TALENT ACQUISITION	(i)	0	0	0	0	0	0	
	(ii)	224,227	40,866	10,307	9,750	23,468	308,618	
<b>2</b> SOPHIA MARSHALL VP ORGANIZATION COMMUNICATIONS	(i)	0	0	0	0	0	0	
	(ii)	188,464	61,051	6,692	23,750	4,323	284,280	
<b>3</b> STEPHEN L BADGER FORMER VP STRATEGIC SERVICES	(i)	0	0	0	0	0	0	
	(ii)	433,162	93,913	61,594	49,600	36,470	674,739	
<b>4</b> STEPHEN VAULT VP STRATEGIC COMMUNITY DEV.	(i)	0	0	0	0	0	0	
	(ii)	192,564	35,095	10,447	23,636	11,204	272,946	
<b>5</b> STEVEN HUNT VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	
	(ii)	194,384	29,809	7,475	18,589	31,096	281,353	
<b>6</b> STEVEN OWEIDA MD FORMER TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	49,802	0	0	0	0	49,802	
<b>7</b> TE RUSTY DURHAM FORMER TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	15,319	0	0	0	0	15,319	
<b>8</b> TIMOTHY HANEY SVP RE FAC&DVLP SVC (END.1/20)	(i)	0	0	0	0	0	0	
	(ii)	312,049	-88,138	62,303	29,610	27,516	343,340	
<b>9</b> VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG	(i)	0	0	0	0	0	0	
	(ii)	488,724	132,489	25,261	30,600	28,263	705,337	
<b>10</b> VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS	(i)	0	0	0	0	0	0	
	(ii)	203,785	36,120	11,599	47,260	13,318	312,082	

**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)**

Department of the Treasury

Internal Revenue Service  
Name of the organization

WEST GEORGIA HEALTH FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**Employer identification number**

20-0936376

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART I, LINES 7A &amp; 7B</p>	<p>UNRELATED BUSINESS INCOME WEST GEORGIA HEALTH FOUNDATION, INC. GENERATED NO UNRELATED BUSINESS INCOME ("UBI") FOR THE REPORTING YEAR. 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, 2020. FORM 990, PART IV, LINE 12B AUDITED FINANCIAL STATEMENTS WELLSTAR HEALTH SYSTEM, INC., AND ITS CONTROLLED AFFILIATES ARE AUDITED ON AN ANNUAL BASIS BY AN OUTSIDE AUDITING FIRM, KPMG, AND AS PART OF THAT AUDIT A CONSOLIDATED FINANCIAL STATEMENT IS ISSUED. THE INDEPENDENT AUDITORS REPORT INCLUDES THE ACCOUNTS OF WELLS TAR AND ITS CONTROLLED AFFILIATES INCLUDING COBB HOSPITAL, INC., DOUGLAS HOSPITAL INC., KENNESTONE HOSPITAL, INC., PAULDING MEDICAL CENTER, INC., WELLSTAR ATLANTA MEDICAL CENTER, INC., WELLSTAR NORTH FULTON HOSPITAL, INC., WELLSTAR SPALDING REGIONAL MEDICAL CENTER, INC., WELLSTAR SYLVAN GROVE HOSPITAL, INC., WELLSTAR WEST GEORGIA MEDICAL CENTER, INC., WINDY HILL HOSPITAL, WELLSTAR MEDICAL GROUP, LLC AND VARIOUS OTHER OWNED ENTITIES AS LISTED IN SCHEDULE R. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION. FORM 990, PART VI, SECTION A, LINE 6 The sole corporate member is WellStar Health System, Inc. FORM 990, PART VI, SECTION A, LINES 7A &amp; 7B POWERS OF THE BOARD AS PER THE ARTICLES OF INCORPORATION, THE SOLE MEMBER OF THE ORGANIZATION IS WELLSTAR HEALTH SYSTEM, INC., A GEORGIA NONPROFIT CORPORATION. AS SOLE MEMBER, WELLSTAR HEALTH SYSTEM, INC. HOLDS CERTAIN POWERS OF ELECTION AND APPROVAL IN CONNECTION WITH THE GOVERNING BODY OF THE ORGANIZATION. THESE POWERS ARE PRESENTED IN DETAIL IN THE GOVERNING DOCUMENTS WHICH THE COMPANY MAKES AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART V, 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 PRIOR TO FILING. THE ORGANIZATION'S CFO OR DESIGNEE SUBSEQUENTLY SIGNS THE RETURN FOR EITHER MANUAL OR ELECTRONIC FILING BY THE APPROPRIATE DUE DATE. FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY OUR CONFLICT-OF-INTEREST POLICY REQUIRES ALL COVERED PERSONS TO ANNUALLY REVIEW THE POLICY AND THEN COMPLETE, SIGN AND RETURN THE CONFLICTS OF INTEREST SURVEY AND ATTESTATION TO THE COMPLIANCE OFFICE. THE POLICY REQUIRES AN ONGOING 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART I, LINES 7A &amp; 7B</p>	<p>WHO MUST COMPLETE THE SURVEY AND ATTESTATION. COMPLIANCE VERIFIES THAT THE SURVEY AND ATTESTATION IS DISTRIBUTED TO THESE PERSONS. COMPLIANCE VERIFIES THAT THESE PERSONS RETURN A FULLY COMPLETED AND SIGNED SURVEY AND ATTESTATION. COMPLIANCE REVIEWS EACH COMPLETED AND SIGNED SURVEY AND ATTESTATION TO IDENTIFY ALL CONFLICTS LISTED IN THE DOCUMENT. ALL CONFLICTS, POTENTIAL CONFLICTS AND INCIDENCES OF NON-COMPLIANCE ARE REFERRED TO THE CHIEF COMPLIANCE OFFICER. THE CCO TAKES APPROPRIATE ACTION TO COMPLETELY RESOLVE ALL IDENTIFIED CONFLICTS AND INCIDENCES OF NON-COMPLIANCE. FORM 990, PART VI, SECTION B, LINES 15A &amp; 15B COMPENSATION OF OFFICERS WELLSTAR HEALTH SYSTEM, INC. HAS ENGAGED SULLIVAN COTTER TO WORK WITH THE GOVERNING BOARD AND COMPENSATION COMMITTEE 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. THE CEO AND CHIEF HUMAN RESOURCES OFFICER, PARTICIPATE IN AN ADVISORY ROLE, AND NOT AS VOTING MEMBERS. FURTHER IN COMMITTEE DISCUSSIONS ABOUT THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, THE CEO RECUSES HIM/HERSELF FROM THAT PROCESS. THE CEO 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 IN DIVIDUAL 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</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART I, LINES 7A & 7B	<p>DECISIONS ARE RECORDED DURING EACH COMMITTEE MEETING AND REVIEWED AND PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW. 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. UNDER ITS CONTINUING DISCLOSURE AGREEMENTS FOR PUBLIC BONDS OUTSTANDING FINANCIAL AND STATISTICAL INFORMATION IS POSTED AND REPORTED ON EMMA.MSRB.ORG ON A QUARTERLY AND ANNUAL BASIS. FORM 990, PART VII OFFICERS HOURS WORKED THE OFFICERS DEVOTE THEIR TIME TO ALL OF THE ORGANIZATIONS WITHIN WELLSTAR HEALTH SYSTEM THAT ARE LISTED IN SCHEDULE R, PART II. AS SUCH, THE TOTAL HOURS WORKED BY THE OFFICERS ACROSS ALL ORGANIZATIONS EXCEEDS 40 HOURS A WEEK. FORM 990, PART VII &amp; FORM 990, SCHEDULE J COMPENSATION ALL COMPENSATION AMOUNTS REPORTED ON FORM 990, PART V, PART VII, AND PART IX AS WELL AS SCHEDULE J REPRESENT COMPENSATION PROVIDED TO INDIVIDUALS THAT PROVIDE SERVICES TO THE ORGANIZATION. LIKEWISE, THE NUMBER OF EMPLOYEES REPORTED ON FORM 990 REPRESENT THE NUMBER OF INDIVIDUALS PROVIDING SERVICES TO THE ORGANIZATION. ALL FEDERAL EMPLOYMENT TAX RESPONSIBILITIES FOR THESE INDIVIDUALS (INCLUDING FEDERAL EMPLOYMENT TAX REPORTING RESPONSIBILITIES) ARE HANDLED BY WELLSTAR HEALTH SYSTEM, INC.(EIN 58-1649541).</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:EDUCATION TOTAL EXPENSES:18523 PROGRAM SERVICES:18523 FUNDRAISING:

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:VOLUNTEER SERVICES TOTAL EXPENSES:5563 PROGRAM SERVICES:5563 FUNDRAISING:

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:BEREAVEMENT SERVICES TOTAL EXPENSES:392 PROGRAM SERVICES:392 FUNDRAISING:

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:MISCELLANEOUS EXPENSES TOTAL EXPENSES:9795 PROGRAM SERVICES:9795 FUNDRAISING:

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:FOOD PANTRY EXPENSE TOTAL EXPENSES:330 PROGRAM SERVICES:330 FUNDRAISING:

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:SHUTTLE EXPENSE TOTAL EXPENSES:70621 PROGRAM SERVICES:70621 FUNDRAISING:

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WEST GEORGIA HEALTH FOUNDATION

**Employer identification number**

20-0936376

**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									
<b>(2)</b> KENNESTONE EAST PARKING DECK LLC  793 SAWYER ROAD MARIETTA, GA 300622222 20-0537100	PARKING	GA	NA									
<b>(3)</b> GRIFFIN IMAGING LLC  793 SAWYER ROAD MARIETTA, GA 300622222	IMAGING CENTER	GA	NA									
<b>(4)</b> WELLSTAR SPALD EMSSPALD 911 LLC  793 SAWYER ROAD MARIETTA, GA 300622222	OFF. BLDG/EMS CTR	GA	NA									
<b>(5)</b> NORTH FULTON PARKING DECK LP  793 SAWYER ROAD MARIETTA, GA 300622222	PARKING	GA	NA									
<b>(6)</b> WELLSTAR COBB HOSPITAL CANCER CENTER  793 SAWYER ROAD MARIETTA, GA 30062 46-4323565	HEALTH SERVICES	GA	NA									
<b>(7)</b> SPALDING HEALTH SYSTEM LLC  793 SAWYER ROAD MARIETTA, GA 30062 58-2148398	PHYS. HOSP. ORG.	GA	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> Community Assurance Co  3rd Fl Barclays Hse Shedden Rd 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					
<b>(3)</b> WELLSTAR HELATH PLAN INC  793 SAWYER ROAD MARIETTA, GA 300622222 46-1922499	HEALTH INSURANCE	GA	WHS INC	C CORP					

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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



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

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-0936376  
**Name:** WEST GEORGIA HEALTH FOUNDATION

**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 58-2026750	Healthcare	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD Marietta, GA 30062 58-2032904	Healthcare	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-2095884	Healthcare	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-1627413	Foundation	GA	501(C)(3)	12 II	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-1649541	Healthcare	GA	501(C)(3)	12 II	NA		No
793 SAWYER ROAD MARIETTA, GA 30062 81-0837031	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0851756	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0864789	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0875069	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 20-5497622	HEALTHCARE	GA	501(C)(3)	12 II	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 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	
1514 VERNON ROAD LAGRANGE, GA 30062 58-1303478	FOUNDATION	GA	501(C)(3)	7	WGHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-0968382	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	

