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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

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

D Employer identification number  
  
20-5497506  
  
E Telephone number  
  
(770) 956-7827  
  
G Gross receipts \$ 238,121,963

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

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

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

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2006

M State of legal domicile: GA

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 19

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 11

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . 5 1,718

6 Total number of volunteers (estimate if necessary) . . . . . 6 285

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 16,502,268

9 Program service revenue (Part VIII, line 2g) . . . . . 9 195,778,651

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 9,713,301

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 1,581,063

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 223,575,283

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 124,631

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 117,930,692

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶666,807

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 70,725,717

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 188,781,040

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 34,794,243

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 211,244,202

21 Total liabilities (Part X, line 26) . . . . . 21 205,571,881

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 5,672,321

Part II Signature Block

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

Sign Here

Signature of officer  
Date 2022-05-05

JAMES M SWARTZ VP ACCOUNTING  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2022-05-03 Check ☐ if self-employed PTIN P01235586

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

Firm's address ▶ 2001 MARKET ST SUITE 1800 Phone no. (267) 330-3000  
PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

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

SEE SCHEDULE O

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

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

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

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

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

<b>4a</b>	(Code: ) (Expenses \$ 178,774,409 including grants of \$ 194,130 ) (Revenue \$ 228,214,862 )
	See Additional Data



















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

<b>4e</b>	<b>Total program service expenses</b> ▶ 178,774,409
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**Part IV Checklist of Required Schedules**

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

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

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

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

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

Form **990** (2020)

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 11		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

## Part VII

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	0	19,393,678	1,494,846

2 Total number of individuals (including but not limited to the  
of reportable compensation from the organization ► 145

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

## Section B. Independent Contractors

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

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

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

Form 990 (2020)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	3,137,380		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f		3,137,380		
Program Service Revenue	2a	PATIENT REVENUE	Business Code 622110	228,214,862	228,214,862	
	b					
	c					
	d					
	e					
	f	All other program service revenue.				
	g	Total. Add lines 2a-2f.		228,214,862		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,421,575		1,421,575
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross rents	(i) Real 320,832	(ii) Personal		
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c	320,832	0	
	d	Net rental income or (loss)		320,832		320,832
	7a	Gross amount from sales of assets other than inventory	(i) Securities 3,446,553	(ii) Other -17,294		
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c	3,446,553	-17,294	
	d	Net gain or (loss)		3,429,259		3,429,259
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		0	
	b	Less: direct expenses	8b		0	
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities. See Part IV, line 19	9a		0	
	b	Less: direct expenses	9b		0	
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	10a		523,427	
	b	Less: cost of goods sold	10b		204,650	
	c	Net income or (loss) from sales of inventory		318,777		318,777
Miscellaneous Revenue		Business Code				
11a	CAFETERIA REVENUE	722514	688,855		688,855	
b	LAUNDRY REVENUE	812300	5,260		5,260	
c	OTHER REVENUE	900099	380,513		380,513	
d	All other revenue					
e	Total. Add lines 11a-11d		1,074,628			
12	Total revenue. See instructions		237,917,313	228,214,862	6,565,071	

Form 990 (2020)

**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 . . . . .	194,130	194,130		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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 . . . . .	2,406,101	1,924,881	481,220	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	98,086,183	83,274,440	14,497,225	314,518
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	1,260,684	1,260,684		
<b>9</b> Other employee benefits . . . . .	21,619,140	17,565,664	4,037,995	15,481
<b>10</b> Payroll taxes . . . . .	5,715,107	5,715,107		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	3,391,222	3,391,222		
<b>b</b> Legal . . . . .	54,023	54,023		
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,676,186	12,018,846	8,624,640	32,700
<b>12</b> Advertising and promotion . . . . .	154,428	154,428		
<b>13</b> Office expenses . . . . .	765,035	765,035		
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	2,567,150	2,564,136	759	2,255
<b>17</b> Travel . . . . .	503,950	113,083	390,867	
<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 . . . . .	2,307,233	2,295,179	12,054	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	12,901,165	9,590,536	3,306,629	4,000
<b>23</b> Insurance . . . . .	432,346	432,346		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	30,492,044	30,475,997	16,047	0
<b>b</b> NON-MEDICAL SUPPLIES	3,731,412	3,487,150	244,262	0
<b>c</b> REPAIRS AND MAINTENANCE	3,354,691	3,354,691	0	0
<b>d</b> PROFESSIONAL DEVELOPMENT	99,097	99,097	0	0
<b>e</b> All other expenses	-1,814,955	43,734	-2,156,542	297,853
<b>25</b> Total functional expenses. Add lines 1 through 24e	208,896,372	178,774,409	29,455,156	666,807
<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 . . . . .		2,602,955	<b>1</b>	3,561,846
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		26,685,150	<b>4</b>	37,119,957
	<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 . . . . .		4,558,775	<b>8</b>	4,034,854
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		546,899	<b>9</b>	839,973
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 136,584,467			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 50,353,699	84,305,719	<b>10c</b>	86,230,768
	<b>11</b>	Investments—publicly traded securities . . . . .		89,017,711	<b>11</b>	108,596,318
	<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 . . . . .		3,526,993	<b>15</b>	2,717,916
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		211,244,202	<b>16</b>	243,101,632	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		28,752,407	<b>17</b>	30,187,321
	<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		94,158	<b>21</b>	100,753
	<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		176,725,316	<b>25</b>	162,327,457
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		205,571,881	<b>26</b>	192,615,531
<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 . . . . .		796,571	<b>27</b>	45,889,768
	<b>28</b>	Net assets with donor restrictions . . . . .		4,875,750	<b>28</b>	4,596,333
	<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>	<b>Total net assets or fund balances</b> . . . . .		5,672,321	<b>32</b>	50,486,101
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		211,244,202	<b>33</b>	243,101,632	

**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>	237,917,313
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	208,896,372
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	29,020,941
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,672,321
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,404,781
<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>	388,058
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	50,486,101

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-5497506

**Name:** WEST GEORGIA MEDICAL CENTER INC

Form 990 (2020)

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

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CANDICE L SAUNDERS ..... PRESIDENT & CEO	1.0 ..... 51.0			X				0	2,484,302	83,983
JOHN A BRENNAN ..... EVP CHIEF CLIN. INTEG. OFFICER	1.0 ..... 49.0			X				0	1,414,928	69,561
LEO E REICHERT ..... EVP & GENERAL COUNSEL	1.0 ..... 49.0			X				0	1,201,843	71,364
ANTHONY J BUDZINSKI ..... EVP & CFO	1.0 ..... 51.0			X				0	949,190	76,974
TIMOTHY HANEY ..... FORMER SVP RE FAC & DVLP SVC	0.0 ..... 0.0						X	0	1,015,968	4,020
KIMBERLY J RYAN ..... SENIOR VP (END. 12/20)	1.0 ..... 49.0			X				0	882,825	59,528
JILL M CASE-WIRTH ..... SVP NURSING SERVICES	1.0 ..... 49.0			X				0	880,522	43,402
KEM M MULLINS ..... EVP AMBULATORY & BUS. DEV.	1.0 ..... 49.0			X				0	845,714	61,332
ALAN R MUSTER MD ..... SVP SPECIALTY DIVISION WMG	1.0 ..... 51.0			X				0	753,074	89,304
ROB SCHREINER ..... EVP & PRESIDENT MEDICAL GROUP	1.0 ..... 49.0			X				0	753,883	45,532

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			
PAUL DOUGLASS MD ..... TRUSTEE & PHYSICIAN	1.0 ..... 49.0	X						0	708,888	44,670
CARRIE O PLIETZ ..... EVP & COO HOSP DIV (END 10/20)	1.0 ..... 49.0			X				0	633,284	74,102
DOUGLAS ARVIN CPA MBA ..... FORMER SVP FINANCE	0.0 ..... 0.0						X	0	699,797	5,911
BETH KOST ..... SVP, CHIEF COMPLIANCE OFFICER	1.0 ..... 49.0			X				0	602,752	79,274
VALERY A AKOPOV MD ..... SVP HOSPITAL DIVISION WMG	1.0 ..... 49.0			X				0	621,580	60,168
DAVID JONES ..... EVP CHIEF HR OFFICER	1.0 ..... 49.0			X				0	641,493	24,292
STEPHEN L BADGER ..... FORMER VP STRATEGIC SERVICES	0.0 ..... 50.0						X	0	564,988	89,220
PETER R JUNGBLUT MD MBA ..... FORMER SVP & MEDICAL DIRECTOR	0.0 ..... 50.0						X	0	476,899	85,154
STUART DOWNS ..... VP NURSING OPS. (END. 3/21)	1.0 ..... 49.0			X				0	464,869	79,026
JOSEPH L BRYWCZYNSKI ..... SVP HLT PARKS DEV.(END. 11/20)	1.0 ..... 49.0			X				0	467,201	73,582

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			
BARBARA B COREY ..... SVP MANAGED CARE	1.0 ..... 49.0			X				0	491,783	47,831
PAUL D MURPHREE ..... VP MEDICAL OUTCOMES	1.0 ..... 49.0			X				0	459,908	64,389
MARY L TAVERNARO ..... VP HUMAN RESOURCES OPERATIONS	1.0 ..... 49.0			X				0	439,301	76,914
SANDRA LUCIUS ..... VP HEAD OF CARE PLATFORMS	1.0 ..... 49.0			X				0	479,600	32,946
DAVID W PRESTON ..... SVP BRAND EXP. & COMMUNICATION	1.0 ..... 49.0			X				0	459,086	52,367
JAMES L HORNSBY JR MD ..... TRUSTEE & PHYSICIAN	1.0 ..... 51.0	X						0	432,736	77,588
REMINGTON FOSS ..... SVP HOSPITAL PRESIDENT	48.0 ..... 2.0			X				442,406	0	61,356
AVRIL P BECKFORD MD ..... TRUSTEE & CHIEF PEDIATRIC OFF.	1.0 ..... 49.0	X		X				0	463,457	33,307
ROD DURASKI ..... VP MEDICAL AFFAIRS (END. 2/21)	50.0 ..... 0.0			X				412,386	0	78,325
LINDA HUFFER ..... VP POST ACUTE SERVICES	1.0 ..... 49.0			X				0	437,790	45,922

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			
JENNIFER J GIUSTI ..... VP CLINICAL OUTCOMES	1.0 ..... 49.0			X				0	408,600	54,850
MICHAEL T MCCULLOUGH ..... SVP SUPPLY CHAIN	1.0 ..... 49.0			X				0	398,923	59,565
JASON D STEVENS ..... SVP DEPUTY GENERAL COUNSEL	1.0 ..... 49.0			X				0	386,099	69,737
SEAN P TURNER ..... VP REV. CYC. MGMT. (END. 2/21)	1.0 ..... 49.0			X				0	397,877	32,751
CHARIS ACREE ..... VICE PRESIDENT & COO(END 2/21)	50.0 ..... 0.0			X				356,425	0	53,714
ELIZABETH H LOUDERMILK ..... VP FINANCIAL PLANNING	1.0 ..... 49.0			X				0	344,688	62,281
SHYROLL MORRIS ..... VP ONC.&DIG.HEALTH (END. 2/21)	1.0 ..... 49.0			X				0	345,462	56,317
ANDREW LEE ..... VP CHIEF DIV. OFF.(END. 12/20)	1.0 ..... 49.0			X				0	324,352	61,224
MAXWELL S KAGAN ..... VP FINANCE & CFO	1.0 ..... 49.0			X				0	324,968	54,571
JAMES M SWARTZ ..... VP ACCOUNTING	1.0 ..... 49.0			X				0	314,307	63,398

**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			
DANYALE ZIGLOR ..... VP HUMAN RESOURCES	1.0 ..... 49.0			X				0	302,298	60,178
SNEHAL H DOSHI ..... SVP ANCILLARY & SUPPORT SVCS	1.0 ..... 49.0			X				0	285,912	76,331
DANIEL ABAD ..... VP TOTAL & CHIEF TM ENGAGE OFF	1.0 ..... 49.0			X				0	321,083	38,970
SONYA E ALDY ..... VP TALENT ACQUISITION	1.0 ..... 49.0			X				0	312,460	43,610
BRADFORD B NEWTON ..... VP INFO.TECH.ADMIN.(END.12/20)	1.0 ..... 49.0			X				0	305,271	50,481
JOSEPH BRAUD ..... VP INFORMATION TECHNOLOGY OPS	1.0 ..... 49.0			X				0	326,852	26,904
KRISTEN S TRICE ..... VP DIAGNOSTIC OUTREACH	1.0 ..... 49.0			X				0	302,447	50,964
JESSICA KOVALESKY ..... VP CARE COORDINATOR	1.0 ..... 49.0			X				0	308,456	43,191
MARCUS P CHARLSON MD ..... VP SURGERY	1.0 ..... 49.0			X				0	307,077	42,583
LAURA DANNELS ..... VP & CHIEF TALENT OFFICER	1.0 ..... 49.0			X				0	311,908	35,856

**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			
AVIRAL SINGH	1.0									
VP BRAND & MARKET STRATEGY	49.0			X				0	290,035	56,694
ELIZABETH H PAPETTI	1.0									
VP OPS. HOSPITAL DIVISION	49.0			X				0	290,712	51,791
VARMA RAMESWAR MD	1.0									
VP PEDIATRIC OPERATIONS	49.0			X				0	285,765	51,716
ANDREW W COX	1.0									
VP CHIEF OF STAFF&LEADER. DEV.	49.0			X				0	291,726	45,161
STEPHEN VAULT	1.0									
VP STRATEGIC COMMUNITY DEV.	49.0			X				0	301,661	34,387
SOPHIA MARSHALL	1.0									
VP ORGANIZATION COMMUNICATIONS	49.0			X				0	296,295	38,620
LIZA FRITCHLEY	50.0									
VP SR. CARE SRVCS (END. 10/20)	0.0			X				288,700	0	42,260
HARRIS GRIFFITH	50.0									
VP FINANCE & HOSPITAL CFO	0.0			X				284,440	0	45,792
JASON L KELSEY	1.0									
VP REHAB. & SPORTS MED. SRVCS.	49.0			X				0	247,802	81,448
SHALIMA PANNIKODE	1.0									
SVP CHIEF INFO. & DIGITAL OFF.	49.0			X				0	296,604	31,170

**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			
FREDA LYON	1.0									
VP SYSTEM EMERGENCY SERVICES	49.0			X				0	273,157	52,870
CAROL TODD	1.0									
VP ASST. GENERAL COUNSEL	49.0			X				0	275,363	43,233
LEANNE COOK	1.0									
VP CONSUMER ENGAGEMENT	49.0			X				0	256,658	60,258
KIMBERLY TAACA	1.0									
VP OPS SPECIALTY DIVISION	49.0			X				0	274,977	38,722
STEVEN HUNT	1.0									
VP HUMAN RESOURCES	49.0			X				0	252,880	58,442
IVY SPENCER	1.0									
VP CNO	49.0			X				0	255,306	42,581
JUDITH WHITE	1.0									
VP LABORATORY SERVICES SYSTEM	49.0			X				0	250,208	42,458
TOMMY BRITT	50.0									
VICE PRESIDENT HUMAN RESOURCES	0.0			X				257,604	0	34,909
JONATHAN D MAURER	1.0									
VP INFO.SEC.&CISO(END. 12/20)	49.0			X				0	257,259	31,523
JOSEPH A REPPERT	1.0									
SVP FINANCE (BEG. 8/20)	49.0			X				0	253,157	34,487

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			
ELLEN WRIGHT ..... VP HIM CDI & POLICIES	1.0 ..... 49.0			X				0	243,645	43,226
TRACY GYNTER ..... VICE PRESIDENT, CNO	50.0 ..... 0.0			X				239,547	0	41,153
ROBERT J DECOUX ..... VP CORPORATE MED. STAFF SVCS.	1.0 ..... 49.0			X				0	230,829	49,229
REBECCA L RUHL ..... VP FACILITY COMPLIANCE OPS.	1.0 ..... 49.0			X				0	243,841	32,008
RICHARD S SIEGEL ..... FORMER VP CARDIO.&CVM ADMN	0.0 ..... 0.0						X	0	267,432	6,106
SUSAN JACKSON ..... VP PHARMACY SVCS (BEG. 5/21)	1.0 ..... 49.0			X				0	222,733	46,636
KATHARINE LEONARD ..... VP REAL ESTATE & FACILITY DVLP	1.0 ..... 49.0			X				0	247,881	21,430
DON DAVIS ..... DIRECTOR PHARMACY	50.0 ..... 0.0					X		230,762	0	19,998
SOPHIA L MCINTYRE ..... SVP AMB.CARE DIV.(BEG. 10/20)	1.0 ..... 49.0			X				0	213,972	10,903
MARY A SPARROW ..... PHARMACIST UNIT BASED	50.0 ..... 0.0					X		179,087	0	35,559



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			
R RANDALL BENTLEY SR ESQ ..... TRUSTEE (END. 6/21)	1.0 ..... 12.0	X						0	39,473	0
W CHARLES BROCK ..... TRUSTEE	1.0 ..... 12.0	X						0	39,340	0
DAVID HAFNER ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	18,643	0
TE RUSTY DURHAM ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	15,007	0
CHARLES J JONES ..... TRUSTEE (END. 6/21)	1.0 ..... 12.0	X						0	8,840	0
MITZI MOORE ..... TRUSTEE	1.0 ..... 12.0	X						0	5,560	0
O SCOTT SWAYZE MD ..... TRUSTEE	1.0 ..... 12.0	X						0	3,908	0
FRANK ROS ..... TRUSTEE	1.0 ..... 12.0	X						0	3,597	0
H SPEER BURDETTE III ..... TRUSTEE	1.0 ..... 12.0	X						0	3,115	0
EDWARD RICHARDSON ..... TRUSTEE	1.0 ..... 12.0	X						0	2,872	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG MORGAN ..... TRUSTEE	1.0 ..... 12.0	X						0	2,595	0
GARY A MILLER ..... TRUSTEE	1.0 ..... 12.0	X						0	2,555	0
JAMES HOLMES ..... TRUSTEE	1.0 ..... 12.0	X						0	2,555	0
AMBICA YADAV ..... TRUSTEE	1.0 ..... 12.0	X						0	2,475	0
JOHN MCKIBBEN ..... TRUSTEE	1.0 ..... 12.0	X						0	1,885	0
JAY CUNNINGHAM ..... TRUSTEE (BEG. 3/21)	1.0 ..... 12.0	X						0	0	0
MATTHEW B TERRY ..... SVP CHIEF STRAT.OFF.(BEG.6/21)	1.0 ..... 49.0			X				0	0	0
PRANAV K JAIN ..... VP&CH. MED INFO.OFF.(BEG.5/21)	1.0 ..... 49.0			X				0	0	0
RICHARD H CAPPS ..... EVP CH INFO&DIGIT.OFF(BEG1/21)	1.0 ..... 49.0			X				0	0	0
SANA B BRUNO ..... VP MEDICAL AFFAIRS (END. 2/21)	1.0 ..... 49.0			X				0	0	0



SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
WEST GEORGIA MEDICAL CENTER INC

Employer identification number  
20-5497506

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 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 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2020.</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 33 1/3% support test—2019.</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 10%-facts-and-circumstances test—2020.</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 10%-facts-and-circumstances test—2019.</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 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First 5 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>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). <b>See instructions.</b> 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 ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035	<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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015. . . . .		
b	From 2016. . . . .		
c	From 2017. . . . .		
d	From 2018. . . . .		
e	From 2019. . . . .		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016. . . . .		
b	Excess from 2017. . . . .		
c	Excess from 2018. . . . .		
d	Excess from 2019. . . . .		
e	Excess from 2020. . . . .		

**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

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
WEST GEORGIA MEDICAL CENTER INC

Employer identification number  
20-5497506

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☒ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	94,158
1d	156,324
1e	139,729
1f	110,753

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.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	4,875,750	5,179,074	5,490,366	6,939,491	6,939,491
b					
c					
d					
e	279,417	303,324	311,292	1,449,125	0
f					
g	4,596,333	4,875,750	5,179,074	5,490,366	6,939,491

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

100.000 %

c

Term endowment

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

3a

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

(i) Unrelated organizations

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,720,000		1,720,000
b Buildings		71,447,083	15,878,806	55,568,277
c Leasehold improvements		7,363,838	2,487,643	4,876,195
d Equipment		36,803,345	27,850,944	8,952,401
e Other		19,250,201	4,136,306	15,113,895
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				86,230,768

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) TAX EXEMPT BOND LIAB. DUE TO WHS	116,887,142
(3) ACCRUED PENSION LIABILITY	43,758,996
(4) SELF-INSURANCE RESERVES	1,680,657
(5) OTHER LONG-TERM LIABILITIES	662
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	162,327,457

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

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

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

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE FOLLOWING FOOTNOTE IS RELATED TO THE ORGANIZATION'S APPLICATION OF FASB ASC 740 (PREVIOUSLY FIN 48): "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. WELLSTAR HAS EVALUATED ITS TAX POSITIONS AND DOES NOT BELIEVE THERE ARE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2021, OR 2020."

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
WEST GEORGIA MEDICAL CENTER INC

Employer identification number  
20-5497506

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 125 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			20,777,229		20,777,229	9.940 %
b Medicaid (from Worksheet 3, column a) . . . . .			28,480,915	19,774,282	8,706,633	4.170 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			49,258,144	19,774,282	29,483,862	14.110 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			169,446		169,446	0.080 %
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j Total. Other Benefits . . . . .			169,446		169,446	0.080 %
k Total. Add lines 7d and 7j . . . . .			49,427,590	19,774,282	29,653,308	14.190 %

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

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

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	7,037,199	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	82,914,148	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	99,097,530	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-16,183,382	
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

How many hospital facilities did the organization operate during the tax year?  
**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
WEST GEORGIA MEDICAL CENTER INC**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

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

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

WEST GEORGIA MEDICAL CENTER INC

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

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

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

WEST GEORGIA MEDICAL CENTER INC

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

WEST GEORGIA MEDICAL CENTER INC

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

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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

[illegible]

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> HOSPICE LAGRANGE 1510 VERNON ROAD LAGRANGE, GA 30240	HOSPICE
<b>2</b> FLORENCE HAND HOME 200 MEDICAL DRIVE LAGRANGE, GA 30240	LONG TERM CARE
<b>3</b> TWIN FOUNTAINS HOME 1400 HOGANSVILLE ROAD LAGRANGE, GA 30240	LONG TERM CARE
<b>4</b> WEST GEORGIA WOUND CARE 1600 VERNON RD SUITE G LAGRANGE, GA 30240	WOUND CARE
<b>5</b> WOMEN'S HEALTH CENTER 1420 VERNON ROAD LAGRANGE, GA 30240	WOMEN'S CENTER
<b>6</b> WEST GEORGIA HOME CARE 100 GLEN BASS ROAD LAGRANGE, GA 30240	HOME HEALTH; SKILLED NURSING
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION: WELLSTAR WEST GEORGIA MEDICAL CENTER IS LOCATED IN LAGRANGE, GEORGIA, APPROXIMATELY 70 MILES SOUTHWEST OF ATLANTA. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITAL IS DEFINED AS THE FOUR ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED PATIENTS ORIGINATED DURING THE PREVIOUS YEAR. THE BULK OF PATIENTS ARE FROM COWETA, MERIWETHER, HARRIS AND TROUP COUNTIES. THIS GEOGRAPHIC REGION IS DEFINED AS THE SERVICE AREA THROUGHOUT THE REMAINDER OF THIS REPORT. Troup COUNTY ZIP CODES: 30230, 30240, 30241, 31833 TOTAL POPULATION: 72,716 ADDITIONAL COUNTIES WERE ADDED BY WELLSTAR COMMUNITY HEALTH COLLABORATIVE MEMBERS TO PROVIDE A MORE COMPREHENSIVE UNDERSTANDING OF THE GEOGRAPHICAL REGION SURROUNDING THE PRIMARY SERVICE AREA. This CHNA considers the population of residents living in the four residential zip code areas regardless of the use of services provided by WellStar or any other provider. More specifically, this assessment focuses on residents in the service area that are medically under-resourced or at risk of poor health outcomes. The population in Georgia is one of the fastest growing in the nation. When compared to Georgia, the community served by WellStar West Georgia Medical Center is slightly older, less diverse and lower-income earning. Among the counties in the service area, Coweta and Meriwether counties are higher-income earning, while Meriwether and Troup counties are more diverse. TOTAL POPULATION COWETA 143,548 HARRIS 34,658 MERIWETHER 18,590 TROUP 72,716 MEDIAN HOUSEHOLD INCOME COWETA \$65,244 HARRIS \$34,989 MERIWETHER \$65,336 TROUP \$52,124 MEDIAN AGE COWETA 37.9 HARRIS 42.3 MERIWETHER 42.8 TROUP N/A RACIAL/ETHNIC DISTRIBUTION COWETA Black 17.90% Asian &amp; Pacific Islander 2.00% HISPANIC 6.70% White 71.20% HARRIS Black 16.90% Asian &amp; Pacific Islander 1.20% HISPANIC 3.70% White 75.90% MERIWETHER Black 39.00% Asian &amp; Pacific Islander 0.70% HISPANIC 2.70% White 55.80% TROUP Black 36.40% Asian &amp; Pacific Islander 1.90% HISPANIC 4% White 55.70% Limited English COWETA 3.50% HARRIS 0.30% MERIWETHER 0.80% TROUP N/A</p>
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH: AS STATED IN THE WELLSTAR HEALTH SYSTEM, INC. AND AFFILIATES AUDITED FINANCIAL STATEMENTS FOR THE PERIOD ENDED 6/30/2021 WELLSTAR WEST GEORGIA MEDICAL CENTER, INC. (AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC.) OPERATES AS A CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS RULING 69-545. IN THIS REGARD THE GOVERNING BODY OF THE ORGANIZATION AND/OR ITS PARENT IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY, MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITY; AND THE HOSPITAL PROVIDES CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH ITS CHARITY CARE POLICY. THE HOSPITAL'S EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT OF PATIENT CARE, COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, PREVENTIVE SCREENINGS AND HEALTH FAIRS, RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE WELLSTAR WEST GEORGIA MEDICAL CENTER COMMITTED APPROXIMATELY \$26 MILLION IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET THOSE NEEDS.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM: WELLSTAR HEALTH SYSTEM, THE LARGEST HEALTH SYSTEM IN GEORGIA, IS KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR CONSISTS OF WELLSTAR MEDICAL GROUP, 322 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS 11 INPATIENT HOSPITALS: WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA MEDICAL CENTER SOUTH, WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER (ANCHORED BY WELLSTAR KENNESTONE HOSPITAL), WELLSTAR WEST GEORGIA MEDICAL CENTER, AND WELLSTAR COBB, DOUGLAS, NORTH FULTON, PAULDING, SPALDING REGIONAL, SYLVAN GROVE AND WINDY HILL HOSPITALS. AS A NOT-FOR-PROFIT, WELLSTAR CONTINUES TO REINVEST IN THE HEALTH OF THE COMMUNITIES IT SERVES WITH NEW TECHNOLOGIES AND TREATMENTS. FOR MORE INFORMATION, VISIT <a href="https://www.wellstar.org">HTTPS://WWW.WELLSTAR.ORG</a>
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT: ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-5497506

**Name:** WEST GEORGIA MEDICAL CENTER INC

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	ENTATION OF COMMUNITY-BASED ORGANIZATIONS AND AGENCIES AMONG THE NINE STAKEHOLDERS INTERVI EWED, INCLUDING: - TROUP CARES, TROUP COUNTY SCHOOLS, GEORGIA DEPARTMENT OF PUBLIC HEALTH - DISTRICT 4, CONIFER HEALTH SERVICES - WEST GEORGIA, TROUP FAMILY CONNECTION AUTHORITY, L AGRANGE POLICE DEPARTMENT, UNITED WAY OF WEST GEORGIA, TWIN CEDARS YOUTH AND FAMILY SERVIC ES INC., CIRCLES OF TROUP COUNTY 3. A LISTENING SESSION WITH THE WEST GEORGIA REGIONAL HEA LTH BOARD. 4. WELLSTAR WEST GEORGIA MEDICAL CENTER HEALTH SUMMIT WAS HELD ON DECEMBER 4. 2 018, AT THE LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE IN LAGRANGE, GA. THE HEALTH SUMMIT W AS FACILITATED BY GEORGIA HEALTH POLICY CENTER (GHPC) IN PARTNERSHIP WITH WELLSTAR HEALTH SYSTEM AND LASTED APPROXIMATELY THREE HOURS. THE 16 ATTENDEES INCLUDED EMPLOYEES OF WELLST AR HEALTH SYSTEM AND COMMUNITY STAKEHOLDERS. COMMUNITY STAKEHOLDERS REPRESENTED ORGANIZATI ONS SERVING RESIDENTS IN COMMUNITIES INCLUDED IN THE PRIMARY SERVICE AREA OF WELLSTAR WEST GEORGIA MEDICAL CENTER. THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: B UILD THE CROWD, CIRCLES OF TROUP COUNTY, CITY OF HOGANSVILLE, EMORY HEALTHCARE, GEORGIA DE PARTMENT OF LABOR, LAGRANGE-TROUP COUNTY CHAMBER OF COMMERCE MACKEY-WILSON-JENNINGS FUNERA L HOME INC., TROUP CARES, TWIN CEDARS YOUTH AND FAMILY SERVICES, UNITED WAY OF WEST GEORGI A, AND WELLSTAR WEST GEORGIA MEDICAL CENTER.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	WELLSTAR WEST GEORGIA MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: <a href="http://WWW.WELLSTAR.ORG/CHNA">WWW.WELLSTAR.ORG/CHNA</a> AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE WEST GEORGIA HEADER.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	WELLSTAR WEST GEORGIA MEDICAL CENTER'S IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: <a href="http://WWW.WELLSTAR.ORG/CHNA">WWW.WELLSTAR.ORG/CHNA</a> AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE WEST GEORGIA HEADER.

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>YOUTH AND FAMILY SERVICES INC., AND CIRCLES OF TROUP COUNTY. IMPLEMENTATION STRATEGIES FOR EACH NEED WERE RECOMMENDED DURING GROUP EXERCISES. THE STRATEGIES WERE LATER REVIEWED BY THE WELLSTAR POPULATION HEALTH AND COMMUNITY EDUCATION &amp; OUTREACH TEAM AND VETTED BY THE WELLSTAR HEALTH SYSTEM'S COMMUNITY ADVOCACY AND ENGAGEMENT COMMITTEE AND THE WCHC TASK FORCE, THE CONDUITS FOR SYSTEMWIDE DELIVERY OF COMMUNITY HEALTH IMPROVEMENT SERVICES AND EDUCATION. WELLSTAR SPALDING AND SYLVAN GROVE ARE DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY WE SERVE. WITH THE UNIQUE NEEDS IDENTIFIED BY OUR COMMUNITY PARTNERS, WELLSTAR CREATED THE CENTER FOR HEALTH EQUITY IN 2019. THE WELLSTAR CENTER FOR HEALTH EQUITY: THE PURPOSE OF THE WELLSTAR CENTER FOR HEALTH EQUITY IS TO ACCELERATE OUR STRATEGIC EFFORTS TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITIES WE SERVE. WE WILL IMPLEMENT OUR STRATEGY THROUGH COMMUNITY ENGAGEMENT, PARTNERSHIP, INTERNAL TRANSFORMATION, CAPACITY BUILDING, HEALTH POLICY AND SYSTEM ADVOCACY. THERE ARE SIX STRATEGIC DOMAINS FOR THE CENTER FOR HEALTH EQUITY: 1. ACCESS TO CARE 2. WOMEN'S HEALTH 3. SUBSTANCE ABUSE 4. SUICIDE 5. FOOD INSECURITY 6. CANCER WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE: WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE (WCHEC) IS A CROSS-FUNCTIONAL COMMITTEE THAT REPRESENTS MULTIPLE FACETS OF WELLSTAR HEALTH SYSTEM. - IN RESPONSE TO CHNFA FINDINGS AND THE DIVERSITY OF WELLSTAR COMMUNITIES, WCHEC WAS EXPANDED TO INCREASE WELLSTAR'S CAPACITY TO SUPPORT THE CENTER FOR HEALTH EQUITY'S STRATEGIES. - BY ENGAGING A MORE DIVERSE SELECTION OF WELLSTAR LEADERSHIP AND SUBJECT MATTER EXPERTS, THE CENTER'S PRIORITIES AND INITIATIVES CAN BEST REFLECT THE CAPACITY OF THE ORGANIZATION TO IMPACT AND MEET THE COMMUNITY'S NEEDS. - THIS EXPANSION ALSO HELPS THE CENTER INCREASE COORDINATION OF EFFORTS, LEVERAGE PARTNERSHIPS AND MAXIMIZE EFFICIENCY AND STRATEGIC ALIGNMENT, WITHIN AND ACROSS WELLSTAR HEALTH SYSTEM. - THIS IS DONE BY WCHEC MEMBERS GUIDING AND INFORMING THE STRATEGIC PLANNING AND IMPLEMENTATION PROCESS FOR GREATER INSTITUTIONAL ALIGNMENT AND IMPACT. THE CENTER FOR HEALTH EQUITY'S IMPLEMENTATION STRATEGY FOCUSES ON SIX STRATEGIC DOMAINS: 1. FOOD INSECURITY - CONTEXT: FOOD INSECURITY IS AN IMPORTANT BUT OFTEN OVERLOOKED FACTOR AFFECTING THE HEALTH OF A SIGNIFICANT SEGMENT OF GEORGIA RESIDENTS. 16.2% OF THE PEOPLE LIVING IN GEORGIA ARE FOOD INSECURE AND 23.2% OF GEORGIA CHILDREN LIVE IN FOOD INSECURE HOUSEHOLDS. THIS IS ONE IN EVERY FOUR GEORGIA CHILDREN. THE WELLSTAR FOOD INSECURITY STRATEGY FRAMEWORK IS BASED ON THE FEEDING AMERICA ADDRESSING FOOD INSECURITY IN HEALTH CARE SETTINGS FRAMEWORK AND ADVISEMENT WITH COMMUNITY LEADERS LIKE THE ATLANTA COMMUNITY FOOD BANK. THIS FRAMEWORK EMPHASIZES A MULTI-PRONG APPROACH WHICH IS REFLECTIVE OF THE NEED FOR A DIVERSIFIED APPROACH TO ADDRESS FOOD INSECURITY AND HUNGER IN GEORGIA. - EXAMPLE WELLSTAR INTERVENTIONS: - IN 2020, WELLSTAR LAUNCHED A MOBILE MARKET PROGRAM TO FEED MORE THAN</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>2800 AT-RISK FAMILIES ACROSS SIX GEORGIA COUNTIES. IN COLLABORATION WITH GOODR, THE JOINT INITIATIVE ADDRESSES FOOD ACCESS FOR VULNERABLE COMMUNITIES IN WELLSTAR'S SERVICE AREAS. THE SPRING-SUMMER MOBILE MARKET PROGRAM INCLUDES SEVEN COMMUNITY-BASED LOCATIONS THAT WILL PROVIDE FREE, FRESH AND HEALTHY FOOD OPTIONS MONTHLY TO 100 FAMILIES IN NEED AT EACH LOCATION. THROUGH WELLSTAR FOUNDATION AND VITAL COMMUNITY FUNDING, GOODR WILL PROVIDE FOOD AND STAFFING SUPPORT FOR THIS PROGRAM, REGISTER PARTICIPANTS AND PROVIDE IMPACT REPORTING EACH MONTH. WELLSTAR WILL PROVIDE PROGRAM LOGISTICAL SUPPORT, PARTICIPANT INCENTIVES AND NUTRITION EDUCATION. NEW COMMUNITY PARTNERS HELPED RECRUIT VOLUNTEERS AND SET UP FOOD DISTRIBUTION SITES IN KEY SERVICE AREAS, INCLUDING COBB, TROUP, FULTON, SPALDING, PAULDING, AND DOUGLAS COUNTIES. - WELLSTAR SELECTED 2021 MOBILE MARKET COMMUNITY PARTNERS WITH THE DESIGNATED SERVICE AREA INCLUDED: - MCEACHERN MEMORIAL UNITED METHODIST CHURCH (COBB) - CALUMET PARK NEIGHBORHOOD ASSOCIATION (TROUP) - CARELINK OF NORTHWEST GEORGIA, INC. (PAULDING) - CENTER FOR HELPING OBESITY IN CHILDREN AND SUCCESSFULLY INC. (FULTON) - FIRST PRESBYTERIAN CHURCH OF DOUGLASVILLE (DOUGLAS) - NEW MERCY PARTNER SERVICES (SPALDING) - ROSWELL ORGANIZATION FOR COMMUNITY DEVELOPMENT (FULTON) - IN 2021, WELLSTAR ALSO LAUNCHED THE FOOD RESCUE PROGRAM. WELLSTAR PARTNERS WITH TWO ORGANIZATIONS: SECOND HELPINGS ATLANTA AND GOODR TO RE-ROUTE HIGH-QUALITY AND NUTRITIOUS MEALS TO NONPROFITS IN THE COMMUNITY. THESE ORGANIZATION'S THEN DELIVER/SERVE THESE MEALS TO COMMUNITY MEMBERS IN NEED. - WELLSTAR DAY OF SERVICE: CREATES VOLUNTEER OPPORTUNITIES FOR WELLSTAR EMPLOYEES TO SUPPORT GEORGIA'S FOOD SUPPORT SYSTEM FOR VULNERABLE AND UNDERSERVED POPULATIONS. DUE TO COVID-19 RESTRICTIONS AND LIMITING LARGE GROUP EVENTS-DAY OF SERVICE WAS POSTPONED IN 2021. HOWEVER, DURING THAT SAME YEAR WELLSTAR DID LAUNCH THE COMMUNITYCARE PROGRAM AS AN OPPORTUNITY FOR WELLSTAR TEAM MEMBERS TO VOLUNTEER WITH COMMUNITY PARTNERS THAT PROVIDE FOOD AND HOUSING SUPPORT SERVICES FOR AT-RISK COMMUNITY MEMBERS. THE ORGANIZATIONS THAT WERE SUPPORTED BY COMMUNITYCARE IN 2021 INCLUDE: - ATLANTA COMMUNITY FOOD BANK - COVENANT HOUSE - THE DRAKE HOUSE - FEEDING THE VALLEY - FIVE LOAVES AND TWO FISH FOOD PANTRY - FOODWELL ALLIANCE - MUST MINISTRIES - NEVER AL ONE FOOD PANTRY - NORTH FULTON COMMUNITY CHARITIES - OPEN HAND ATLANTA - OUR GIVING GARDEN - THE SALVATION ARMY - SWEETWATER MISSION - WELLSTAR FOUNDATION - WAREHOUSE OF HOPE FOOD BANK - FOOD INSECURITY SCREENING: IMPLEMENTING THE PROCESS TO SCREEN PATIENTS FOR FOOD INSECURITY AND CONNECTING PATIENTS TO AVAILABLE RESOURCES AND INTERVENTIONS. -IN 2021, WELLSTAR ESTABLISHED A NEW PARTNERSHIP WITH WHOLESOME WAVE GEORGIA AND THE WELLSTAR FOUNDATION. THROUGH THIS PARTNERSHIP WELLSTAR WILL INCREASE THE CAPACITY TO PROVIDE ON-SITE, REAL TIME REFERRALS AND REGISTRATION FOR SNAP/EBT AND OTHER FOOD RESOURCES AT THE CONJUNCTION WITH PROGRAMS AT THE MOBILE MARKET</p>

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

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

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	FAP ELIGIBILITY CRITERIA - OTHER CRITERIA: OTHER SPECIAL CIRCUMSTANCES MAY QUALIFY A PATIENT FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS. SPECIAL CIRCUMSTANCES MAY INCLUDE BUT NOT LIMITED TO: - PATIENT DECEASED, WITH VERIFICATION THAT THERE IS NO ESTATE. - UNABLE TO CONTACT PATIENT BUT PROPENSITY TO PAY SOFTWARE RETURNS A LOW ABILITY/LOW PROPENSITY DESIGNATION.

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

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

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	THE WELLSTAR HEALTH SYSTEM COMMUNITY FINANCIAL ASSISTANCE POLICY CAN BE FOUND ON ITS WEBSITE: <a href="https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx">HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/ COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX</a>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE: <a href="https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx">HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX</a> AND CLICKING APPLICATION IN THE RIGHT NAVIGATION BOX TITLED RELATED DOCUMENTS. A WINDOW WILL APPEAR THAT ALLOW YOU TO SCROLL TO THE APPROPRIATE WELLSTAR HOSPITAL AND CLICK FOR A PDF VERSION OF THE APPLICATION TO PRINT OR DOWNLOAD.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	A PLAIN LANGUAGE SUMMARY OF THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE: <a href="https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy">HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL-ASSIS TANCE-PROGRAM-POLICY</a>

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

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

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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E	ADDITIONAL EFFORTS MADE BEFORE COLLECTIONS ACTION INITIATED: THE HOSPITAL FACILITY ALSO NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY ONLINE AT: <a href="http://www.wellstar.org/pages/online-bill-pay.aspx">HTTP://WWW.WELLSTAR.ORG/PAGES/ONLINE-BILL-PAY.ASPX</a> FURTHERMORE, THE HOSPITAL FACILITY UTILIZES A PROPENSITY TO PAY SOFTWARE. INDIVIDUALS WITH A LOW ABILITY/LOW PROPENSITY DESIGNATION MAY QUALIFY FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS.

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
WEST GEORGIA MEDICAL CENTER INC

Employer identification number  
20-5497506

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROUP COUNTY COLLEGE & CAREER ACADEMY INC 1 COLLEGE CIRCLE LAGRANGE, GA 30240	46-3697983	501(C)(3)	30,000		FMV	N/A	SPONSORSHIP
TROUP CARES INC PO BOX 800027 LAGRANGE, GA 30240	20-8176300	501(C)(3)	90,000		FMV	N/A	SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	20-0936376	501(C)(3)	55,000		FMV	N/A	SPONSORSHIP
LAGRANGE TROUP COUNTY CHAMBER OF COMMERCE PO BOX 636 LAGRANGE, GA 30241	58-0318810	501(C)(6)	10,400		FMV	N/A	SPONSORSHIP

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization WEST GEORGIA MEDICAL CENTER INC		Employer identification number 20-5497506

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

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	<p>THE ITEMS, AS INDICATED IN LINE 1A, WERE PROVIDED, IN SOME INSTANCES, TO BOARD MEMBERS AND TO CERTAIN EMPLOYED INDIVIDUALS LISTED IN FORM 990, PART VII BY THE ORGANIZATION. THE ORGANIZATION FOLLOWS IRS GUIDELINES AND THESE ITEMS WERE ADDED AS TAXABLE INCOME AS APPROPRIATE. SCHEDULE J, PART I, LINE 1B REIMBURSEMENT POLICY: WHILE WELLSTAR HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF THE ITEMS LISTED IN SCHEDULE J, PART I, LINE 1A, THE ORGANIZATION FOLLOWS IRS GUIDELINES IN THE PAYMENT OF ANY OF THESE ITEMS TO INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A. THESE ITEMS ARE ADDED AS TAXABLE WAGES ON THE INDIVIDUAL'S FORM W-2 AS APPROPRIATE. SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS: PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING GROUPS OF OFFICERS ARE ENTITLED TO SEVERANCE PAYMENTS BASED ON THEIR COMPENSATION AT THAT TIME IN THE EVENT OF CERTAIN IDENTIFIED CIRCUMSTANCES. THE SEVERANCE PAYMENT PERIODS ARE 24 MONTHS FOR EXECUTIVE VICE PRESIDENTS, 18 MONTHS FOR SENIOR VICE PRESIDENTS, AND 12 MONTHS FOR VICE PRESIDENTS. THE FOLLOWING OFFICER RECEIVED SEVERANCE PAY DURING THE 2020 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION: ANDREW LEE 62,296 DOUGLAS ARVIN, CPA, MBA 368,271 JONATHAN D. MAURER 54,946 LIZA FRITCHLEY 84,126 TIMOTHY HANEY 366,319 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): ALAN R. MUSTER 116,927 BETH KOST 120,112 CANDICE L. SAUNDERS 350,539 CAROL TODD 27,665 CHARIS ACREE 27,688 DANYALE ZIGLOR 27,495 DOUGLAS ARVIN, CPA, MBA 324,433 JILL M. CASE-WIRTH 393,421 JOHN A. BRENNAN 291,228 JOSEPH L. BRYWCZYNSKI 67,443 KIMBERLY J. RYAN 416,211 KRISTEN S. TRICE 27,103 LEO E. REICHERT 364,799 LINDA HUFFER 30,499 LIZA FRITCHLEY 91,389 MARCUS P. CHARLSON, MD 28,330 MARY L. TAVERNARO 93,950 REBECCA L. RUHL 23,421 RICHARD S. SIEGEL 225,615 ROD DURASKI 35,019 SANDRA LUCIUS 166,392 SONYA E. ALDY 31,065 STEPHEN VAULT 28,415 STEPHEN L. BADGER 42,595 TIMOTHY HANEY 647,529 TOMMY BRITT 24,934 TRACY GYNTER 24,558 VARMA RAMESWAR, MD 28,700 SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS TO OFFICERS: AS PART OF THE WELLSTAR EXECUTIVE COMPENSATION PHILOSOPHY A PERFORMANCE PAY PLAN WAS INSTITUTED SEVERAL YEARS AGO WHEREBY THE WELLSTAR BOARD OF TRUSTEES APPROVES AN ANNUAL INCENTIVE PLAN WHICH CONSISTS OF SEVERAL PERFORMANCE GOALS OR FACTORS THAT UPON ATTAINMENT WILL RESULT IN PAYOUTS TO ELIGIBLE PLAN PARTICIPANTS. THOSE FACTORS ARE: (1) PEOPLE &amp; CUSTOMER SERVICE GOAL FOR EMPLOYEE "TRUST INDEX (2) QUALITY &amp; SAFETY GOAL FOR CLINICAL EXCELLENCE AND PATIENT SATISFACTION; AND (3) FINANCIAL GOAL FOR ATTAINING A POSITIVE OPERATING MARGIN. CONFIRMATION OF ACHIEVING THESE GOALS IS TYPICALLY RECEIVED THROUGH THE ANNUAL EXTERNAL AUDIT PROCESS AND APPROVED BY THE BOARD OF TRUSTEES AT THAT TIME.</p>

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG	(i)	0	0	0	0	0	0	0
	(ii)	501,746	118,674	132,654	51,200	38,104	842,378	116,927
1ALFRED MCNAIR MANAGER PHARMACY HOSPITAL OPS	(i)	171,834	3,452	2,473	1,877	9,610	189,246	0
	(ii)	0	0	0	0	0	0	0
2ANDREW LEE VP CHIEF DIV. OFF.(END. 12/20)	(i)	0	0	0	0	0	0	0
	(ii)	251,175	0	73,177	31,804	29,420	385,576	0
3ANDREW W COX VP CHIEF OF STAFF&LEADER. DEV.	(i)	0	0	0	0	0	0	0
	(ii)	244,291	37,145	10,290	15,380	29,781	336,887	0
4ANTHONY J BUDZINSKI EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	734,356	192,675	22,159	44,161	32,813	1,026,164	0
5AVIRAL SINGH VP BRAND & MARKET STRATEGY	(i)	0	0	0	0	0	0	0
	(ii)	234,114	45,580	10,341	22,967	33,727	346,729	0
6AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF.	(i)	0	0	0	0	0	0	0
	(ii)	184,128	270,228	9,101	28,816	4,491	496,764	0
7BARBARA B COREY SVP MANAGED CARE	(i)	0	0	0	0	0	0	0
	(ii)	395,474	79,621	16,688	22,750	25,081	539,614	0
8BETH KOST SVP, CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	388,908	78,110	135,734	51,200	28,074	682,026	120,112
9BRADFORD B NEWTON VP INFO.TECH.ADMIN. (END.12/20)	(i)	0	0	0	0	0	0	0
	(ii)	255,688	39,633	9,950	25,857	24,624	355,752	0
10CANDICE L SAUNDERS PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,397,844	714,332	372,126	51,162	32,821	2,568,285	350,539
11CAROL TODD VP ASST. GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	206,003	31,299	38,061	21,710	21,523	318,596	27,665
12CARRIE O PLIETZ EVP & COO HOSP DIV (END 10/20)	(i)	0	0	0	0	0	0	0
	(ii)	619,832	850	12,602	43,875	30,227	707,386	0
13CHARIS ACREE VICE PRESIDENT & COO (END 2/21)	(i)	269,853	38,466	48,106	42,083	11,631	410,139	27,688
	(ii)	0	0	0	0	0	0	0
14CHARLENE MCCLANAHAN DIRECTOR ONCOLOGY	(i)	161,445	5,108	4,108	12,436	9,746	192,843	0
	(ii)	0	0	0	0	0	0	0
15DANIEL ABAD VP TOTAL & CHIEF TM ENGAGE OFF	(i)	0	0	0	0	0	0	0
	(ii)	269,833	41,010	10,240	24,811	14,159	360,053	0
16DANYALE ZIGLOR VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	229,803	34,971	37,524	44,700	15,478	362,476	27,495
17DAVID HAFNER FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	18,643	0	0	0	0	18,643	0
18DAVID JONES EVP CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	492,601	129,943	18,949	6,347	17,945	665,785	0
19DAVID W PRESTON SVP BRAND EXP. & COMMUNICATION	(i)	0	0	0	0	0	0	0
	(ii)	369,593	75,056	14,437	28,570	23,797	511,453	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				
21DON DAVIS DIRECTOR PHARMACY	(i)	216,339	6,844	7,579	18,514	1,484	250,760	0
	(ii)	0	0	0	0	0	0	0
1DOUGLAS ARVIN CPA MBA FORMER SVP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	699,797	2,119	3,792	705,708	324,433
2ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	289,137	44,937	10,614	31,700	30,581	406,969	0
3ELIZABETH H PAPETTI VP OPS. HOSPITAL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	240,916	40,737	9,059	25,186	26,605	342,503	0
4ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	0	0	0	0	0	0	0
	(ii)	202,955	30,929	9,761	23,493	19,733	286,871	0
5FRED A LYON VP SYSTEM EMERGENCY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	226,332	34,461	12,364	27,069	25,801	326,027	0
6HARRIS GRIFFITH VP FINANCE & HOSPITAL CFO	(i)	175,308	74,811	34,321	24,330	21,462	330,232	0
	(ii)	0	0	0	0	0	0	0
7IVY SPENCER VP CNO	(i)	0	0	0	0	0	0	0
	(ii)	209,486	34,985	10,835	23,897	18,684	297,887	0
8JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	285,896	145,511	1,329	44,394	33,194	510,324	0
9JAMES M SWARTZ VP ACCOUNTING	(i)	0	0	0	0	0	0	0
	(ii)	264,674	40,307	9,326	37,629	25,769	377,705	0
10JASON D STEVENS SVP DEPUTY GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	322,059	49,517	14,523	43,953	25,784	455,836	0
11JASON L KELSEY VP REHAB. & SPORTS MED. SRVCS.	(i)	0	0	0	0	0	0	0
	(ii)	206,183	31,421	10,198	43,501	37,947	329,250	0
12JENNIFER J GIUSTI VP CLINICAL OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	344,432	52,398	11,770	31,700	23,150	463,450	0
13JESSICA KOVALESKY VP CARE COORDINATOR	(i)	0	0	0	0	0	0	0
	(ii)	267,039	31,894	9,523	25,200	17,991	351,647	0
14JILL M CASE-WIRTH SVP NURSING SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	388,288	77,904	414,330	31,700	11,702	923,924	393,421
15JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	878,121	228,327	308,480	31,700	37,861	1,484,489	291,228
16JONATHAN D MAURER VP INFO.SEC.&CISO(END. 12/20)	(i)	0	0	0	0	0	0	0
	(ii)	191,998	707	64,554	19,124	12,399	288,782	0
17JOSEPH A REPPERT SVP FINANCE (BEG. 8/20)	(i)	0	0	0	0	0	0	0
	(ii)	181,734	60,000	11,423	29,150	5,337	287,644	0
18JOSEPH BRAUD VP INFORMATION TECHNOLOGY OPS	(i)	0	0	0	0	0	0	0
	(ii)	261,651	54,740	10,461	3,409	23,495	353,756	0
19JOSEPH L BRYWCZYNSKI SVP HLT PARKS DEV.(END. 11/20)	(i)	0	0	0	0	0	0	0
	(ii)	301,758	67,170	98,273	48,275	25,307	540,783	67,443

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				
41JUDITH WHITE VP LABORATORY SERVICES SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	238,853	0	11,355	24,849	17,609	292,666	0
1KATHARINE LEONARD VP REAL ESTATE & FACILITY DVLP	(i)	0	0	0	0	0	0	0
	(ii)	221,537	19,309	7,035	8,781	12,649	269,311	0
2KEM M MULLINS EVP AMBULATORY & BUS. DEV.	(i)	0	0	0	0	0	0	0
	(ii)	649,966	181,324	14,424	24,500	36,832	907,046	0
3KIMBERLY J RYAN SENIOR VP (END. 12/20)	(i)	0	0	0	0	0	0	0
	(ii)	451,698	0	431,127	31,700	27,828	942,353	416,211
4KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	234,633	31,285	9,059	24,410	14,312	313,699	0
5KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	(i)	0	0	0	0	0	0	0
	(ii)	204,479	61,118	36,850	20,102	30,862	353,411	27,103
6LAURA DANNELS VP & CHIEF TALENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	264,816	28,756	18,336	19,645	16,211	347,764	0
7LEANNE COOK VP CONSUMER ENGAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	213,347	32,460	10,851	22,534	37,724	316,916	0
8LEO E REICHERT EVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	644,855	169,197	387,791	31,700	39,664	1,273,207	364,799
9LINDA HUFFER VP POST ACUTE SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	307,336	35,245	95,209	34,620	11,302	483,712	30,499
10LIZA FRITCHLEY VP SR. CARE SRVCS (END. 10/20)	(i)	104,887	0	183,813	18,404	23,856	330,960	91,389
	(ii)	0	0	0	0	0	0	0
11MARCUS P CHARLSON MD VP SURGERY	(i)	0	0	0	0	0	0	0
	(ii)	233,824	35,575	37,678	14,909	27,674	349,660	28,330
12MARY A SPARROW PHARMACIST UNIT BASED	(i)	176,834	775	1,478	26,000	9,559	214,646	0
	(ii)	0	0	0	0	0	0	0
13MARY CALHOUN DIRECTOR NURSING	(i)	162,394	6,308	4,124	10,863	8,762	192,451	0
	(ii)	0	0	0	0	0	0	0
14MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	289,280	44,005	106,016	50,330	26,584	516,215	93,950
15MAXWELL S KAGAN VP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	270,182	45,458	9,328	24,035	30,536	379,539	0
16MICHAEL T MCCULLOUGH SVP SUPPLY CHAIN	(i)	0	0	0	0	0	0	0
	(ii)	336,548	48,825	13,550	31,591	27,974	458,488	0
17NICKOLOS A YAITSKY VP HEAD OF DIGITAL PLATFORMS	(i)	0	0	0	0	0	0	0
	(ii)	140,005	20,000	4,375	21,722	14,271	200,373	0
18PAUL D MURPHREE VP MEDICAL OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	385,941	58,627	15,340	30,901	33,488	524,297	0
19PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	437,727	310,080	-38,919	31,700	12,970	753,558	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>61</b> PETER R JUNGBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	343,752	129,343	3,804	51,200	33,954	562,053	0
<b>1</b> REBECCA L RUHL VP FACILITY COMPLIANCE OPS.	(i)	0	0	0	0	0	0	0
	(ii)	179,667	30,425	33,749	3,500	28,508	275,849	23,421
<b>2</b> REMINGTON FOSS SVP HOSPITAL PRESIDENT	(i)	352,111	64,271	26,024	30,555	30,801	503,762	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> RICHARD S SIEGEL FORMER VP CARDIO.&CVM ADMN	(i)	0	0	0	0	0	0	0
	(ii)	40,526	0	226,906	2,841	3,265	273,538	225,615
<b>4</b> ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	0	0	0	0	0	0	0
	(ii)	578,076	151,648	24,159	31,700	13,832	799,415	0
<b>5</b> ROBERT J DECOUX VP CORPORATE MED. STAFF SVCS.	(i)	0	0	0	0	0	0	0
	(ii)	192,449	28,130	10,250	29,290	19,939	280,058	0
<b>6</b> ROD DURASKI VP MEDICAL AFFAIRS (END. 2/21)	(i)	352,494	11,533	48,359	51,200	27,125	490,711	35,019
	(ii)	0	0	0	0	0	0	0
<b>7</b> SANDRA LUCIUS VP HEAD OF CARE PLATFORMS	(i)	0	0	0	0	0	0	0
	(ii)	258,633	39,386	181,581	31,180	1,766	512,546	166,392
<b>8</b> SEAN P TURNER VP REV. CYC. MGMT. (END. 2/21)	(i)	0	0	0	0	0	0	0
	(ii)	336,058	51,074	10,745	11,998	20,753	430,628	0
<b>9</b> SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	(i)	0	0	0	0	0	0	0
	(ii)	290,774	0	5,830	14,830	16,340	327,774	0
<b>10</b> SHYROLL MORRIS VP ONC.&DIG.HEALTH (END. 2/21)	(i)	0	0	0	0	0	0	0
	(ii)	297,276	38,233	9,953	43,875	12,442	401,779	0
<b>11</b> SNEHAL H DOSHI SVP ANCILLARY & SUPPORT SVCS	(i)	0	0	0	0	0	0	0
	(ii)	241,037	34,456	10,419	44,700	31,631	362,243	0
<b>12</b> SONYA E ALDY VP TALENT ACQUISITION	(i)	0	0	0	0	0	0	0
	(ii)	234,976	35,715	41,769	19,289	24,321	356,070	31,065
<b>13</b> SOPHIA L MCINTYRE SVP AMB.CARE DIV.(BEG. 10/20)	(i)	0	0	0	0	0	0	0
	(ii)	92,309	75,000	46,663	10,768	135	224,875	0
<b>14</b> SOPHIA MARSHALL VP ORGANIZATION COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	249,976	37,260	9,059	23,703	14,917	334,915	0
<b>15</b> STEPHEN L BADGER FORMER VP STRATEGIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	446,165	57,606	61,217	51,200	38,020	654,208	42,595
<b>16</b> STEPHEN VAULT VP STRATEGIC COMMUNITY DEV.	(i)	0	0	0	0	0	0	0
	(ii)	228,710	35,124	37,827	23,741	10,646	336,048	28,415
<b>17</b> STEVEN HUNT VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	208,957	34,485	9,438	24,550	33,892	311,322	0
<b>18</b> STEVEN OWEIDA MD FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	46,847	0	0	0	0	46,847	0
<b>19</b> STUART DOWNS VP NURSING OPS. (END. 3/21)	(i)	0	0	0	0	0	0	0
	(ii)	318,825	136,336	9,708	44,625	34,401	543,895	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>81</b> SUSAN JACKSON VP PHARMACY SVCS (BEG. 5/21)	(i)	0	0	0	0	0	0	0
	(ii)	208,476	13,760	497	23,945	22,691	269,369	0
<b>1</b> TE RUSTY DURHAM FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	15,007	0	0	0	0	15,007	0
<b>2</b> THOMAS A DRAPER VP CARDIO. ADMIN.(BEG. 8/20)	(i)	0	0	0	0	0	0	0
	(ii)	105,000	35,000	45,596	9,471	9,797	204,864	0
<b>3</b> TIMOTHY HANEY FORMER SVP RE FAC & DVLP SVC	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,015,968	1,144	2,876	1,019,988	647,529
<b>4</b> TOMMY BRITT VICE PRESIDENT HUMAN RESOURCES	(i)	188,344	33,491	35,769	15,264	19,645	292,513	24,934
	(ii)	0	0	0	0	0	0	0
<b>5</b> TRACY GYNTHIER VICE PRESIDENT, CNO	(i)	180,392	24,931	34,224	24,073	17,080	280,700	24,558
	(ii)	0	0	0	0	0	0	0
<b>6</b> VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG	(i)	0	0	0	0	0	0	0
	(ii)	494,290	107,420	19,870	31,700	28,468	681,748	0
<b>7</b> VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	213,541	32,564	39,660	38,297	13,419	337,481	28,700

efile GRAPHIC print - DO NOT PROCESS    As Filed Data -    DLN: 93493129038232	
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<div style="text-align: center;"> <b>Supplemental Information to Form 990 or 990-EZ</b>          Complete to provide information for responses to specific questions on          Form 990 or 990-EZ or to provide any additional information.          ► Attach to Form 990 or 990-EZ.          ► Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.       </div>
Department of the Treasury Name of the organization WEST GEORGIA MEDICAL CENTER INC	<div style="text-align: right;">         OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">2020</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">             Open to Public Inspection           </div> </div> <div style="padding: 5px;">         Employer identification number           20-5497506       </div>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SERVICES	<p>WELLSTAR HEALTH SYSTEM IS ABLE TO OFFER A FULL RANGE OF HEALTHCARE SERVICES THROUGH ITS AFFILIATES. THE SERVICES OFFERED INCLUDE BUT ARE NOT LIMITED TO: - MOST MAJOR INPATIENT CLINICAL SERVICES, - OUTPATIENT SERVICES, - DIAGNOSTIC AND THERAPEUTIC SERVICES, - ANCILLARY AND SUPPORT SERVICES, - URGENT CARE SERVICES, - HOME HEALTH SERVICES, - SKILLED NURSING SERVICES AND - HOSPICE SERVICES. THE 11 HOSPITAL LOCATIONS ARE ACUTE CARE FACILITIES WITH INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES. THE SYSTEM INCLUDES A RESIDENTIAL FACILITY ON THE KENNESTONE HOSPITAL CAMPUS, CALLED ATHERTON PLACE. ATHERTON PLACE ALSO HOUSES AN ASSISTED LIVING UNIT AS AN ADDITIONAL LEVEL OF CARE. PAULDING MEDICAL CENTER IS HOME TO A FULL CARE NURSING HOME, PAULDING NURSING CENTER AND WEST GEORGIA MEDICAL CENTER IS ALSO HOME TO TWO FULL CARE NURSING HOMES. VERNON WOODS RETIREMENT COMMUNITY IS AN ASSISTED LIVING FACILITY. COBB HOSPITAL IS HOME TO A HOME HEALTH AGENCY AND A RESIDENTIAL HOSPICE FACILITY CALLED TRANQUILITY FOR THOSE PATIENTS IN THE END STAGES OF LIFE. KENNESTONE HOSPITAL ALSO OPERATES A RESIDENTIAL HOSPICE FACILITY NOT FAR FROM ITS MAIN CAMPUS. THE SYSTEM IS COMPLIMENTED WITH APPROXIMATELY 322 PHYSICIAN PRACTICES AND SEVERAL URGENT CARE CENTERS. THE SYSTEM IS THUS ABLE TO PROVIDE A COMPLETE CONTINUUM OF CARE FOR THE COMMUNITY IT SERVES. THE FOLLOWING STATEMENTS OF COMMUNITY BENEFIT AND PROGRAM SERVICE ACCOMPLISHMENTS REPRESENT SYSTEM-WIDE ACTIVITY FOR WELLSTAR HEALTH SYSTEM, INC. (THE "SYSTEM") - EIN 58-1649541. ALL AFFILIATED ENTITIES OF THE SYSTEM EXCEPT THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) OPERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. THE FOLLOWING EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS IDENTIFIES A BROAD OVERVIEW OF THE CHARITABLE PURPOSE FOR THE SYSTEM. THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THROUGH ITS AFFILIATES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS COMMUNITY FINANCIAL AID POLICY. IN FISCAL YEAR 2021 AND 2020, WELLSTAR AFFILIATE HOSPITALS MADE \$309.8 MILLION AND \$329.1 MILLION, RESPECTIVELY, IN PROVIDER PAYMENTS (CHARITY CARE COST) AND RECOGNIZED SUCH PAYMENTS AS A REDUCTION IN NET PATIENT SERVICE REVENUE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE SYSTEM ALSO PARTICIPATES IN CERTAIN GOVERNMENTAL INSURANCE PROGRAMS, INCLUDING MEDICARE AND MEDICAID. UNDER THESE PROGRAMS, THE SYSTEM PROVIDES CARE TO PATIENTS AT PAYMENT RATES WHICH ARE DETERMINED BY THE FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF THE SYSTEM'S ACTUAL CHARGES. IN MOST CASES, THESE PROGRAMS PAY THE SYSTEM AT AMOUNTS WHICH ARE LESS THAN ITS COST OF PROVIDING SERVICES. THE SYSTEM OFFERS MANY WELLNESS AND EDUCATIONAL SERVICES AT LITTLE OR NO COST TO THE COMMUNITY. HEALTH FAIRS ARE HELD THROUGHOUT THE YEAR AT CONVENIENT LOCATIONS.</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FINANCIAL & DATA STATISTICS	<p>SERVICES PROVIDED SYSTEM-WIDE: LICENSED BEDS - 2,775 ADULT DISCHARGES - 107,476 NEWBORN DISCHARGES - 13,659 EMERGENCY ROOM VISITS - 539,521 SURGERIES - 62,704 CATH LAB/PACEMAKERS/E P - 17,516 NON-ED O/P RADIOLOGY PROCEDURES - 508,290 MED/SURG. SHORT STAY CASES - 230 GI LAB PROCEDURES - 10,408 RADIOLOGY ONCOLOGY PROCEDURES - 40,330 COMMUNITY BENEFIT PROGRAMS: SAFE KIDS: WELLSTAR IS A CO-LEAD AGENCY FOR SAFE KIDS COBB COUNTY ALONG WITH COBB AND DOUGLAS PUBLIC HEALTH, AND WELLSTAR SPALDING HOSPITAL IS THE LEAD AGENCY FOR SAFE KIDS SPALDING THAT LAUNCHED IN JANUARY 2019. SAFE KIDS COBB COUNTY AND SAFE KIDS SPALDING ARE COMMITTED TO REDUCING AND PREVENTING ACCIDENTAL INJURIES TO CHILDREN AGES 19 AND UNDER BY HOSTING SAFETY EDUCATION EVENTS AND PROGRAMS, DISTRIBUTING SAFETY EDUCATION MATERIALS AND EQUIPMENT TO FAMILIES IN NEED. SAFETY AREAS OF FOCUS INCLUDE: CHILD PASSENGER, PEDESTRIAN, WHEEL, HOME, POISON PREVENTION AND WATER. EQUIPMENT DISTRIBUTION INCLUDES: CAR AND BOOSTER SEATS, BICYCLE HELMETS AND REFLECTORS, SMOKE/CARBON MONOXIDE ALARMS, HOME SAFETY KITS AND LIFEJACKETS. MOST OF THE EVENTS ARE FREE AND OPEN TO THE PUBLIC. THE IMPORTANT MESSAGE TAUGHT AT THESE EVENTS IS THAT SAFETY BEGINS WITH THE PARENTS AND CAREGIVERS. DURING THE PANDEMIC, PROGRAMMING AND OUTREACH WAS VERY MINIMAL WITH SAFE KIDS COBB DUE TO COVID, HOWEVER SOME VIRTUAL CAR SEAT CHECKS AND APPOINTMENTS WERE COMPLETED ALONG WITH THE CAR SEAT DISTRIBUTION PROGRAM AT COBB AND KENNESAW HOSPITALS. THE GOOD LIFE CLUB: WELLSTAR PROVIDES A SPECIAL PROGRAM FOR AREA RESIDENTS AGE 50 AND OLDER CALLED THE GOOD LIFE CLUB. THIS PROGRAM PROVIDES HEALTHY AGING RESOURCES AND PROMOTES HEALTH, WELLNESS, AND AN ACTIVE LIFESTYLE THROUGH CLASSES, HEALTH SCREENINGS AND OTHER OPPORTUNITIES. A SMALL ONE-TIME FEE COVERS A LIFETIME MEMBERSHIP AND INCLUDES: - HEALTH AND WELLNESS EDUCATION AND PROGRAMS - A QUARTERLY NEWSLETTER - DISCOUNTED PARKING AT HOSPITALS AND OTHER RETAIL DISCOUNTS - TRAVEL DISCOUNTS THE GOOD LIFE CLUB CURRENTLY HAS MORE THAN 3,000 MEMBERS. COMMUNITY ACTIVITIES - RECOGNIZING THE CRITICAL NEED TO ADDRESS THE NURSING SHORTAGE IN GEORGIA AND INCREASE THE NUMBER OF QUALIFIED NURSES WHO CAN JOIN THE WORKFORCE, WELLSTAR IS COMMITTED TO PROACTIVELY ADDRESSING THE NURSING SHORTAGE. WITH QUALITY EDUCATION AND TRAINING, WELLSTAR HAS EXPANDED ITS CLINICAL AFFILIATION WITH MERCER UNIVERSITY'S SCHOOL OF NURSING TO CREATE A NEW ACCELERATED BACHELOR OF SCIENCE IN NURSING ("ABSN") PROGRAM WITH THE POTENTIAL TO GRADUATE AN ADDITIONAL 300 NURSES PER YEAR IN ADDITION TO THE TRADITIONAL BSN PROGRAM AT MERCER. THIS PROGRAM ACCEPTS INDIVIDUALS WITH A BACHELOR OF SCIENCE (BS) AND GRADUATES THEM WITH A BACHELOR OF NURSING (BSN) IN 12-MONTHS. WELLSTAR ALSO HAS A LONG-STANDING AFFILIATION WITH KENNESAW STATE UNIVERSITY ("KSU"), WHICH IS IN WELLSTAR'S SERVICE AREA. WELLSTAR IS ALSO WORKING IN PARTNERSHIP WITH KSU, TO ADDRESS THE SIGNIFICANT NURSING SHORTAGE IN GEORGIA. WELLSTAR HAS PROVIDED ENDOWMENTS AND GRANTS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FINANCIAL & DATA STATISTICS	<p>IN SUPPORT OF EDUCATIONAL PROGRAMS AT KSU. WELLSTAR HAS ALSO PARTICIPATED IN AND JOINTLY SPONSORED TEACHING AND TRAINING PROGRAMS AT KSU, INCLUDING A STRONG PARTNERSHIP WITH THE SC HOOL OF NURSING. THIS PARTNERSHIP INCLUDES AN ESTABLISHED TRANSFORMATIONAL GIFT FROM THE WELLSTAR BOARD OF DIRECTORS WHICH ESTABLISHED THE WELLSTAR SCHOOL OF NURSING (WSON). IT SUPPORTS THE ACADEMIC PREPARATION OF NURSING STUDENTS, THROUGH THEIR TRANSITION INTO PRACTICE, ASSURING THEY HAVE THE KNOWLEDGE, SKILL, AND EXPERIENCE TO BE "JOB READY" FOR SUCCESS AS A PROFESSIONAL GRADUATE NURSE. WELLSTAR PROVIDES 70 OF KSU STUDENT CLINICAL EXPERIENCES, WITH NEARLY 50 OF THE CLINICAL FACULTY AS WELLSTAR NURSES. WELLSTAR HAS ALSO CREATED AN ENDOWMENT THAT WILL FUND ANNUAL NURSING SCHOLARSHIPS FOR NEED-BASED STUDENTS. THE GRANT OF \$ 6.2 MILLION WILL SUPPORT THE HIRING ADDITIONAL FACULTY AND NEW STAFF POSITIONS BY 2025 TO SUPPORT THE INCREASE IN STUDENT ENROLLMENT. WELLSTAR HEALTH SYSTEM ANNOUNCED ITS PARTICIPATION IN THE NURSING CAREER PATHWAY PROGRAM PILOT, AN INDUSTRY-DRIVEN INITIATIVE DESIGNED TO ADDRESS THE STATEWIDE NEED FOR NURSING ASSISTANTS, LICENSED PRACTICAL NURSES, REGISTERED NURSES, AND REGISTERED NURSES WITH A BACHELOR'S DEGREE IN NURSING. THE NURSING CAREER PATHWAY PROGRAM OF STUDY LINKS THE PROGRESSIVE ATTAINMENT OF ACADEMIC CREDENTIALS AND THE REQUIRED CERTIFICATION AND LICENSURE WHICH ARE ASSOCIATED WITH SELECT CAREERS AS A NURSING ASSISTANT, LICENSED NURSE, REGISTERED NURSE, AND REGISTERED NURSE WITH A BACHELOR'S DEGREE. THE HIGH SCHOOL EXPERIENCE FOR STUDENTS PARTICIPATING IN THE INCLUDES THE THREE-COURSE CTAE (CAREER, TECHNICAL, AND AGRICULTURAL EDUCATION) CURRICULUM OF INTRODUCTION TO HEALTHCARE, ESSENTIALS OF HEALTHCARE AND PATIENT CARE FUNDAMENTALS, WHICH INCLUDES THE REQUIRED ATTAINMENT OF CERTIFIED NURSING ASSISTANT CERTIFICATION (CNA IN SENIOR YEAR). THE CTAE CURRICULUM IS SUPPLEMENTED WITH A SPECIFIED NINE DUAL ENROLLMENT COURSES (26 COLLEGE CREDIT HOURS) CURRICULA OFFERED THROUGH CHATTAHOOCHEE TECHNICAL COLLEGE. PATHWAY PROGRAMS ARE OFFERED AT MCEACHERN IN COBB COUNTY, MARIETTA CITY HIGH SCHOOL AND HIRAM HIGH SCHOOL. WELLSTAR SPEAKERS BUREAU: WELLSTAR'S SPEAKERS BUREAU PROVIDES OUR COMMUNITY WITH DIRECT ACCESS TO OUR NETWORK OF HEALTHCARE PROFESSIONALS AND SUBJECT MATTER EXPERTS. PROGRAMS MAY BE VIRTUAL OR IN-PERSON AND COVER HEALTH AND WELLNESS TOPICS INCLUDING BUT NOT LIMITED TO HEART HEALTH, NUTRITION, MENTAL HEALTH, CANCER PREVENTION AND TREATMENT, AND COVID-19 RELATED TOPICS. CLINICS: WELLSTAR IS AFFILIATED WITH SEVERAL CLINICS WHICH PROVIDE FREE OR SLIDING SCALE HEALTH SERVICES TO PERSONS WHO CANNOT AFFORD TO PAY OR THOSE WHO ARE NOT EXPECTED TO PAY. WOMEN &amp; CHILDREN RESOURCE CENTERS: WOMEN'S HEALTH PATIENT EDUCATION AND SUPPORT SERVICES PROVIDES SERVICES BASED OUT OF COBB, DOUGLAS, KENNESTONE, NORTH FULTON, ATLANTA MEDICAL CENTER, SPALDING, AND WEST GEORGIA HOSPITALS. THESE SERVICES DELIVER MUCH NEEDED SUPPORT FOR MOTHERS AND THEIR NEWBORN BABIES</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FINANCIAL & DATA STATISTICS	<p>THROUGH INPATIENT AND OUTPATIENT LACTATION CONSULTATIONS, LACTATION NICU CONSULTS, BREAST FEEDING SUPPORT GROUPS, PUMP RENTALS, WARM LINE PHONE CALLS, BEREAVEMENT SUPPORT GROUPS, I N-PERSON AND E-CHILDBIRTH NEWBORN CARE, GRANDPARENTING, SIBLING, AND BREASTFEEDING CLASSES , Q&amp;A CALL IN SESSIONS, AS WELL AS OTHER EDUCATIONAL OPPORTUNITIES. THESE PROGRAMS DEMONST RATE WELLSTAR'S COMMITMENT TO THE HEALTH AND WELL-BEING OF THE NEW MOTHERS AND THEIR BABIE S IN OUR COMMUNITY. IN FY2021 THE UNREIMBURSED COSTS ASSOCIATED WITH THE PROGRAM TOTALED M ORE THAN \$825,811 WITH MORE THAN 38,136 PATIENT/FAMILY INTERACTIONS PARTICIPATING IN PRENA TAL AND CHILDBIRTH PROGRAMS. IN FY2021 THE TOTAL UNCOMPENSATED CARE, OTHER COMMUNITY BENEF ITS AND COMMUNITY INVESTMENTS PROVIDED BY WELLSTAR WAS OVER \$ 1.1 BILLION. COMMITMENT TO T HE COMMUNITY BREAKDOWN: CHARITY &amp; INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 309,795,000 MEDI CAID SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 164,541,000 MEDICARE SHORTFALLS (UNCOMPENSA TED CARE COSTS) - \$ 274,848,000 OTHER PATIENTS (UNCOMPENSATED CARE COSTS) - \$ 66,053,000 T OTAL UNCOMPENSATED CARE - \$ 915,237,000 OTHER COMMUNITY PROGRAMS (PARTICIPATION IN COALITI ONS) - \$ 10,000 OTHER COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 438,000 OTHER CO MMUNITY PROGRAMS (HEALTH CARE SUPPORT) - \$ 10,884,000 TOTAL OTHER COMMUNITY PROGRAMS - \$ 1 1,532,000 COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 162,808,000 COMMUNITY INVESTMENTS (ALLIED HLTH/MEDICAL EDUCATION) - \$ 11,666,000 COMMUNITY INVESTMENTS (OPERATI ONS - STAFF/SOFTWARE) - \$ 1,150,000 TOTAL COMMUNITY INVESTMENTS - \$ 175,624,000 WELLSTAR C ONTINUES TO PARTICIPATE IN THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) MEDICARE SA VINGS PROGRAM AS AN ACCOUNTABLE CARE ORGANIZATION (ACO). WELLSTAR'S ACO IS THE LARGEST ACO IN GEORGIA AND 2,747 PHYSICIANS INCLUDING 47,085 MEMBERS. THE ACO HAS BEEN RECOGNIZED AS ONE OF THE TOP 100 ACO'S IN THE COUNTRY. THE PROGRAM HAS BEEN SUCCESSFUL THROUGH A FOCUS O N WELLNESS AND THE IMPROVED MANAGEMENT OF CHRONIC ILLNESSES AND THE RELATED COORDINATION O F CARE, TO ENSURE PATIENTS, ESPECIALLY CHRONICALLY ILL, GET THE RIGHT CARE AT THE RIGHT TI ME TO MAINTAIN THEIR OPTIMAL HEALTH AND AVOID THE NEED FOR HIGH-COST EMERGENCY AND HOSPITA L CARE.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
AWARDS, RECOGNITION AND ACCOMPLISHMENTS	<p>WELLSTAR ATLANTA MEDICAL CENTER WAS RECOGNIZED BY THE LOWN INSTITUTE HOSPITALS INDEX IN THE LIST OF "MOST RACIALLY INCLUSIVE HOSPITALS INDEX." THE INSTITUTE ASSESSED HOW WELL A HOSPITAL'S MEDICARE PATIENTS MATCHED THE HOSPITAL'S SURROUNDING COMMUNITIES. HOSPITALS UNDERSERVING COMMUNITIES OF COLOR RECEIVED LOWER RANKINGS. WELLSTAR ATLANTA MEDICAL CENTER RANKED 19TH IN THE COUNTRY OVERALL. WELLSTAR COBB HOSPITAL WAS RECOGNIZED BY THE INTERNATIONAL ASSOCIATION FOR HEALTHCARE SECURITY AND SAFETY (IAHSS) WITH ITS PROGRAM OF DISTINCTION AWARD. HOSPITALS WERE JUDGED BASED ON THE PERCENTAGE OF TRAINED OR HIGHLY TRAINED STAFF MEMBERS AND OFFICERS EMPLOYED AT THE LOCATION, WITH A PERCENTAGE GREATER THAN 70. WELLSTAR COBB IS THE ONLY HOSPITAL IN GEORGIA WITH THIS DISTINCTION. WELLSTAR HEALTH SYSTEM WAS NAMED IN TWO OF FORTUNE MAGAZINE'S LISTS, INCLUDING "100 BEST COMPANIES TO WORK FOR" 2021 BEST WORKPLACES IN HEALTHCARE AND BIOPHARMA." FORTUNE MAGAZINE'S LISTS, BOTH NATIONAL AND INTERNATIONAL, ARE JUDGED BASED ON EMPLOYEE SURVEY RESULTS WITH SPECIAL ATTENTION PAID TO "HOW TRUSTWORTHY, CARING AND FAIR THE COMPANY IS IN TIMES OF CRISES; EMPLOYEES' PHYSICAL, EMOTIONAL AND FINANCIAL HEALTH; AND THE COMPANY'S BROADER COMMUNITY IMPACT." WELLSTAR PAULDING HOSPITAL WAS AWARDED THE PRESTIGIOUS MALCOLM BALDRIGE NATIONAL QUALITY AWARD BY THE U.S. DEPARTMENT OF COMMERCE. ONE OF ONLY FIVE WINNERS, WELLSTAR PAULDING IS ONE OF ONLY THREE NON-PROFITS TO WIN THIS YEAR. THE AWARD IS JUDGED BASED ON BEST PRACTICES, ORGANIZATIONAL RESULTS AS WELL AS FAVORABLE LEVELS AND TRENDS. ONLY 16 AWARDS ARE HANDED OUT ANNUALLY IF ENOUGH BUSINESS MEET THE CRITERIA. WELLSTAR HEALTH SYSTEM RECEIVED THE "EXCELLENCE IN PATIENT EXPERIENCE - LARGE HEALTH SYSTEM" AWARD BY NRC HEALTH FOR 2020. THE AWARD IS GIVEN BASED ON REAL-TIME ANALYTICS OF HOSPITAL PERFORMANCE AND FEEDBACK OUT OF 35 SYSTEMS. AWARDEES ARE NOTED TO INTEGRATE THEIR ANALYTICS AND PERFORMANCE TO FIND ACTIONABLE SOLUTIONS AND ESTABLISH ENHANCED CONTINUUMS OF CARE FROM THESE SYSTEMS. WORKING MOTHER NAMED WELLSTAR HEALTH SYSTEM ON THEIR "2020 WORKING MOTHER BEST COMPANY FOR DADS" AWARD LIST. PLACEMENT ON THE LIST WAS DETERMINED BY THE AVAILABILITY OF "EITHER SUBSTANTIAL PAID GENDER-NEUTRAL OR PATERNITY LEAVE, PLUS OTHER BENEFITS THAT HELP DADS BE THEIR BEST AT HOME AND AT WORK." OF 200 COMPETING COMPANIES, ONLY 85 WERE SELECTED FOR THE LIST ACROSS THE ENTIRE COUNTRY. WELLSTAR NORTH FULTON HOSPITAL WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AT MULTIPLE LEVELS FOR CARE. THEIR "BRONZE ACHIEVEMENT AWARDS FOR MISSION: LIFELINE - NSTEMI" GOLD ACHIEVEMENT AWARDS FOR MISSION: LIFELINE - STEMI RECEIVING CENTER" WERE GRANTED FOR "OUTSTANDING PERFORMANCE IN HIGH-QUALITY SYSTEMS CARE PERFORMANCE MEETING OR EXCEEDING GUIDELINES." WELLSTAR KENNESTONE HOSPITAL WAS RECOGNIZED FOR ADVANCED ORTHOPEDICS PERFORMANCE BY THE ACADemy OF MEDICAL-SURGICAL NURSES (AMSN) AND THE MEDICAL-SURGICAL NURSING CERTIFICATION BOARD (MSNCB) WITH THE AMSN PRISM</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
AWARDS, RECOGNITION AND ACCOMPLISHMENTS	AWARD. THIS AWARD IS BASED ON HIGH-QUALITY, CONTINUED PERFORMANCE THAT IS PEER-REVIEWED BY A BOARD OF NURSES OVER A PERIOD OF 14 WEEKS. WINNERS OF THIS AWARD DEMONSTRATE QUALITY OF CARE, ENERGY, EVIDENCE-BASED PRACTICE, RETENTION OF NURSES, EFFECTIVE LEADERSHIP, AND A HEALTHY PRACTICE ENVIRONMENT.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 WELLSTAR 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 ENTITES AS LISTED IN SCHEDULE R. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	TAX EXEMPT BOND REPORTING FOR PURPOSES OF THE FORM 990 REPORTING, WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541) WILL LIST ALL TAX-EXEMPT BONDS ISSUED SINCE JANUARY 1, 2003 ON SCHEDULE K AS IT TYPICALLY ALLOCATES THE PROCEEDS OF THE BONDS TO MEMBERS OF THE OBLIGATED GROUP (INCLUDING THE HOSPITALS AND MEDICAL GROUP). WEST GEORGIA MEDICAL CENTER, INC. REPORTS ITS SPECIFIC SHARE OF THE TAX EXEMPT BOND LIABILITY ON FORM 990, PART X, LINE 25 OTHER LIABILITIES DUE TO WHS, INC. FORM 990, PART VI, SECTION A, LINE 6 The sole corporate member is WellStar Health System, Inc.

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>COMPENSATION OF OFFICERS WELLSTAR HEALTH SYSTEM, INC. HAS ENGAGED SULLIVAN COTTER TO WORK WITH THE GOVERNING BOARD 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 OFFICERS 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 EXECUTIVE COMPENSATION PHILOSOPHY EMPOWERS THE COMMITTEE TO OVERSEE THE EXECUTIVE COMPENSATION PROCESS AND ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM ON BEHALF OF THE FULL BOARD OF TRUSTEES OF WELLSTAR; PROVIDED, HOWEVER, THE FULL BOARD OF TRUSTEES EVALUATES AND APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE PHILOSOPHY REQUIRES ANNUAL DISCLOSURE OF THE COMMITTEE'S ACTIONS AND DECISIONS TO THE FULL BOARD, WHICH IT HAS DONE. THE COMMITTEE IS GUIDED BY THE BOARD-APPROVED PHILOSOPHY. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD FOR ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE. BASE COMPENSATION IS TARGETED AT THE MEDIAN BASE COMPENSATION PAID TO SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS (THE MARKET). OFFICERS OF THE COMPANY ALSO RECEIVE VARIABLE COMPENSATION THAT IS DEPENDENT ON INDIVIDUAL AND ORGANIZATION PERFORMANCE. WHEN PERFORMANCE IS FULLY SUSTAINED AT A SATISFACTORY LEVEL, THE TOTAL COMPENSATION, BOTH BASE AND VARIABLE, IS INTENDED TO BE AT OR AROUND THE 75TH% OF COMPENSATION PAID TO SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS. WELLSTAR'S EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET AS BEING COMPRISED OF COMPARABLE NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS, I.E., NOT-FOR-PROFIT ORGANIZATIONS SIMILAR IN COMPLEXITY AND SCALE TO WELLSTAR. TO ASSIST THE COMMITTEE IN FULFILLING ITS DUTIES, THE COMMITTEE ENGAGED SULLIVAN COTTER TO PROVIDE MARKET COMPENSATION DATA TO COMPARE TO THE WELLSTAR POSITIONS WHOSE COMPENSATION THE COMMITTEE OVERSEES. THE COMMITTEE USES THIS DATA TO PROVIDE CONTEXT WHEN MAKING DECISIONS IN ADMINISTERING THE COMPENSATION PROGRAM. ACCURATE MINUTES OF THE COMMITTEE'S DISCUSSION AND DECISIONS ARE RECORDED DURING EACH COMMITTEE MEETING AND REVIEWED AND PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	<p>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 A COMMUNITY BENEFIT REPORT ONCE A YEAR FOR DISTRIBUTION TO THE PUBLIC. IN ACCORDANCE WITH O.C.G.A SECTION 31-7-22 AND THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH'S RULES AND REGULATIONS FOR HOSPITAL TRANSPARENCY CHAPTER 111-8-41 THE APPLICABLE DOCUMENTS ARE POSTED ON THE WELLSTAR.ORG WEBSITE IN THE WELLSTAR HOSPITAL TRANSPARENT INFORMATION SECTION. 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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII	OFFICERS HOURS WORKED THE OFFICERS DEVOTE THEIR TIME TO ALL OF THE ORGANIZATIONS WITHIN WELLSTAR HEALTH SYSTEM THAT ARE LISTED IN SCHEDULE R, PART II. AS SUCH, THE TOTAL HOURS WORKED BY THE OFFICERS ACROSS ALL ORGANIZATIONS EXCEEDS 40 HOURS A WEEK.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII & FORM 990, SCHEDULE J	COMPENSATION ALL COMPENSATION AMOUNTS REPORTED ON FORM 990, PART VII; PART IX, LINES 5-7; AND SCHEDULE J REPRESENT COMPENSATION PROVIDED TO INDIVIDUALS THAT PROVIDE SERVICES TO THE ORGANIZATION. LIKEWISE, THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF INDIVIDUALS PROVIDING SERVICES TO THE ORGANIZATION. ALL FEDERAL EMPLOYMENT TAX RESPONSIBILITIES FOR THESE INDIVIDUALS (INCLUDING FEDERAL EMPLOYMENT TAX REPORTING RESPONSIBILITIES) ARE HANDLED BY WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541).

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS FOR THE REPORTING PERIOD WEST GEORGIA MEDICAL CENTER, INC. HAD A CHANGE IN NET ASSETS OF \$388,058 RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129038232	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2020
	Department of the Treasury Internal Revenue Service				Open to Public Inspection
Name of the organization WEST GEORGIA MEDICAL CENTER INC				Employer identification number 20-5497506	

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> COBB SOUTH PARKING DECK 793 SAWYER ROAD MARIETTA, GA 300622222 75-2999669	PARKING	GA	NA	N/A								
<b>(2)</b> KENNESTONE EAST PARKING DECK LLC 793 SAWYER ROAD MARIETTA, GA 300622222 20-0537100	PARKING	GA	NA	N/A								
<b>(3)</b> GRIFFIN IMAGING LLC 793 SAWYER ROAD MARIETTA, GA 300622222	IMAGING CENTER	GA	NA	N/A								
<b>(4)</b> WELLSTAR SPALDING EMSSPALDING 911 LLC 793 SAWYER ROAD MARIETTA, GA 300622222	OFF. BLDG/EMS CTR	GA	NA	N/A								
<b>(5)</b> NORTH FULTON PARKING DECK LP 793 SAWYER ROAD MARIETTA, GA 300622222	PARKING	GA	NA	N/A								
<b>(6)</b> SPALDING HEALTH SYSTEM LLC 793 SAWYER ROAD MARIETTA, GA 300622222 58-2148398	PHYS. HOSP. ORG.	GA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> Community Assurance Co 3rd Fl Barclays Hse Shedden 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 HEALTH 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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

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

Schedule R (Form 990) 2020

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 20-5497506

Name: WEST GEORGIA MEDICAL CENTER INC

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

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