

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
WELLSTAR HEALTH SYSTEM 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
58-1649541

E Telephone number
(770) 956-7827

G Gross receipts \$ 1,541,621,421

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.wellstar.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1994

M State of legal domicile: GA

Part I Summary

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

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

| | |
|--|---------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 20 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 10 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 8,196 |
| 6 Total number of volunteers (estimate if necessary) | 125 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 158,965 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | -24,196 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| 9 Program service revenue (Part VIII, line 2g) | 1,167,374,490 | 1,502,135,866 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 38,888,137 | 31,626,026 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,721,116 | 7,859,529 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,215,983,743 | 1,541,621,421 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 3,087,834 | 2,584,922 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 689,925,028 | 917,841,285 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,775,672 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 328,924,604 | 377,362,579 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,021,937,466 | 1,297,788,786 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 194,046,277 | 243,832,635 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 3,787,124,940 | 4,134,687,155 |
| 21 Total liabilities (Part X, line 26) | 2,115,304,464 | 2,343,561,053 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,671,820,476 | 1,791,126,102 |

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 783,431,894 including grants of \$ 2,584,922) (Revenue \$ 1,502,135,866)
See Additional Data

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

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

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

4e Total program service expenses ▶ 783,431,894

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|----------|----|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 1,413 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

| | | | | | |
|--|------------|-------|-----|----|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 8,196 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Yes | | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 3b | | Yes | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Yes | | |
| b If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | No | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | No | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | No | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | No | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | | Yes | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | | No | |

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Part VIII Statement of Revenue

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

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

| Program Service Revenue | | | Business Code | | | |
|---|---------------------------|--------|---------------|-------------|-------------|--|
| | 2a PATIENT REVENUE | | 621990 | 444,808,887 | 444,808,887 | |
| b SHARED SERVICE RECOUPMENT | | 621990 | 533,921,089 | 533,921,089 | | |
| c EQUITY EARNINGS IN HOSP AFFILIATES | | 621990 | 514,688,765 | 514,688,765 | | |
| d COBB COUNTY DETENTION CENTER | | 621990 | 6,846,275 | 6,846,275 | | |
| e WELLNESS CENTER | | 621990 | 1,870,850 | 1,870,850 | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f | | | 1,502,135,866 | | | |

| | | | | | | | | |
|---|--|---|---------------|---------------|---------|------------|------------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 32,441,738 | | | 32,441,738 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | | |
| | 5 Royalties | | | 0 | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | 69,435 | | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | 69,435 | 0 | | | | |
| | d Net rental income or (loss) | | | 69,435 | | | 69,435 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | -815,712 | | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | | |
| | | c Gain or (loss) | -815,712 | | | | | |
| | d Net gain or (loss) | | | -815,712 | | | -815,712 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | 0 | | | | |
| | | b Less: direct expenses | b | 0 | | | | |
| c Net income or (loss) from fundraising events | | | | 0 | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | 0 | | | | | |
| | b Less: direct expenses | b | 0 | | | | | |
| | c Net income or (loss) from gaming activities | | | 0 | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | 0 | | | | | |
| | b Less: cost of goods sold | b | 0 | | | | | |
| | c Net income or (loss) from sales of inventory | | | 0 | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a LAUNDRY REVENUE | | 812300 | 158,965 | | 158,965 | | | |
| b CHILDCARE REVENUE | | 621990 | 2,212,478 | | | 2,212,478 | | |
| c OTHER REVENUE | | 621990 | 5,418,651 | | | 5,418,651 | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | | | 7,790,094 | | | | | |
| 12 Total revenue. See Instructions. | | | 1,541,621,421 | 1,502,135,866 | 158,965 | 39,326,590 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,584,922 | 2,584,922 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 29,278,050 | 23,422,440 | 5,855,610 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 728,032 | 582,426 | 145,606 | |
| 7 Other salaries and wages | 765,706,934 | 491,067,490 | 273,542,269 | 1,097,175 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 45,472,703 | 30,401,793 | 15,070,910 | |
| 9 Other employee benefits | 36,349,162 | 43,493,728 | -7,245,939 | 101,373 |
| 10 Payroll taxes | 40,306,404 | 24,488,161 | 15,818,243 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 10,110,768 | 4,848,262 | 5,262,506 | |
| b Legal | 3,819,213 | 19,692 | 3,799,521 | |
| c Accounting | 669,600 | | 669,600 | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 71,844,894 | 16,249,803 | 55,274,623 | 320,468 |
| 12 Advertising and promotion | 8,207,615 | 532,742 | 7,669,485 | 5,388 |
| 13 Office expenses | 12,465,253 | 1,601,310 | 10,710,609 | 153,334 |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 44,034,804 | 30,756,074 | 13,268,222 | 10,508 |
| 17 Travel | 3,384,769 | 1,187,027 | 2,191,834 | 5,908 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 766,657 | 264,527 | 502,130 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 65,236,812 | 7,873,970 | 57,357,803 | 5,039 |
| 23 Insurance | 52,183,486 | 51,843,903 | 339,583 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 70,559,253 | 28,609,299 | 40,970,580 | 979,374 |
| b PHARMACY SUPPLIES | 12,709,087 | 1,092,926 | 11,600,565 | 15,596 |
| c REPAIR & MAINTENANCE | -2,449,593 | 1,459,531 | -2,933,097 | -976,027 |
| d OTHER EXPENSES | 23,819,961 | 21,051,868 | 2,710,557 | 57,536 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,297,788,786 | 783,431,894 | 512,581,220 | 1,775,672 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|---|---|--------------------------|---------------|--------------------|-------------|
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | 0 | |
| | 2 Savings and temporary cash investments | 66,636,140 | 2 | 58,041,089 | |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 | |
| | 4 Accounts receivable, net | 40,749,436 | 4 | 41,092,833 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 | |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 | |
| | 8 Inventories for sale or use | 16,365,767 | 8 | 21,333,943 | |
| | 9 Prepaid expenses and deferred charges | 27,043,835 | 9 | 72,436,714 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 873,934,413 | | | |
| | b Less: accumulated depreciation | 10b 537,591,235 | 365,104,365 | 10c | 336,343,178 |
| | 11 Investments—publicly traded securities | 1,088,807,340 | 11 | 1,195,087,387 | |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 | |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 | |
| | 14 Intangible assets | 0 | 14 | 0 | |
| | 15 Other assets. See Part IV, line 11 | 2,182,418,057 | 15 | 2,410,352,011 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,787,124,940 | 16 | 4,134,687,155 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 320,127,710 | 17 | 347,203,234 | |
| | 18 Grants payable | 0 | 18 | 0 | |
| | 19 Deferred revenue | 0 | 19 | 0 | |
| | 20 Tax-exempt bond liabilities | 1,245,431,597 | 20 | 1,269,857,912 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 549,745,157 | 25 | 726,499,907 | |
| | 26 Total liabilities. Add lines 17 through 25 | 2,115,304,464 | 26 | 2,343,561,053 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 1,626,912,205 | 27 | 1,741,575,886 | |
| | 28 Temporarily restricted net assets | 29,822,597 | 28 | 34,815,733 | |
| | 29 Permanently restricted net assets | 15,085,674 | 29 | 14,734,483 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 1,671,820,476 | 33 | 1,791,126,102 | | |
| 34 Total liabilities and net assets/fund balances | 3,787,124,940 | 34 | 4,134,687,155 | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,541,621,421 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,297,788,786 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 243,832,635 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,671,820,476 |
| 5 | Net unrealized gains (losses) on investments | 5 | 12,737,933 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -137,264,942 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,791,126,102 |

Part XII Financial Statements and Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 58-1649541

Name: WELLSTAR HEALTH SYSTEM INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| AMBICA YADAV TRUSTEE | 1.0 13.0 | X | | | | | | 5,919 | 0 | 0 |
| AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF. | 37.0 13.0 | X | | X | | | | 452,510 | 0 | 29,270 |
| CHARLES J JONES TRUSTEE | 1.0 13.0 | X | | | | | | 9,318 | 0 | 0 |
| DAVID H HAFNER MD TRUSTEE | 1.0 13.0 | X | | | | | | 56,388 | 0 | 0 |
| EDWARD RICHARDSON TRUSTEE (BEG. 4/19) | 1.0 13.0 | X | | | | | | 0 | 0 | 0 |
| FRANK ROS TRUSTEE | 1.0 13.0 | X | | | | | | 6,421 | 0 | 0 |
| GARY A MILLER TRUSTEE | 1.0 13.0 | X | | | | | | 3,568 | 0 | 0 |
| GREG MORGAN TRUSTEE | 1.0 13.0 | X | | | | | | 3,070 | 0 | 0 |
| H SPEER BURDETTE III TRUSTEE | 1.0 13.0 | X | | | | | | 4,610 | 0 | 0 |
| JAMES HOLMES TRUSTEE (BEG. 4/19) | 1.0 13.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN | 37.0 15.0 | X | | | | | | 353,602 | 0 | 71,950 |
| MICHAEL B PATTON TRUSTEE | 1.0 13.0 | X | | | | | | 3,737 | 0 | 0 |
| MITZI MOORE TRUSTEE | 1.0 13.0 | X | | | | | | 10,871 | 0 | 0 |
| O SCOTT SWAYZE MD TRUSTEE | 1.0 13.0 | X | | | | | | 5,895 | 0 | 0 |
| OTIS A BRUMBY III TRUSTEE | 1.0 13.0 | X | | | | | | 49,185 | 0 | 0 |
| PAUL DOUGLASS MD TRUSTEE & PHYSICIAN | 37.0 13.0 | X | | | | | | 796,091 | 0 | 40,795 |
| R RANDALL BENTLEY SR ESQ TRUSTEE | 1.0 13.0 | X | | | | | | 44,408 | 0 | 0 |
| ROBERT N CROSS MD TRUSTEE | 1.0 13.0 | X | | | | | | 11,001 | 0 | 0 |
| T FITZ JOHNSON TRUSTEE | 1.0 13.0 | X | | | | | | 43,397 | 0 | 0 |
| W CHARLES BROCK TRUSTEE | 1.0 13.0 | X | | | | | | 43,391 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WALTER G ROBINSON TRUSTEE (END. 12/18) | 1.0 13.0 | X | | | | | | 8,139 | 0 | 0 |
| ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG | 37.0 15.0 | | | X | | | | 665,560 | 0 | 83,346 |
| ANDREW S ALBERRY VP INFO TECHNOLOGY OPERATIONS | 37.0 13.0 | | | X | | | | 258,768 | 0 | 24,039 |
| ANDREW LEE VP CHIEF DIVERSITY OFFICER | 37.0 13.0 | | | X | | | | 341,507 | 0 | 34,030 |
| ANDREW W COX VP CHIEF OF STAFF (BEG. 10/18) | 37.0 13.0 | | | X | | | | 203,435 | 0 | 34,918 |
| ANTHONY J BUDZINSKI EVP & CFO | 37.0 15.0 | | | X | | | | 939,452 | 0 | 78,785 |
| ANTHONY M TRUPIANO SVP SUPPLY CHAIN (END. 1/19) | 37.0 13.0 | | | X | | | | 936,846 | 0 | 48,232 |
| AVIRAL SINGH VP BRAND&MRKT STR.(BEG.3/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| BARBARA B COREY SVP MANAGED CARE | 37.0 13.0 | | | X | | | | 463,766 | 0 | 50,609 |
| BETH KOST SVP, CHIEF COMPLIANCE OFFICER | 37.0 13.0 | | | X | | | | 470,653 | 0 | 51,220 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BRADFORD B NEWTON VP INFO. TECHNOLOGY ADMIN. | 37.0 13.0 | | | X | | | | 349,560 | 0 | 50,622 |
| CANDICE L SAUNDERS PRESIDENT & CEO | 37.0 15.0 | | | X | | | | 2,426,944 | 0 | 79,353 |
| CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION | 37.0 13.0 | | | X | | | | 951,290 | 0 | 66,912 |
| CATHERINE ANDREWS SVP & HOSPITAL PRESIDENT | 2.0 48.0 | | | X | | | | 0 | 401,438 | 52,837 |
| CRAIG OWENS SVP & HOSPITAL PRESIDENT | 2.0 48.0 | | | X | | | | 0 | 548,218 | 52,734 |
| DANIEL ABAD VP TOTAL REWARDS (BEG. 3/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| DAVID JONES EVP HR&ORG. LEARN.(BEG.1/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| DAVID W ANDERSON EVP/HR/OL/CCO | 37.0 13.0 | | | X | | | | 865,929 | 0 | 77,106 |
| DAVID W PRESTON SVP BRAND EXP&COMM(BEG.10/18) | 37.0 13.0 | | | X | | | | 139,442 | 0 | 9,989 |
| DOUGLAS ARVIN CPA MBA SVP FINANCE | 37.0 13.0 | | | X | | | | 459,531 | 0 | 39,837 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING | 37.0 13.0 | | | X | | | | 321,014 | 0 | 50,055 |
| ELIZABETH H PAPETTI VP OPS. HOSPITAL DIVISION | 37.0 13.0 | | | X | | | | 260,522 | 0 | 36,956 |
| ELLEN WRIGHT VP HIM CDI & POLICIES | 37.0 13.0 | | | X | | | | 225,933 | 0 | 40,773 |
| FREDA LYON VP SYSTEM EMERGENCY SERVICES | 37.0 13.0 | | | X | | | | 267,000 | 0 | 55,948 |
| GERALD N FULKS SVP HOSPITAL PRES. (END. 1/19) | 2.0 48.0 | | | X | | | | 0 | 657,700 | 51,132 |
| IVY SPENCER VP CNO | 37.0 13.0 | | | X | | | | 199,226 | 0 | 39,496 |
| JAMES M SWARTZ VP ACCOUNTING | 37.0 13.0 | | | X | | | | 302,471 | 0 | 46,262 |
| JASON D STEVENS VP DEPUTY GENERAL COUNSEL | 37.0 13.0 | | | X | | | | 353,892 | 0 | 57,948 |
| JASON L KELSEY VP REHAB&SPORTS MED(BEG.11/18) | 37.0 13.0 | | | X | | | | 177,401 | 0 | 48,079 |
| JENNIFER J GIUSTI VP CLINICAL OUTCOMES | 37.0 13.0 | | | X | | | | 386,608 | 0 | 40,047 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JILL M CASE-WIRTH SVP NURSING SERVICES | 37.0 13.0 | | | X | | | | 474,604 | 0 | 60,462 |
| JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER | 37.0 13.0 | | | X | | | | 1,161,536 | 0 | 83,576 |
| JOHN KUEVEN SVP & HOSPITAL PRESIDENT | 2.0 48.0 | | | X | | | | 0 | 356,210 | 38,634 |
| JONATHAN CROOM SVP & HOSPITAL PRESIDENT | 2.0 48.0 | | | X | | | | 0 | 398,414 | 46,406 |
| JONATHAN D MAURER VP INFO SEC. & CISO(BEG. 8/18) | 37.0 13.0 | | | X | | | | 177,852 | 0 | 18,662 |
| JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT | 37.0 13.0 | | | X | | | | 471,838 | 0 | 73,413 |
| JUDITH WHITE VP LAB. SRVS. SYST.(BEG. 4/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| KEITH BOWERMASTER VP COMMUNICATIONS (END. 12/18) | 37.0 13.0 | | | X | | | | 288,335 | 0 | 58,347 |
| KEM M MULLINS EVP AMBULATORY & BUS. DEV. | 37.0 13.0 | | | X | | | | 713,886 | 0 | 56,723 |
| KEVIN C SCHAEFFER MD VP ONCOLOGY | 37.0 13.0 | | | X | | | | 284,484 | 0 | 46,728 |

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|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| KIMBERLY J RYAN SVP & HOSPITAL PRESIDENT | 2.0 48.0 | | | X | | | | 0 | 520,014 | 51,830 |
| KIMBERLY TAACA VP OPS SPECIALTY DIVISION | 37.0 13.0 | | | X | | | | 239,588 | 0 | 46,291 |
| KRISTEN S TRICE VP DIAGNOSTIC OUTREACH | 37.0 13.0 | | | X | | | | 232,256 | 0 | 42,682 |
| LEANNE COOK VP CONSUMER ENG. (BEG. 3/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| LEO E REICHERT EVP & GENERAL COUNSEL | 37.0 13.0 | | | X | | | | 811,932 | 0 | 66,669 |
| MARCUS P CHARLSON MD VP SURGERY | 37.0 13.0 | | | X | | | | 208,957 | 0 | 37,257 |
| MARY B CHATMAN PHD SVP & HOSPITAL PRESIDENT | 2.0 48.0 | | | X | | | | 0 | 591,954 | 62,471 |
| MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS | 37.0 13.0 | | | X | | | | 325,273 | 0 | 54,487 |
| MAXWELL S KAGAN VP FINANCE & CFO | 37.0 13.0 | | | X | | | | 296,639 | 0 | 39,858 |
| MICHAEL T MCCULLOUGH SVP SUPPLY CHAIN (BEG. 12/18) | 37.0 13.0 | | | X | | | | 66,227 | 0 | 0 |

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

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|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MONTE A WILSON SVP HOSP. PRESIDENT(END.12/18) | 2.0 48.0 | | | X | | | | 0 | 389,769 | 27,061 |
| PAUL D MURPHREE VP MEDICAL OUTCOMES | 37.0 13.0 | | | X | | | | 439,670 | 0 | 76,901 |
| PAUL R PERROTTI SVP & CFO | 2.0 48.0 | | | X | | | | 0 | 389,610 | 73,259 |
| REBECCA L RUHL VP FACILITY COMPLIANCE OPS | 37.0 13.0 | | | X | | | | 203,610 | 0 | 29,995 |
| REMINGTON FOSS SVP HOSPITAL PRES. (BEG. 1/19) | 2.0 48.0 | | | X | | | | 0 | 0 | 0 |
| RICHARD S SIEGEL VP CARDIOLOGY & CVM ADMIN | 37.0 13.0 | | | X | | | | 382,611 | 0 | 80,285 |
| ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP | 37.0 13.0 | | | X | | | | 728,722 | 0 | 38,899 |
| ROBERT J DECOUX VP CORPORATE MED STAFF SVCS | 37.0 13.0 | | | X | | | | 235,358 | 0 | 54,917 |
| SANDRA LUCIUS VP INFO TECHNOLOGY APPS | 37.0 13.0 | | | X | | | | 400,773 | 0 | 49,169 |
| SEAN P TURNER VP REVENUE CYCLE MANAGEMENT | 37.0 13.0 | | | X | | | | 428,955 | 0 | 38,743 |

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|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SHALIMA PANNIKODE SVP CHF INFO&DIGITAL(BEG.4/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| SNEHAL H DOSHI VP SYSTEM PHARMACIST | 37.0 13.0 | | | X | | | | 253,636 | 0 | 60,538 |
| SONYA E ALDY VP TALENT ACQUISITION | 37.0 13.0 | | | X | | | | 269,707 | 0 | 35,130 |
| SOPHIA MARSHALL VP ORG. COMM. (BEG. 3/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| STEPHEN L BADGER VP STRATEGIC SERVICES | 37.0 13.0 | | | X | | | | 619,283 | 0 | 82,985 |
| STEVEN HUNT VP HUMAN RESOURCES (BEG. 2/19) | 37.0 13.0 | | | X | | | | 0 | 0 | 0 |
| STEPHEN VAULT VP BUSINESS DEVELOPMENT | 37.0 13.0 | | | X | | | | 236,081 | 0 | 25,314 |
| TAMARA D ISON SVP & HOSPITAL PRESIDENT | 2.0 48.0 | | | X | | | | 0 | 409,027 | 52,739 |
| TIMOTHY HANEY SVP R. E. FAC. & DVLP. SVCS. | 37.0 13.0 | | | X | | | | 461,540 | 0 | 55,544 |
| VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG | 37.0 13.0 | | | X | | | | 590,611 | 0 | 57,469 |

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

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|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS | 37.0 13.0 | | | X | | | | 245,526 | 0 | 52,474 |
| YVETTE BREWER MD VP PRIMARY CARE & BEHAV HEALTH | 37.0 13.0 | | | X | | | | 246,810 | 0 | 54,536 |
| AHMAD KHALDI MD PHYSICIAN GROUP | 50.0 0.0 | | | | | X | | 1,392,022 | 0 | 54,734 |
| RICHARD MYUNG MD PHYSICIAN GROUP | 50.0 0.0 | | | | | X | | 1,655,698 | 0 | 67,374 |
| RISHI GUPTA MD PHYSICIAN GROUP | 50.0 0.0 | | | | | X | | 1,378,877 | 0 | 66,761 |
| TERESA LUU MD PHYSICIAN GROUP | 50.0 0.0 | | | | | X | | 1,224,993 | 0 | 50,500 |
| THOMAS CHACKO MD PHYSICIAN GROUP | 50.0 0.0 | | | | | X | | 1,211,901 | 0 | 73,512 |
| STEVEN OWEIDA MD FORMER TRUSTEE | 0.0 0.0 | | | | | | X | 50,171 | 0 | 0 |
| TE RUSTY DURHAM FORMER TRUSTEE | 0.0 0.0 | | | | | | X | 15,116 | 0 | 0 |
| AMY ELLEN F CARRIER FORMER SVP & HOSPITAL PRES. | 0.0 0.0 | | | | | | X | 0 | 128,851 | 20,825 |

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|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BETHANY ROBERTSON FORMER VP/CHIEF LEARNING OFF. | 0.0 0.0 | | | | | | X | 341,999 | 0 | 15,481 |
| DEBORAH C KEEL FORMER SVP & HOSPITAL PRES. | 0.0 0.0 | | | | | | X | 0 | 215,860 | 0 |
| ELLEN LANGFORD FORMER SVP WMG AMB. TRANS. | 0.0 0.0 | | | | | | X | 637,673 | 0 | 57,967 |
| KIMBERLY W MENEFFEE FORMER SVP STRATEGIC COMM. DEV | 0.0 0.0 | | | | | | X | 840,489 | 0 | 20,595 |
| MICHELLE ROBINSON FORMER VP MARKETING | 0.0 0.0 | | | | | | X | 396,371 | 0 | 14,122 |
| PETER R JUNGBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR | 50.0 0.0 | | | | | | X | 398,300 | 0 | 79,163 |
| ROBIN G BOEHRINGER FORMER VP TOTAL REWARDS | 0.0 0.0 | | | | | | X | 241,338 | 0 | 11,453 |

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

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

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

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

f Enter the number of supported organizations 9

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| See Additional Data Table | | | | | | |
| Total | 9 | | | | 469,330,235 | 0 |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? | | |
| 1 | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM INC

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

Facts And Circumstances Test

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) COBB HOSPITAL INC | 580968382 | 3 | Yes | | 86,941,251 | 0 |
| (A) PAULDING MEDICAL CENTER INC | 582095884 | 3 | Yes | | 31,869,810 | 0 |
| (B) KENNESTONE HOSPITAL INC | 582032904 | 3 | Yes | | 198,719,592 | 0 |
| (C) DOUGLAS HOSPITAL INC | 582026750 | 3 | Yes | | 31,460,242 | 0 |
| (D) WELLSTAR ATLANTA MEDICAL CENTER INC | 810837031 | 3 | Yes | | 55,693,019 | 0 |
| (E) WELLSTAR SPALDING REGIONAL HOSPITAL INC | 810864789 | 3 | Yes | | 20,413,945 | 0 |
| (F) WELLSTAR SYLVAN GROVE HOSPITAL INC | 810875069 | 3 | Yes | | 962,632 | 0 |
| (G) WELLSTAR NORTH FULTON HOSPITAL INC | 810851756 | 3 | Yes | | 24,763,101 | 0 |
| (H) WEST GEORGIA MEDICAL CENTER INC | 205497506 | 3 | Yes | | 18,506,643 | 0 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization WELLSTAR HEALTH SYSTEM INC | Employer identification number 58-1649541 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|-----------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | Yes | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c Media advertisements? | Yes | | 276 |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | Yes | | 2,911 |
| f Grants to other organizations for lobbying purposes? | Yes | | 1,280 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 50,872 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Yes | | 342,477 |
| i Other activities? | Yes | | 672,076 |
| j Total. Add lines 1c through 1i | | | 1,069,892 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE C, PART II-B, LINE 1 | OTHER LOBBYING EXPENSES: During the reporting period, Wellstar Health System, Inc. held a retainer WITH a local firm to provide professional services for community related activities including support in community benefit reporting and legislative healthcare initiatives affecting the system hospitals. Wellstar is also a party to several healthcare related coalitions that protect the interests of all member hospitals. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

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

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 7,710,000 | 7,685,000 | 6,832,000 | 6,611,000 | 6,485,000 |
| b Contributions | 29,000 | 193,000 | 67,000 | 127,000 | 64,000 |
| c Net investment earnings, gains, and losses | -143,000 | -168,000 | 786,000 | 94,000 | 62,000 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 7,596,000 | 7,710,000 | 7,685,000 | 6,832,000 | 6,611,000 |

- 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 ▶ 65.000 %
 - c** Temporarily restricted endowment ▶ 35.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 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 | | 46,186,422 | | 46,186,422 |
| b Buildings | | 138,467,170 | 66,405,742 | 72,061,428 |
| c Leasehold improvements | | 21,781,198 | 15,061,316 | 6,719,882 |
| d Equipment | | 656,094,163 | 451,478,242 | 204,615,921 |
| e Other | | 11,405,460 | 4,645,935 | 6,759,525 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 336,343,178 |

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

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

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

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

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

| (a) Description | (b) Book value |
|--|-----------------|
| (1) EQUITY IN AFFILIATES | 2,268,958,585 |
| (2) OTHER RECEIVABLES | 133,937,457 |
| (3) OTHER LONG TERM ASSETS | 7,455,969 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | ▶ 2,410,352,011 |

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

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | 0 |
| ACCRUED PENSION LIABILITY | 474,220,303 |
| SELF-INSURANCE RESERVES | 171,947,295 |
| OTHER LT LIABILITIES | 56,715,333 |
| ASSET RETIREMENT OBLIGATIONS LT | 180,438 |
| SWAP CONTRACT 2005 ISSUE LT LIAB. | 23,436,538 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | ▶ 726,499,907 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

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

Additional Data

Software ID:

Software Version:

EIN: 58-1649541

Name: WELLSTAR HEALTH SYSTEM INC

Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE D, PART V, LINE 4 | ENDOWMENT FUNDS: WELLSTAR FOUNDATION, INC. HELD TWO ENDOWMENT FUNDS AT THE END OF THE REPO RTING PERIOD ON BEHALF OF WELLSTAR HEALTH SYSTEM, INC. ONE ENDOWMENT, THE HODGES FUND, IS ESTABLISHED FOR THE PURPOSE OF PROVIDING SCHOLARSHIPS TO ELIGIBLE STUDENTS IN HEALTHCARE R ELATED COURSE STUDIES. THE SECOND ENDOWMENT, HOSPICE FUND, IS ESTABLISHED TO PROVIDE FINAN CIAL ASSISTANCE TO INDIGENT PATIENTS IN THE WELLSTAR HOSPICE PROGRAM. |

Supplemental Information

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

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WELLSTAR HEALTH SYSTEM INC

Employer identification number

58-1649541

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 32
3 Enter total number of other organizations listed in the line 1 table 10

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 | PROCEDURES FOR MONITORING THE USE OF GRANTS: WELLSTYR 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 IN THE FURTHERANCE OF THE COMMUNITY NEEDS. WELLSTAR ALSO HAS SEVERAL AGREEMENTS WITH AREA COLLEGES AND UNIVERSITIES TO PROMOTE HEALTHCARE RELATED CAREER OPPORTUNITIES. ALL SPONSORSHIPS ARE AWARDED BASED ON SPECIFIC QUALIFICATIONS WITHOUT REGARD TO AGE, GENDER, OR ETHNICITY. |

Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Alpharetta Chamber of Commerce 5755 N Point Pkwy Ste 44 Alpharetta, GA 300221144 | 46-3730379 | 501(c)(6) | 15,000 | | FMV | N/A | Sponsorship |
| American Cancer Society 250 Williams Street Atlanta, GA 30303 | 13-1788491 | 501(c)(3) | 55,000 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Heart Association 7272 GREENVILLE AVE Dallas, TX 752315129 | 13-5613797 | 501(c)(3) | 80,000 | | FMV | N/A | Sponsorship |
| American Lung Association 21 WEST 38TH ST 3RD FL New York, NY 100182254 | 13-1632524 | 501(c)(3) | 6,000 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Atlanta BeltLine Partnership 112 KROG ST NE STE 14 Atlanta, GA 303072486 | 56-2464486 | 501(c)(3) | 30,000 | | FMV | N/A | Sponsorship |
| Atlanta Braves PO Box 723009 Atlanta, GA 31139 | 32-0443097 | | 1,335,197 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Black United for Youth - Cobb Inc PO BOX 3485 Marietta, GA 300613485 | 58-5234027 | 501(c)(3) | 10,000 | | FMV | N/A | Sponsorship |
| Boys & Girls Club of Metro Atlanta 1275 Peachtree St NE Ste 500 Atlanta, GA 30309 | 58-0566123 | 501(c)(3) | 15,000 | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Bullock Foundation Inc 115 WATERFORD WAY Powder Springs, GA 301275149 | 26-0127827 | 501(c)(3) | 7,500 | | FMV | N/A | Sponsorship |
| Camp Kudzu 5885 GLENRIDGE DR STE 160 Atlanta, GA 303286171 | 58-2449646 | 501(c)(3) | 15,000 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Cherokee County Chamber of Commerce 3605 Marietta Hwy PO Box 4998 Canton, GA 30114 | 58-1090796 | 501(c)(6) | 7,535 | | FMV | N/A | Sponsorship |
| City of Holly Springs PO Box 990 Holly Springs, GA 30142 | | | 20,000 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| City of Kennesaw Parks & Recreation 2529 J O Stephenson Avenue Kennesaw, GA 30144 | 58-6010582 | | 9,250 | | FMV | N/A | Sponsorship |
| City of Roswell 38 Hill Street Suite 130 Roswell, GA 30075 | 58-6000655 | | 7,850 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Cobb Chamber of Commerce PO Box 671868 Marietta, GA 30006 | 58-0198114 | 501(c)(6) | 26,050 | | FMV | N/A | Sponsorship |
| Cobb Community Foundation 240 Interstate North Pkwy Atlanta, GA 300060032 | 20-5652970 | 501(c)(3) | 15,000 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Cobb County NAACP 605 Roswell Street Marietta, GA 30060 | 58-1644877 | 501(c)(3) | 10,000 | | FMV | N/A | Sponsorship |
| Council for Quality Growth 5901-C Peachtree Dunwood Rd Ste 50 Atlanta, GA 30328 | 58-1664710 | 501(c)(6) | 5,440 | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Davis Direction Foundation 32 NORTH FAIRGROUND ST Marietta, GA 300602160 | 47-1370495 | 501(c)(3) | 50,000 | | FMV | N/A | Sponsorship |
| Georgia Chamber of Commerce PO Box 102676 Atlanta, GA 303680676 | 58-1537370 | 501(c)(6) | 52,500 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Good Samaritan Health Center of Cobb 1605 ROBERTA DR SW Marietta, GA 300083855 | 32-0045238 | 501(c)(3) | 10,000 | | FMV | N/A | Sponsorship |
| Greater North Fulton Chamber of Commerce 11605 Haynes Bridge Rd Ste 100 Alpharetta, GA 30009 | 58-1157316 | 501(c)(6) | 30,750 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Heritage Fund of Atlanta Medical Assoc 100 EDGEWOOD AVENUE Atlanta, GA 303033026 | 58-2372394 | | 10,000 | | FMV | N/A | Sponsorship |
| GEORGIA TECH RESEARCH CORP PO Box 16533 Palatine, IL 60055 | 58-0603146 | 501(C)(3) | 680,356 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Kennesaw State University Athletic Assoc Inc 590 Cobb Avenue Kennesaw, GA 30144 | 27-2508471 | 501(c)(3) | 125,000 | | FMV | N/A | Sponsorship |
| Loving Arms Cancer Outreach 833 Campbell Hill St Ste 220 Marietta, GA 30060 | 45-0753116 | 501(c)(3) | 10,000 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| March of Dimes 1275 MAMARONECK AVE White Plains, NY 106055201 | 13-1846366 | 501(c)(3) | 74,375 | | FMV | N/A | Sponsorships |
| Morehouse School of Medicine 720 WESTVIEW DR SW Atlanta, GA 303101458 | 58-1438873 | 501(c)(3) | 10,000 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MUST Ministries PO BOX 1717 Marietta, GA 300611717 | 58-2034725 | 501(c)(3) | 25,000 | | FMV | N/A | Sponsorship |
| North Fulton Community Charities (NFCC) 11270 ELKINS RD Roswell, GA 300761201 | 58-1521088 | 501(c)(3) | 9,000 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Paulding Chamber of Commerce 455 Jimmy Campbell Pkwy Dallas, GA 30132 | 58-0945354 | 501(c)(6) | 9,050 | | FMV | N/A | Sponsorship |
| Positive Athlete Georgia 314 Bentleigh Station Dr Acworth, GA 30101 | 27-2198733 | 501(C)(3) | 25,000 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Roswell Inc 617 ATLANTA ST Roswell, GA 300754422 | 58-1979994 | 501(C)(3) | 6,500 | | FMV | N/A | Sponsorship |
| Rotary Club of Alpharetta 1560 SHERMAN AVENUE Evanston, IL 602013698 | 36-3245072 | 501(c)(3) | 10,000 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Rotary Club of East Cobb PO BOX 72081 Marietta, GA 300072081 | 58-1654204 | 501(c)(3) | 7,500 | | FMV | N/A | Sponsorship |
| Safe America Foundation 2480 SANDY PLAINS RD Marietta, GA 300665776 | 58-2141636 | 501(c)(4) | 15,000 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SafePath Children's Advocacy Center 736 WHITLOCK AVE NW STE 600 Marietta, GA 300640001 | 58-1662987 | 501(c)(3) | 11,500 | | FMV | N/A | Sponsorship |
| Service League of Cherokee County PO BOX 1132 Canton, GA 301691132 | 58-1685138 | 501(c)(3) | 15,000 | | FMV | N/A | Sponsorship |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Susan G Komen Greater Atlanta 5005 LBJ FREEWAY 526 Dallas, TX 752446169 | 58-1959763 | 501(c)(3) | 15,000 | | FMV | N/A | Sponsorship |
| The Center for Family Resources 995 ROSWELL ST NE STE 100 Marietta, GA 300602186 | 58-0876634 | 501(c)(3) | 10,000 | | FMV | N/A | Sponsorship |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Marietta Schools Foundation Inc 144 POLK ST NW Marietta, GA 300642304 | 58-1524893 | 501(c)(3) | 5,202 | | FMV | N/A | Sponsorship |
| Tommy Nobis Center (aka Nobis Works) 1480 BELLS FERRY RD Marietta, GA 300666014 | 58-1290439 | 501(c)(3) | 15,000 | | FMV | N/A | Sponsorship |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number
58-1649541

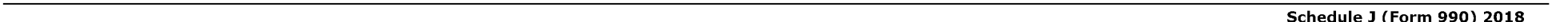
Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|---|---|--|--|---|--|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <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) | | |
| <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) | | | | | | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | No | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | Yes | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <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 | | | | |
| <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 | | | | | | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | Yes | | | | | | | | |
| | 4b | Yes | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>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</p> | 7 | Yes | | | | | | | | |
| <p>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</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 1B | <p>REIMBURSEMENT POLICY: While WellStar Health System and its affiliates do not have a written policy regarding payment or reimbursement of the items listed in SCHEDULE J, Part I, Line 1a, the organization follows IRS guidelines in the payment of any of these items to individuals listed in Form 990, Part VII, Section A. These items are added as taxable wages on the individual's Form W-2 as appropriate. SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS: Pursuant to their respective employment agreements, the following groups of officers are entitled to severance payments based on their compensation at that time in the event of certain identified circumstances. The severance payment periods are 24 months for Executive Vice Presidents, 18 months for Senior Vice Presidents, and 12 months for Vice Presidents. The following officers received severance pay during the 2018 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION: DEBORAH C. KEEL \$215,860 ELLEN LANGFORD 188,991 KIMBERLY W. MENELEE 219,596 SCHEDULE J, PART I, LINE 4B PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: During the year, Vice Presidents, Senior Vice Presidents, Executive Vice Presidents and certain physicians participated in a supplemental nonqualified retirement plan sponsored by WellStar Health System, Inc. The amounts related to this plan are included in Schedule J, Part II, Column (C). The following individuals received payments from the plan included in Schedule J, Part II, Column (B): ANTHONY M. TRUPIANO \$505,532 BETHANY ROBERTSON 87,044 CANDICE L. SAUNDERS 324,125 CRAIG OWENS 145,812 DAVID W. ANDERSON 131,690 ELLEN LANGFORD 300,505 GERALD N. FULKS 90,982 JOSEPH L. BRYWCZYNSKI 62,355 KIMBERLY W. MENELEE 437,043 MICHELLE ROBINSON 126,106 ROBIN G. BOEHRINGER 44,873 SANDRA LUCIUS 32,043 SEAN P. TURNER 41,533 STEPHEN L. BADGER 41,750 SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS TO OFFICERS: As part of the WellStar Executive Compensation Philosophy a performance pay plan was instituted several years ago whereby the WellStar Board of Trustees approves an annual incentive plan which consists of several performance goals or factors that upon attainment will result in payouts to eligible plan participants. Those factors are: (1) People & Customer Service goal for employee "Trust Index (2) Quality & Safety goal for clinical excellence and patient satisfaction; AND (3) Financial goal for attaining a positive operating margin. Confirmation of achieving these goals is typically received through the annual external audit process and approved by the Board of Trustees at that TIME.</p> |



Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM 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 | | | | |
| AHMAD KHALDI MD PHYSICIAN GROUP | (i) | 956,057 | 433,365 | 2,600 | 23,123 | 31,611 | 1,446,756 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG | (i) | 470,770 | 170,872 | 23,918 | 48,481 | 34,865 | 748,906 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AMY ELLEN F CARRIER FORMER SVP & HOSPITAL PRES. | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 125,269 | 0 | 3,582 | 12,459 | 8,366 | 149,676 | 0 |
| ANDREW S ALBERRY VP INFO TECHNOLOGY OPERATIONS | (i) | 215,010 | 33,497 | 10,261 | 0 | 24,039 | 282,807 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANDREW LEE VP CHIEF DIVERSITY OFFICER | (i) | 289,994 | 42,276 | 9,237 | 5,625 | 28,405 | 375,537 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANDREW W COX VP CHIEF OF STAFF (BEG. 10/18) | (i) | 179,606 | 21,790 | 2,039 | 10,130 | 24,788 | 238,353 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTHONY J BUDZINSKI EVP & CFO | (i) | 675,979 | 237,926 | 25,547 | 48,500 | 30,285 | 1,018,237 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTHONY M TRUPIANO SVP SUPPLY CHAIN (END. 1/19) | (i) | 329,324 | 82,795 | 524,727 | 46,675 | 1,557 | 985,078 | 505,532 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF. | (i) | 226,143 | 219,935 | 6,432 | 27,715 | 1,555 | 481,780 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BARBARA B COREY SVP MANAGED CARE | (i) | 366,640 | 82,995 | 14,131 | 29,498 | 21,111 | 514,375 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BETH KOST SVP, CHIEF COMPLIANCE OFFICER | (i) | 334,014 | 120,892 | 15,747 | 29,500 | 21,720 | 521,873 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BETHANY ROBERTSON FORMER VP/CHIEF LEARNING OFF. | (i) | 217,528 | 30,271 | 94,200 | 3,889 | 11,592 | 357,480 | 87,044 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRADFORD B NEWTON VP INFO. TECHNOLOGY ADMIN. | (i) | 226,646 | 113,691 | 9,223 | 21,775 | 28,847 | 400,182 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CANDICE L SAUNDERS PRESIDENT & CEO | (i) | 1,326,416 | 750,823 | 349,705 | 48,409 | 30,944 | 2,506,297 | 324,125 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION | (i) | 693,547 | 244,044 | 13,699 | 36,125 | 30,787 | 1,018,202 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CATHERINE ANDREWS SVP & HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 343,553 | 46,774 | 11,111 | 41,250 | 11,587 | 454,275 | 0 |
| CRAIG OWENS SVP & HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 311,920 | 77,114 | 159,184 | 30,000 | 22,734 | 600,952 | 145,812 |
| DAVID W ANDERSON EVP/HR/OL/CCO | (i) | 525,885 | 185,097 | 154,947 | 48,413 | 28,693 | 943,035 | 131,690 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DEBORAH C KEEL FORMER SVP & HOSPITAL PRES. | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 215,860 | 0 | 0 | 215,860 | 0 |
| DOUGLAS ARVIN CPA MBA SVP FINANCE | (i) | 360,102 | 85,978 | 13,451 | 20,103 | 19,734 | 499,368 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING | (i) | 264,041 | 47,803 | 9,170 | 22,234 | 27,821 | 371,069 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELIZABETH H PAPERETTI VP OPS. HOSPITAL DIVISION | (i) | 213,096 | 38,645 | 8,781 | 23,125 | 13,831 | 297,478 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELLEN LANGFORD FORMER SVP WMG AMB. TRANS. | (i) | 93,017 | 46,247 | 498,409 | 44,796 | 13,171 | 695,640 | 300,505 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELLEN WRIGHT VP HIM CDI & POLICIES | (i) | 185,000 | 30,698 | 10,235 | 16,914 | 23,859 | 266,706 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FREDA LYON VP SYSTEM EMERGENCY SERVICES | (i) | 211,740 | 42,564 | 12,696 | 26,372 | 29,576 | 322,948 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GERALD N FULKS SVP HOSPITAL PRES. (END. 1/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 463,311 | 88,416 | 105,973 | 30,000 | 21,132 | 708,832 | 90,982 |
| IVY SPENCER VP CNO | (i) | 178,946 | 14,635 | 5,645 | 22,207 | 17,289 | 238,722 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN | (i) | 244,997 | 107,479 | 1,126 | 41,625 | 30,325 | 425,552 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES M SWARTZ VP ACCOUNTING | (i) | 243,883 | 47,830 | 10,758 | 18,776 | 27,486 | 348,733 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JASON D STEVENS VP DEPUTY GENERAL COUNSEL | (i) | 285,390 | 57,348 | 11,154 | 34,055 | 23,893 | 411,840 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JASON L KELSEY VP REHAB&SPORTS MED (BEG.11/18) | (i) | 156,981 | 17,161 | 3,259 | 14,735 | 33,344 | 225,480 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JENNIFER J GIUSTI VP CLINICAL OUTCOMES | (i) | 316,002 | 60,528 | 10,078 | 29,970 | 10,077 | 426,655 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JILL M CASE-WIRTH SVP NURSING SERVICES | (i) | 364,467 | 89,300 | 20,837 | 47,904 | 12,558 | 535,066 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER | (i) | 850,179 | 293,276 | 18,081 | 48,500 | 35,076 | 1,245,112 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN KUEVEN SVP & HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 244,426 | 74,916 | 36,868 | 20,153 | 18,481 | 394,844 | 0 |
| JONATHAN CROOM SVP & HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 320,008 | 66,849 | 11,557 | 22,234 | 24,172 | 444,820 | 0 |
| JONATHAN D MAURER VP INFO SEC. & CISO(BEG. 8/18) | (i) | 79,618 | 73,482 | 24,752 | 14,373 | 4,289 | 196,514 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT | (i) | 311,426 | 70,459 | 89,953 | 47,500 | 25,913 | 545,251 | 62,355 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEITH BOWERMASTER VP COMMUNICATIONS (END. 12/18) | (i) | 232,266 | 46,656 | 9,413 | 29,425 | 28,922 | 346,682 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEM M MULLINS EVP AMBULATORY & BUS. DEV. | (i) | 534,612 | 164,696 | 14,578 | 22,750 | 33,973 | 770,609 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 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 | | | | |
| KEVIN C SCHAEFFER MD VP ONCOLOGY | (i) | 228,440 | 45,897 | 10,147 | 35,222 | 11,506 | 331,212 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KIMBERLY J RYAN SVP & HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 423,885 | 81,765 | 14,364 | 30,000 | 21,830 | 571,844 | 0 |
| KIMBERLY W MENEFFEE FORMER SVP STRATEGIC COMM. DEV | (i) | 108,169 | 65,436 | 666,884 | 11,863 | 8,732 | 861,084 | 437,043 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KIMBERLY TAACA VP OPS SPECIALTY DIVISION | (i) | 198,952 | 31,934 | 8,702 | 23,125 | 23,166 | 285,879 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KRISTEN S TRICE VP DIAGNOSTIC OUTREACH | (i) | 185,855 | 37,370 | 9,031 | 14,516 | 28,166 | 274,938 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LEO E REICHERT EVP & GENERAL COUNSEL | (i) | 595,083 | 199,021 | 17,828 | 30,000 | 36,669 | 878,601 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARCUS P CHARLSON MD VP SURGERY | (i) | 166,732 | 33,333 | 8,892 | 13,048 | 24,209 | 246,214 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARY B CHATMAN PHD SVP & HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 436,016 | 145,996 | 9,942 | 40,482 | 21,989 | 654,425 | 0 |
| MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS | (i) | 262,137 | 52,736 | 10,400 | 29,752 | 24,735 | 379,760 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MAXWELL S KAGAN VP FINANCE & CFO | (i) | 250,016 | 36,829 | 9,794 | 22,951 | 16,907 | 336,497 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHELLE ROBINSON FORMER VP MARKETING | (i) | 226,753 | 36,209 | 133,409 | 4,061 | 10,061 | 410,493 | 126,106 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MONTE A WILSON SVP HOSP. PRESIDENT (END.12/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 373,733 | 0 | 16,036 | 0 | 27,061 | 416,830 | 0 |
| PAUL DOUGLASS MD TRUSTEE & PHYSICIAN | (i) | 527,447 | 262,273 | 6,371 | 30,000 | 10,795 | 836,886 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PAUL D MURPHREE VP MEDICAL OUTCOMES | (i) | 359,840 | 68,279 | 11,551 | 47,800 | 29,101 | 516,571 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PAUL R PERROTTI SVP & CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 312,960 | 59,057 | 17,593 | 40,804 | 32,455 | 462,869 | 0 |
| PETER R JUNGLBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR | (i) | 251,577 | 141,821 | 4,902 | 48,500 | 30,663 | 477,463 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| REBECCA L RUHL VP FACILITY COMPLIANCE OPS | (i) | 161,556 | 32,493 | 9,561 | 3,250 | 26,745 | 233,605 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICHARD MYUNG MD PHYSICIAN GROUP | (i) | 1,043,566 | 609,495 | 2,637 | 41,625 | 25,749 | 1,723,072 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICHARD S SIEGEL VP CARDIOLOGY & CVM ADMIN | (i) | 318,274 | 50,303 | 14,034 | 46,488 | 33,797 | 462,896 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RISHI GUPTA MD PHYSICIAN GROUP | (i) | 821,760 | 554,517 | 2,600 | 41,625 | 25,136 | 1,445,638 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 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 | | | | |
| ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP | (i) | 550,000 | 163,488 | 15,234 | 29,435 | 9,464 | 767,621 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT J DECOUX VP CORPORATE MED STAFF SVCS | (i) | 188,285 | 36,883 | 10,190 | 28,453 | 26,464 | 290,275 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBIN G BOEHRINGER FORMER VP TOTAL REWARDS | (i) | 189,295 | 0 | 52,043 | 6,837 | 4,616 | 252,791 | 44,873 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SANDRA LUCIUS VP INFO TECHNOLOGY APPS | (i) | 236,053 | 118,441 | 46,279 | 46,822 | 2,347 | 449,942 | 32,043 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SEAN P TURNER VP REVENUE CYCLE MANAGEMENT | (i) | 310,613 | 62,439 | 55,903 | 8,599 | 30,144 | 467,698 | 41,533 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SNEHAL H DOSHI VP SYSTEM PHARMACIST | (i) | 203,168 | 39,835 | 10,633 | 28,624 | 31,914 | 314,174 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SONYA E ALDY VP TALENT ACQUISITION | (i) | 216,180 | 43,457 | 10,070 | 9,750 | 25,380 | 304,837 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEPHEN L BADGER VP STRATEGIC SERVICES | (i) | 460,803 | 99,466 | 59,014 | 47,475 | 35,510 | 702,268 | 41,750 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEVEN OWEIDA MD FORMER TRUSTEE | (i) | 0 | 0 | 50,171 | 0 | 0 | 50,171 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEPHEN VAULT VP BUSINESS DEVELOPMENT | (i) | 189,688 | 37,320 | 9,073 | 14,402 | 10,912 | 261,395 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TE RUSTY DURHAM FORMER TRUSTEE | (i) | 0 | 0 | 15,116 | 0 | 0 | 15,116 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TAMARA D ISON SVP & HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 319,391 | 78,167 | 11,469 | 23,125 | 29,614 | 461,766 | 0 |
| TERESA LUU MD PHYSICIAN GROUP | (i) | 777,374 | 446,770 | 849 | 23,125 | 27,375 | 1,275,493 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS CHACKO MD PHYSICIAN GROUP | (i) | 670,842 | 540,969 | 90 | 41,625 | 31,887 | 1,285,413 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TIMOTHY HANEY SVP R. E. FAC. & DVLP. SVCS. | (i) | 352,261 | 88,538 | 20,741 | 28,730 | 26,814 | 517,084 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG | (i) | 467,530 | 95,506 | 27,575 | 30,000 | 27,469 | 648,080 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS | (i) | 196,359 | 39,493 | 9,674 | 40,251 | 12,223 | 298,000 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| YVETTE BREWER MD VP PRIMARY CARE & BEHAV HEALTH | (i) | 197,886 | 36,817 | 12,107 | 32,732 | 21,804 | 301,346 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization WELLSTAR HEALTH SYSTEM INC

Employer identification number

58-1649541

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include HOSPITAL AUTHORITY OF COBB COUNTY and PAULDING COUNTY HOSPITAL AUTHORITY.

Part II Proceeds

Table with 13 rows and 8 columns (A-D). Rows 1-12 show amounts for various categories like bonds retired, proceeds of issue, and expenditures. Row 13 shows year of substantial completion (2004, 2006, 2011, 2014). Rows 14-17 are yes/no questions about bond issues.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D). Row 1: Was the organization a partner in a partnership... Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | X | | X | | X |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | X | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | 0 % | | 0 % | | 0 % | | 0 % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | X | | X |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | X | | X | | X | | X | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | X | | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | X |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|--------------------|---|
| SCHEDULE K, PART V | PROCEDURES TO UNDERTAKE CORRECTIVE ACTION: WELLSTAR HEALTH SYSTEM, INC (THE BORROWER ON TAX EXEMPT BONDS) HAS ESTABLISHED POLICIES AND PROCEDURES THAT WILL MAXIMIZE THE LIKELIHOOD THAT ALL APPLICABLE POST-ISSUANCE REQUIREMENTS OF FEDERAL INCOME TAX LAW NEEDED TO PRESERVE THE TAX-EXEMPT STATUS OF THE BONDS ARE MET. THE PROCEDURES INCLUDE EXTERNAL ADVISORS SUCH AS BOND COUNSEL AND OTHER LEGAL COUNSEL WHO ASSIST THE BORROWER IN MAINTAINING THE TAX-EXEMPT STATUS OF ALL BONDS; ARBITRAGE REBATE CALCULATIONS THAT NEED TO BE MADE FOR EACH BOND ISSUE; DOCUMENTATION OF THE USE OF BOND PROCEEDS INCLUDING POTENTIAL PRIVATE BUSINESS USE APPLICABLE TO THE BONDS AFTER AN ANNUAL INTERNAL REVIEW OF THOSE USES; AND PROPER RECORD KEEPING OF ALL DOCUMENTS RELATED TO THE ISSUANCE OF TAX-EXEMPT BONDS. THESE PROCEDURES APPLY TO ALL LISTED TAX-EXEMPT BONDS. |

| Return Reference | Explanation |
|--|--|
| SCHEDULE K, PART I, COLUMNS (A), (B), & (C) | AS PART OF THE VARIABLE RATE COMPOSITE BOND ISSUE, ISSUED 8/3/2017, IN THE TOTAL AMOUNT OF \$260,085,000 THE FOLLOWING INFORMATION IS BEING PROVIDED: ISSUER NAME EIN CUSIP # COBB COUNTY KENNESTONE HOSPITAL AUTHORITY 58-6011214 DEVELOPMENT AUTHORITY OF FULTON COUNTY 58-1506878 36005GAY9 GRIFFIN-SPALDING COUNTY HOSPITAL AUTHORITY 58-6212778 AS PART OF THE FIXED RATE COMPOSITE BOND ISSUE, ISSUED 8/3/2017, IN THE TOTAL AMOUNT OF \$611,463,388 THE FOLLOWING INFORMATION IS BEING PROVIDED: ISSUER NAME EIN CUSIP # DEVELOPMENT AUTHORITY OF FULTON COUNTY 58-1506878 36005GAX1 GRIFFIN-SPALDING COUNTY HOSPITAL AUTHORITY 58-6212778 398258AX1 LAGRANGE-TROUP COUNTY HOSPITAL AUTHORITY 56-2609278 507152AX4 COBB COUNTY KENNESTONE HOSPITAL AUTHORITY 58-1147004 190813RF4 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number

58-1649541

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|---|----------------|-------------|-----------------|-----------------|---------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | PAULDING COUNTY HOSPITAL AUTHORITY | 58-6011214 | 703596DH6 | 06-28-2012 | 68,750,000 | CONSTRUCTION SERIES B | | X | | X | | X |
| B | COBB COUNTY KENNESTONE HOSPITAL AUTHORITY | 58-6011214 | 190813PH2 | 11-15-2012 | 122,366,879 | ADVANCED REFUNDING CONSTRUCTION | | X | | X | | X |
| C | SEE PART VI | | | 08-03-2017 | 260,085,000 | CONSTRUCTION/REFUNDING | | X | | X | | X |
| D | SEE PART VI | | | 08-03-2017 | 611,463,388 | CONSTRUCTION/REFUNDING | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|
| 1 | Amount of bonds retired | 0 | | 32,567,000 | | 12,440,000 | | 34,103,223 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 68,750,000 | | 122,366,879 | | 260,085,000 | | 611,463,388 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 1,945,963 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 471,875 | | 1,079,370 | | 705,000 | | 4,012,204 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 66,332,162 | | 0 | | 0 | | 0 | |
| 11 | Other spent proceeds | 0 | | 121,287,509 | | 259,380,000 | | 561,452,184 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 45,999,000 | |
| 13 | Year of substantial completion | 2014 | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | X | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | X | | X | | X | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III Private Business Use

| | | A | | B | | C | | D | |
|----------|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-----|-----|-----|-----|---------|-----|---------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | X | | X | | X |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | 0 % | | 0 % | | 1.400 % | | 1.250 % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | 1.400 % | | 1.250 % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | X | | X |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | X | | X | | X | | X | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | X | | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | X | | X | | X | | X |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WELLSTAR HEALTH SYSTEM INC

Employer identification number 58-1649541

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row 1: COBB COUNTY KENNESTONE HOSPITAL AUTHORITY, 58-1147004, 12-21-2017, 66,413,339, REFUNDING.

Part II Proceeds

Table with columns 1-17 and sub-columns A-D. Rows include: 1 Amount of bonds retired (5,312,987), 3 Total proceeds of issue (66,413,449), 10 Capital expenditures from proceeds (66,413,449), 14-17 questions about bond issuance.

Part III Private Business Use

Table with columns 1-2 and sub-columns A-D. Row 1: Was the organization a partner in a partnership... (X). Row 2: Are there any lease arrangements... (X).

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | 0 % | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | X | | | | | | | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | 0 | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | X | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | 0 | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WELLSTAR HEALTH SYSTEM INC

Employer identification number 58-1649541

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|--------------------------------|---|
| SCHEDULE L, PART IV, LINES 1-9 | BUSINESS TRANSACTIONS WITH INTERESTED PARTIES: All transactions listed in Schedule L, Part IV are for interested parties or in this case family members of either trustees or officers of wellstar health system, inc. or its related organizations. The transactions all represent payment of services as employees of Wellstar Health System. |

Additional Data

Software ID:

Software Version:

EIN: 58-1649541

Name: WELLSTAR HEALTH SYSTEM INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| BONNIE MILLER | WIFE OF BOARD MEMBER | 19,821 | EMPLOYEE OF WELLSTAR | Yes | |
| MISTY S DECOUX | WIFE OF OFFICER | 67,646 | EMPLOYEE OF WELLSTAR | Yes | |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| JENNIFER HANEY | DAUGHTER-IN-LAW OF OFFICER | 113,878 | EMPLOYEE OF WELLSTAR | Yes | |
| CARL GOOLSBY | HUSBAND OF OFFICER | 563,573 | EMPLOYEE OF WELLSTAR | Yes | |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| BRANDY N CROSS | DAUGHTER OF BOARD MEMBER | 419,484 | EMPLOYEE OF WELLSTAR | Yes | |
| LAWRENCE ROWLEY | HUSBAND OF BOARD MEMBER/OFFICER | 588,775 | EMPLOYEE OF WELLSTAR | Yes | |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| SHEILA ROBINSON | WIFE OF BOARD MEMBER | 470,211 | EMPLOYEE OF WELLSTAR | Yes | |
| RACHEL GARNER | GRANDDAUGHTER OF BOARD MEMBER | 26,811 | EMPLOYEE OF WELLSTAR | Yes | |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| SAMANTHA ROS | DAUGHTER-IN-LAW OF BOARD MEMBER | 72,174 | EMPLOYEE OF WELLSTAR | Yes | |

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number

58-1649541

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART I, LINE 1 & 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. |

990 Schedule O, Supplemental Information

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

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

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| Return Reference | Explanation |
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| SERVICES | <p>OUS HEALTH SCREENINGS, SUCH AS MAMMOGRAMS, BONE DENSITY, BLOOD PRESSURE AND CHOLESTEROL CHECKS. A LARGE NUMBER OF EDUCATIONAL PROGRAMS ARE OFFERED FOR ALL AGES. THESE PROGRAMS INCLUDE BICYCLE SAFETY, CAR SEAT SAFETY, DEFENSIVE DRIVING, CPR AND FIRST-AID CLASSES. FLU SHOTS ARE AVAILABLE TO THE COMMUNITY DURING FLU SEASON AND HEALTH SCREENINGS, MEDICAL SUPPLIES, AND IMMUNIZATIONS ARE PROVIDED TO CHILDREN THROUGH LOCAL HEALTH DEPARTMENTS AND HEALTH FAIRS. THE COSTS OF THESE SERVICES ARE INCLUDED IN UNRESTRICTED REVENUE, GAINS AND OTHERS 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> |

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FINANCIAL & DATA STATISTICS | IPATION IN COALITIONS) - \$ 344,000 OTHER COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 421,000 OTHER COMMUNITY PROGRAMS (HEALTH CARE SUPPORT) - \$ 10,092,000 TOTAL OTHER COMMUNITY PROGRAMS - \$ 10,857,000 COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 31 1,741,000 COMMUNITY INVESTMENTS (ALLIED HLTH/MEDICAL EDUCATION) - \$ 4,268,000 COMMUNITY INVESTMENTS (OPERATIONS - STAFF/SOFTWARE) - \$ 48,000 TOTAL COMMUNITY INVESTMENTS - \$ 316,057 ,000 WELLSTAR CONTINUES TO PARTICIPATE IN THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) MEDICARE SAVINGS PROGRAM AS AN ACCOUNTABLE CARE ORGANIZATION (ACO). WELLSTAR'S ACO IS THE LARGEST ACO IN GEORGIA AND 1,600 PHYSICIANS INCLUDING 50,000 MEMBERS. THE ACO HAS BEEN RECOGNIZED AS ONE OF THE TOP 100 ACO'S IN THE COUNTRY. THE PROGRAM HAS BEEN SUCCESSFUL THROUGH A FOCUS ON WELLNESS AND THE IMPROVED MANAGEMENT OF CHRONIC ILLNESSES AND THE RELATED COORDINATION OF CARE, TO ENSURE PATIENTS, ESPECIALLY CHRONICALLY ILL, GET THE RIGHT CARE AT THE RIGHT TIME TO MAINTAIN THEIR OPTIMAL HEALTH AND AVOID THE NEED FOR HIGH-COST EMERGENCY AND HOSPITAL CARE. |

990 Schedule O, Organizational Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| AWARDS, RECOGNITION AND ACCOMPLISHMENTS | OPERATIVE NURSES INTERESTED IN IMPROVING AND VALIDATING THEIR KNOWLEDGE AND SKILLS AND PROVIDING THE HIGHEST QUALITY CARE TO THEIR PATIENTS. WELLSTAR HAS BEEN NAMED TO THE NATIONAL ASSOCIATION FOR FEMALE EXECUTIVES TOP 10 NONPROFIT COMPANIES FOR EXECUTIVE WOMEN FOR 2018 . THE AWARD HONORS ORGANIZATIONS THAT HAVE MOVED WOMEN INTO TOP EXECUTIVE POSITIONS AND CR EATED A CULTURE WHERE TALENTED WOMEN THRIVE. WELLSTAR HAS BEEN NAMED TO ONE OF ATLANTA'S 2 018 BEST AND BRIGHTEST COMPANIES TO WORK FOR. WELLSTAR WAS RECOGNIZED FOR EXCELLENCE IN HU MAN RESOURCE PRACTICES AND EMPLOYEE ENRICHMENT. THE ATLANTA JOURNAL-CONSTITUTION AND AJCJ OBS HONORS GEORGIA'S TOP NURSES WITH THE AJCJOBS NURSING EXCELLENCE AWARDS. FIVE WELLSTAR NURSING PROFESSIONALS WERE SELECTED FROM A FIELD OF 800 NOMINATIONS FOR THEIR UNENDING SUP PORT OF PATIENTS AND THE COMMUNITY. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART IV, LINE 24A | TAX EXEMPT BOND REPORTING FOR PURPOSES OF THE FORM 990 REPORTING, WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541) WILL LIST ALL TAX-EXEMPT BONDS ISSUED SINCE JANUARY 1, 2003 ON SCHEDULE K AS IT TYPICALLY ALLOCATES THE PROCEEDS OF THE BONDS TO MEMBERS OF THE OBLIGATED GROUP (INCLUDING THE HOSPITALS AND PHYSICIAN GROUP). ALL APPLICABLE CONTROLLED AFFILIATES WILL REPORT THIS TAX EXEMPT BOND LIABILITY ON FORM 990, PART X, LINE 25 OTHER LIABILITIES DUE TO WHS, INC. |

990 Schedule O, Supplemental Information

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

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION C, LINE 19 | DOCUMENTS MADE AVAILABLE TO THE PUBLIC THE ORGANIZATION AND ITS AFFILIATES ARE SUBJECT TO THE OPEN RECORDS LAW IN THE STATE OF GEORGIA. THEREFORE, BY LAW, CITIZENS ARE PERMITTED TO INSPECT AND COPY ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AS MAY BE REQUESTED FROM TIME TO TIME. ADDITIONALLY, THE ORGANIZATION'S FORM 990 IS MADE READILY AVAILABLE ON THE GUIDESTAR WEBSITE. PERIODICALLY, THE ORGANIZATION PUBLISHES ITS FINANCIAL PERFORMANCE IN THE LOCAL NEWSPAPER FOR CITIZENS TO REVIEW, AND IT ALSO PUBLISHES A COMMUNITY BENEFIT REPORT ONCE A YEAR FOR DISTRIBUTION TO THE PUBLIC. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | OTHER CHANGES IN NET ASSETS FOR THE REPORTING PERIOD WELLSTAR HEALTH SYSTEM, INC. HAD THE FOLLOWING CHANGES IN NET ASSETS: PENSION ADJUSTMENT \$ (132,857,410) ASSETS RELEASED FROM RESTRICTION 37,000 CHANGE IN DEBT RECEIVABLES/PAYABLE 35,404,926 POST EMPLOYMENT BENEFIT OBLIGATION (302,988) OTHER CHANGES* (39,546,470) ----- TOTAL OTHER CHANGES IN NET ASSETS \$ (137,264,942) *FOR THE REPORTING PERIOD, WELLSTAR HEALTH SYSTEM, INC. HAD A CHANGE IN NET ASSETS OF (\$39,546,470) RELATED TO TRANSFERS TO/FROM AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Name of the organization
WELLSTAR HEALTH SYSTEM INC

Employer identification number

58-1649541

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

See Additional Data Table

| (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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) KENNESTONE EAST PARKING DECK LLC 793 SAWYER ROAD Marietta, GA 300666340 20-0537100 | PARKING | GA | WHS INC | EXCLUDED | -30,449 | 2,150,870 | | No | 0 | | No | 73.000 % |
| (2) GRIFFIN IMAGING LLC 793 SAWYER ROAD MARIETTA, GA 300622222 | IMAGING CENTER | GA | NA | N/A | | | | | | | | 0 % |
| (3) WELLSTAR SPALDING EMSSPALDING 911 LLC 793 SAWYER ROAD MARIETTA, GA 300622222 | OFF.BLDG/EMS CTR. | GA | NA | N/A | | | | | | | | |
| (4) NORTH FULTON PARKING DECK LP 793 SAWYER ROAD MARIETTA, GA 300622222 | PARKING | GA | NA | N/A | | | | | | | | |
| (5) COBB SOUTH PARKING DECK LLC 793 SAWYER ROAD MARIETTA, GA 300622222 | PARKING | GA | N/A | 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 |
| (1) COMMUNITY ASSURANCE CO 3rd Fl Barclays Hse Shedden Rd George Town CJ 58-1649541 | INSURANCE | CJ | WHS INC | C CORP | 59,642,076 | 142,292,964 | 100.000 % | Yes | |
| (2) WEST GEORGIA HEALTH PHYSICIANS INC 793 SAWYER ROAD MARIETTA, GA 300622222 27-5125341 | PHYSICIAN PRAC. | GA | WGHS INC | C CORP | | | | | No |

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

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

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

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

See Additional Data Table

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

Part VII Supplemental Information

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

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE R, PART V, LINE 2 | The dollar amounts reported on Form 990, Schedule R, Part V, Line 2 for WellStar Health System, Inc. include the overhead allocations to affiliates and consists of the following types of transactions as listed in Line 1 (a-r): h) Exchange of Assets, i) Lease of facilities, equipment, or other assets to other organization(s), j) Lease of facilities, equipment, or other assets from other organization(s), k) LEASE OF FACILITIES, EQUIPMENT, OR OTHER ASSETS FROM RELATED ORGANIZATION(S) O) Sharing of paid employees, P) Reimbursement paid to other organization(s), q) Other transfers of cash or property to other organization(S), AND r) Other transfers of cash or property from other organization(s). |

Additional Data

Software ID:
Software Version:
EIN: 58-1649541
Name: WELLSTAR HEALTH SYSTEM INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (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 |
|---|--------------------------------|--|----------------------------|----------------------------------|---|
| (1) Wellstar Medical Group LLC 793 SAWYER ROAD Marietta, GA 30062 27-3818647 | Healthcare | GA | 456,558,943 | 87,868,564 | WHS Inc |
| (1) Cobb Gynecologists 2 LLC 793 SAWYER ROAD Marietta, GA 30062 02-0808099 | Healthcare | GA | 0 | 0 | WHS INC |
| (2) South Cobb OB-GYN 2 LLC 793 SAWYER ROAD Marietta, GA 30062 02-0808071 | Healthcare | GA | 0 | 0 | WHS INC |
| (3) WellStar Psychiatry LLC 793 SAWYER ROAD Marietta, GA 30062 58-2500211 | Healthcare | GA | 0 | 0 | WHS INC |
| (4) WellStar Kennestone OBGYN 2 LLC 793 SAWYER ROAD Marietta, GA 30062 30-0355553 | Healthcare | GA | 0 | 0 | WHS INC |
| (5) WellStar Kennestone OBGYN LLC 793 SAWYER ROAD Marietta, GA 30062 58-2499183 | Healthcare | GA | 0 | 0 | WHS INC |
| (6) WellStar Medical Specialists 2 LLC 793 SAWYER ROAD Marietta, GA 30062 75-3261729 | Healthcare | GA | 0 | 0 | WHS INC |
| (7) WellStar Homecare Billing Services LLC 793 SAWYER ROAD Marietta, GA 30062 58-2479534 | Healthcare | GA | 0 | 0 | WHS INC |
| (8) Wellstar Windy Hill Apothecary Bill Srv 793 SAWYER ROAD Marietta, GA 30062 56-2511925 | Healthcare | GA | 0 | 0 | WHS INC |
| (9) Wellstar Home Health LLC 793 SAWYER ROAD Marietta, GA 30062 27-0277843 | Healthcare | GA | 0 | 0 | WHS INC |
| (10) WELLSTAR CLNCL PARTNERS MEDICARE ACOLLC 793 SAWYER ROAD Marietta, GA 30062 27-3870970 | Healthcare | GA | 0 | 0 | WHS Inc |
| (11) Wellstar Health Ventures LLC 793 SAWYER ROAD Marietta, GA 30062 45-3754932 | Healthcare | GA | 0 | 0 | WHS INC |
| (12) Wellstar IPA LLC 793 SAWYER ROAD Marietta, GA 30062 58-1649541 | Insurance | GA | 0 | 0 | WHS INC |
| (13) Wellstar Community Hospice LLC 793 SAWYER ROAD Marietta, GA 30062 13-4350580 | Healthcare | GA | 0 | 0 | WHS INC |
| (14) Center for Health Transformation 793 SAWYER ROAD Marietta, GA 30062 58-1649541 | Healthcare | GA | 0 | 0 | WHS INC |
| (15) WellStar Clinical Partners LLC 793 SAWYER ROAD Marietta, GA 30062 58-1649541 | HEALTHCARE | GA | 0 | 0 | WHS INC |
| (16) WELLSTAR RESTAURANT SERVICES LLC 793 SAWYER ROAD MARIETTA, GA 30062 58-1649541 | FOOD SERVICES | GA | 0 | 0 | WHS INC |
| (17) WELLSTAR CLINICAL PARTNERS ATLANTA LLC 793 SAWYER ROAD MARIETTA, GA 30062 58-1649541 | HEALTHCARE | GA | 0 | 0 | WHS 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 300622222 58-1649540 | Foundation | GA | 501(C)(3) | 12 II | WHS INC | Yes | |
| 793 SAWYER ROAD Marietta, GA 300622222 58-0968382 | Healthcare | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD Marietta, GA 300622222 58-2026750 | Healthcare | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD Marietta, GA 300622222 58-2032904 | Healthcare | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD Marietta, GA 300622222 58-2095884 | Healthcare | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD Marietta, GA 300622222 58-1627413 | Foundation | GA | 501(C)(3) | 12 II | WHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 81-0837031 | HEALTHCARE | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 81-0851756 | HEALTHCARE | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 81-0864789 | HEALTHCARE | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 81-0875069 | HEALTHCARE | GA | 501(C)(3) | 3 | WHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 20-5497506 | HEALTHCARE | GA | 501(C)(3) | 3 | WGHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 20-5497622 | HEALTHCARE | GA | 501(C)(3) | 12 II | WHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 58-2575049 | HEALTHCARE | GA | 501(C)(3) | 10 | WGHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 20-0936376 | FOUNDATION | GA | 501(C)(3) | 12 II | WGHS INC | Yes | |
| 793 SAWYER ROAD MARIETTA, GA 300622222 58-1303478 | FOUNDATION | GA | 501(C)(3) | 7 | WGHS INC | Yes | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| (1) Cobb Hospital Inc | q | 86,941,251 | actual cost |
| (1) Douglas Hospital Inc | q | 31,460,242 | actual cost |
| (2) Kennestone Hospital Inc | q | 198,719,592 | actual cost |
| (3) Paulding Medical Center Inc | q | 31,869,810 | actual cost |
| (4) KENNESTONE EAST PARKING DECK LLC | S | 21,170 | ACTUAL COST |
| (5) WELLSTAR NORTH FULTON HOSPITAL INC | Q | 24,763,101 | ACTUAL COST |
| (6) WELLSTAR ATLANTA MEDICAL CENTER INC | Q | 55,693,019 | ACTUAL COST |
| (7) WELLSTAR SPALDING REGIONAL HOSPITAL INC | Q | 20,413,945 | ACTUAL COST |
| (8) WELLSTAR SYLVAN GROVE HOSPITAL INC | Q | 962,632 | ACTUAL COST |
| (9) WELLSTAR HEALTH VENTURES | Q | 101,211 | ACTUAL COST |
| (10) WEST GEORGIA MEDICAL CENTER | Q | 18,506,643 | ACTUAL COST |