

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
2019
Open to Public Inspection

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

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

C Name of organization
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 \$ 1,581,615,166

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)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9,324
6 Total number of volunteers (estimate if necessary)	6	123
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	137,213
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	3,148,900
9 Program service revenue (Part VIII, line 2g)	1,502,135,866	1,510,398,466
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,626,026	22,250,410
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,859,529	45,817,390
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,541,621,421	1,581,615,166
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,584,922	4,658,755
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)	917,841,285	965,673,964
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,906,942		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	377,362,579	451,097,850
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,297,788,786	1,421,430,569
19 Revenue less expenses. Subtract line 18 from line 12	243,832,635	160,184,597
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,134,687,155	4,544,730,822
21 Total liabilities (Part X, line 26)	2,343,561,053	2,792,861,183
22 Net assets or fund balances. Subtract line 21 from line 20	1,791,126,102	1,751,869,639

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: 2021-05-14
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

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 \$ 881,649,850 including grants of \$ 4,656,050) (Revenue \$ 1,510,398,466)
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 ▶ 881,649,850

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	1,426
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	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9,324			
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		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
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? Note. 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? . . . Note. See instructions and file Form 4720, Schedule O.		16	No	

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state requirements, public inspection, and books and records.

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f for Patient Revenue, Shared Service Recoupment, Equity Earnings, Cobb County Detention Center, KSU Clinic, and All other program service revenue.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-11 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

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	4,658,755	4,658,755		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	31,234,559	24,319,150	6,079,788	835,621
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,288,194	1,072,336	215,858	
7 Other salaries and wages	799,884,703	532,467,401	267,056,988	360,314
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	43,558,933	27,571,012	15,987,921	
9 Other employee benefits	43,995,001	49,854,930	-5,968,577	108,648
10 Payroll taxes	45,712,574	26,658,907	19,053,667	
11 Fees for services (non-employees):				
a Management	25,525,042	22,463,286	3,061,756	
b Legal	3,141,837	11,453	3,130,384	
c Accounting	758,402		758,402	
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)	109,739,438	20,660,223	88,963,026	116,189
12 Advertising and promotion	12,523,655	398,109	12,120,171	5,375
13 Office expenses	12,379,788	1,595,102	10,707,430	77,256
14 Information technology	0			
15 Royalties	0			
16 Occupancy	46,936,279	34,249,978	12,676,279	10,022
17 Travel	3,072,897	1,152,800	1,901,188	18,909
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	683,310	287,893	395,417	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	67,722,367	9,999,286	57,718,255	4,826
23 Insurance	56,900,097	56,441,299	458,798	
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	78,218,978	34,320,828	42,934,301	963,849
b REPAIR & MAINTENANCE	12,269,038	950,392	11,091,438	227,208
c NON-MEDICAL SUPPLIES	-2,546,260	1,204,989	-2,859,451	-891,798
d OTHER EXPENSES	23,772,982	31,311,721	-7,609,262	70,523
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,421,430,569	881,649,850	537,873,777	1,906,942
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	58,041,089	2	535,043,069
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	41,092,833	4	43,255,045
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	21,333,943	8	30,356,246
	9 Prepaid expenses and deferred charges	72,436,714	9	69,580,495
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 895,764,461		
	b Less: accumulated depreciation	10b 583,685,735	336,343,178	10c 312,078,726
	11 Investments—publicly traded securities	1,195,087,387	11	1,165,313,078
	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	2,410,352,011	15	2,389,104,163
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,134,687,155	16	4,544,730,822	
Liabilities	17 Accounts payable and accrued expenses	347,203,234	17	380,196,947
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	1,269,857,912	20	1,331,169,737
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	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	726,499,907	25	1,081,494,499
	26 Total liabilities. Add lines 17 through 25	2,343,561,053	26	2,792,861,183
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,741,575,886	27	1,699,998,966
	28 Net assets with donor restrictions	49,550,216	28	51,870,673
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,791,126,102	32	1,751,869,639	
33 Total liabilities and net assets/fund balances	4,134,687,155	33	4,544,730,822	

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	1,581,615,166
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,421,430,569
3	Revenue less expenses. Subtract line 2 from line 1	3	160,184,597
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,791,126,102
5	Net unrealized gains (losses) on investments	5	12,982,303
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	-212,423,363
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,751,869,639

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 (2019)

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			
CANDICE L SAUNDERS PRESIDENT & CEO	38.0 14.0			X				2,470,527	0	81,334
RICHARD MYUNG MD PHYSICIAN GROUP	50.0 0.0					X		2,063,789	0	76,728
RISHI GUPTA MD PHYSICIAN GROUP	50.0 0.0					X		1,435,335	0	68,516
TERESA LUU MD PHYSICIAN GROUP	50.0 0.0					X		1,397,484	0	51,903
ANTHONY J BUDZINSKI EVP & CFO	38.0 14.0			X				1,316,813	0	80,725
AHMAD KHALDI MD PHYSICIAN GROUP	50.0 0.0					X		1,295,272	0	56,263
MARK MCLAUGHLIN MD PHYSICIAN GROUP	50.0 0.0					X		1,247,832	0	26,914
JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	38.0 12.0			X				1,152,200	0	85,658
CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION	38.0 12.0			X				958,040	0	72,283
LEO E REICHERT EVP & GENERAL COUNSEL	38.0 12.0			X				827,805	0	78,484

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	38.0 12.0			X				744,399	0	40,297
KEM M MULLINS EVP AMBULATORY & BUS. DEV.	38.0 12.0			X				722,112	0	57,728
ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG	38.0 14.0			X				668,022	0	84,899
DAVID JONES EVP CHIEF HR OFFICER	38.0 12.0			X				701,279	0	28,471
MARY B CHATMAN PHD SVP & HOSPITAL PRESIDENT	2.0 48.0			X				0	664,919	64,155
VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG	38.0 12.0			X				646,474	0	58,863
PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	38.0 12.0	X						661,178	0	43,597
STEPHEN L BADGER VP STRATEGIC SERVICES	50.0 0.0			X				588,669	0	86,070
MONTE A WILSON FORMER HOSPITAL PRESIDENT	0.0 0.0						X	0	650,354	1,075
JILL M CASE-WIRTH SVP NURSING SERVICES	38.0 12.0			X				583,296	0	62,394

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			
JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	38.0 12.0			X				492,843	0	74,240
CATHERINE ANDREWS SVP & HOSPITAL PRESIDENT	2.0 48.0			X				0	500,635	53,657
BETH KOST SVP, CHIEF COMPLIANCE OFFICER	38.0 12.0			X				492,253	0	57,487
REMINGTON FOSS SVP & HOSPITAL PRESIDENT	2.0 48.0			X				0	485,149	52,086
PETER R JUNGBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR	50.0 0.0						X	450,613	0	81,450
PAUL D MURPHREE VP MEDICAL OUTCOMES	38.0 12.0			X				448,944	0	82,648
BARBARA B COREY SVP MANAGED CARE	38.0 12.0			X				477,581	0	45,174
AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF.	38.0 12.0	X		X				481,985	0	31,447
DOUGLAS ARVIN CPA MBA SVP FINANCE (END. 2/20)	38.0 12.0			X				471,706	0	35,798
KIMBERLY J RYAN SENIOR VICE PRESIDENT	38.0 12.0			X				207,384	241,521	52,988

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			
TAMARA D ISON SVP & HOSPITAL PRESIDENT	2.0 48.0			X				0	440,750	54,128
JONATHAN CROOM SVP & HOSPITAL PRESIDENT	2.0 48.0			X				0	443,654	48,690
SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	38.0 12.0			X				460,276	0	31,296
RICHARD S SIEGEL VP CARDIO.&CVM ADMN(END. 1/20)	38.0 12.0			X				396,222	0	81,281
DAVID W PRESTON SVP BRAND EXP. & COMMUNICATION	38.0 12.0			X				431,352	0	44,407
ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING	38.0 12.0			X				419,394	0	54,633
JOHN KUEVEN SVP & HOSPITAL PRESIDENT	2.0 48.0			X				0	416,893	52,642
MICHAEL T MCCULLOUGH SVP SUPPLY CHAIN	38.0 12.0			X				409,522	0	52,085
JASON D STEVENS SVP DEPUTY GENERAL COUNSEL	38.0 12.0			X				392,420	0	67,372
CRAIG OWENS SVP & HOSPITAL PRESIDENT	2.0 48.0			X				0	401,926	53,827

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW LEE VP CHIEF DIVERSITY OFFICER	38.0 12.0			X				406,354	0	45,501
JENNIFER J GIUSTI VP CLINICAL OUTCOMES	38.0 12.0			X				398,519	0	53,140
JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	38.0 14.0	X						373,914	0	74,050
SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	38.0 12.0			X				390,811	0	37,929
MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	38.0 12.0			X				350,907	0	56,108
MAXWELL S KAGAN VP FINANCE & CFO	38.0 12.0			X				327,577	0	41,300
FREDA LYON VP SYSTEM EMERGENCY SERVICES	38.0 12.0			X				300,559	0	56,758
SANDRA LUCIUS VP INFO. TECHNOLOGY APPS	38.0 12.0			X				306,237	0	49,809
SNEHAL H DOSHI VP SYSTEM PHARMACIST	38.0 12.0			X				296,483	0	58,986
TIMOTHY HANEY SVP RE FAC&DVLP SVC (END.1/20)	38.0 12.0			X				286,214	0	57,126

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.	38.0 12.0			X				289,266	0	51,425
ELIZABETH H PAPETTI VP OPS. HOSPITAL DIVISION	38.0 12.0			X				284,999	0	53,295
JONATHAN D MAURER VP INFORMATION SECURITY & CISO	38.0 12.0			X				273,385	0	54,987
ANDREW W COX VP CHIEF OF STAFF&LEADER. DEV.	38.0 12.0			X				282,060	0	40,633
KIMBERLY TAACA VP OPS SPECIALTY DIVISION	38.0 12.0			X				271,710	0	47,647
ROBERT J DECOUX VP CORPORATE MED. STAFF SVCS.	38.0 12.0			X				259,843	0	57,448
VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS	38.0 12.0			X				251,504	0	60,578
JAMES M SWARTZ VP ACCOUNTING	38.0 12.0			X				277,027	0	32,048
SONYA E ALDY VP TALENT ACQUISITION	38.0 12.0			X				275,400	0	33,218
MARCUS P CHARLSON MD VP SURGERY	38.0 12.0			X				264,441	0	42,244

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			
JASON L KELSEY VP REHAB. & SPORTS MED. SRVCS.	38.0 12.0			X				240,840	0	57,789
IVY SPENCER VP CNO	38.0 12.0			X				254,378	0	41,577
DANYALE ZIGLOR VP HUMAN RESOURCES (BEG.12/19)	38.0 12.0			X				0	240,986	52,827
CAROL TODD VP ASST. GENERAL COUNSEL	38.0 12.0			X				247,822	0	41,104
SOPHIA MARSHALL VP ORGANIZATION COMMUNICATIONS	38.0 12.0			X				256,207	0	28,073
KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	38.0 12.0			X				238,621	0	43,882
KEITH BOWERMASTER FORMER VP COMMUNICATIONS	0.0 0.0						X	280,619	0	1,267
DANIEL ABAD VP TOTAL REWARDS	38.0 12.0			X				256,961	0	24,460
STEVEN HUNT VP HUMAN RESOURCES	38.0 12.0			X				231,668	0	49,685
AVIRAL SINGH VP BRAND & MARKET STRATEGY	38.0 12.0			X				245,822	0	31,144

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW S ALBERRY VP INFO TECH OPS. (END. 11/19)	38.0 12.0			X				251,645	0	23,900
KIMBERLY W MENEFEE FORMER SVP STRATEGIC COMM. DEV	0.0 0.0						X	275,126	0	0
STEPHEN VAULT VP STRATEGIC COMMUNITY DEV.	38.0 12.0			X				238,106	0	34,840
ELLEN WRIGHT VP HIM CDI & POLICIES	38.0 12.0			X				234,370	0	38,568
JUDITH WHITE VP LABORATORY SERVICES SYSTEM	38.0 12.0			X				215,854	0	29,743
REBECCA L RUHL VP FACILITY COMPLIANCE OPS.	38.0 12.0			X				209,269	0	30,575
ELLEN LANGFORD FORMER SVP WMG AMB. TRANS.	0.0 0.0						X	236,783	0	0
DAVID W ANDERSON FORMER EVP/HR/OL/CCO	0.0 0.0						X	176,481	0	50,980
LAURA DANNELS VP & CHIEF LEARNING OFFICER	38.0 12.0			X				192,305	0	26,444
LEANNE COOK VP CONSUMER ENGAGEMENT	38.0 12.0			X				173,953	0	40,414

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			
SHYROLL MORRIS VP ONC.&DIG.HEALTH (BEG. 9/19)	38.0 12.0			X				161,753	0	5,490
JESSICA KOVALESKY VP CARE COORDINATOR(BEG.10/19)	38.0 12.0			X				107,841	0	3,813
LINDA HUFFER VP POST ACUTE SRVC.(BEG.10/19)	38.0 12.0			X				100,348	0	6,233
PAUL R PERROTTI SVP & CFO (END. 7/19)	2.0 48.0			X				0	53,970	7,672
ARIF AZIZ MD TRUSTEE	1.0 12.0	X						51,758	0	0
STEVEN OWEIDA MD FORMER TRUSTEE	0.0 0.0						X	49,802	0	0
OTIS A BRUMBY III TRUSTEE	1.0 12.0	X						48,188	0	0
T FITZ JOHNSON TRUSTEE	1.0 12.0	X						47,229	0	0
R RANDALL BENTLEY SR ESQ TRUSTEE	1.0 12.0	X						41,602	0	0
W CHARLES BROCK TRUSTEE	1.0 12.0	X						41,553	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			
DAVID HAFNER FORMER TRUSTEE	0.0 0.0						X	20,311	0	0
TE RUSTY DURHAM FORMER TRUSTEE	0.0 0.0						X	15,319	0	0
MITZI MOORE TRUSTEE	1.0 12.0	X						11,203	0	0
CHARLES J JONES TRUSTEE	1.0 12.0	X						10,891	0	0
ROBERT N CROSS MD TRUSTEE (END. 7/19)	1.0 12.0	X						8,132	0	0
FRANK ROS TRUSTEE	1.0 12.0	X						7,085	0	0
O SCOTT SWAYZE MD TRUSTEE	1.0 12.0	X						7,074	0	0
AMBICA YADAV TRUSTEE	1.0 12.0	X						5,692	0	0
GARY A MILLER TRUSTEE	1.0 12.0	X						5,447	0	0
GREG MORGAN TRUSTEE	1.0 12.0	X						5,218	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			
EDWARD RICHARDSON TRUSTEE	1.0 12.0	X						4,547	0	0
JAMES HOLMES TRUSTEE	1.0 12.0	X						4,401	0	0
H SPEER BURDETTE III TRUSTEE	1.0 12.0	X						4,391	0	0
JOHN MCKIBBEN TRUSTEE (BEG. 8/19)	1.0 12.0	X						643	0	0
JOSEPH BRAUD VP INFO. TECH. OPS.(BEG. 1/20)	38.0 12.0			X				0	0	0
KATHARINE LEONARD VP RE & FAC DVLP (BEG. 3/20)	38.0 12.0			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

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 **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

(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				504,260,076	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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
2			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
3a			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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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		
COBB HOSPITAL INC	580968382	3	Yes		99,370,680	0
PAULDING MEDICAL CENTER INC	582095884	3	Yes		33,959,625	0
KENNESTONE HOSPITAL INC	582032904	3	Yes		193,149,063	0
DOUGLAS HOSPITAL INC	582026750	3	Yes		32,969,977	0
WELLSTAR ATLANTA MEDICAL CENTER INC	810837031	3	Yes		65,709,606	0
WELLSTAR SPALDING REGIONAL HOSPITAL INC	810864789	3	Yes		23,624,708	0
WELLSTAR SYLVAN GROVE HOSPITAL INC	810875069	3	Yes		1,651,055	0
WELLSTAR NORTH FULTON HOSPITAL INC	810851756	3	Yes		28,179,180	0
WEST GEORGIA MEDICAL CENTER INC	205497506	3	Yes		25,646,182	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

2019
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?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		3,124
f	Grants to other organizations for lobbying purposes?	Yes		3,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		16,930
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		35,579
i	Other activities?	Yes		744,727
j	Total. Add lines 1c through 1i			803,860
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 2019 Open to Public Inspection

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for conservation easement statistics (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and amounts related to these items.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
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	7,596,000	7,710,000	7,685,000	6,832,000	6,611,000
b Contributions	42,000	29,000	193,000	67,000	127,000
c Net investment earnings, gains, and losses	-581,000	-143,000	-168,000	786,000	94,000
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,057,000	7,596,000	7,710,000	7,685,000	6,832,000

- 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 |
|---|-----|----|
| 3a(i) (i) unrelated organizations | | No |
| 3a(ii) (ii) related organizations | Yes | |
| 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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		46,488,518		46,488,518
b Buildings		159,610,872	70,425,635	89,185,237
c Leasehold improvements		29,100,106	18,268,568	10,831,538
d Equipment		640,828,297	488,126,155	152,702,142
e Other		19,736,668	6,865,377	12,871,291
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				312,078,726

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	2,123,786,516
(2) OTHER RECEIVABLES	232,052,297
(3) OTHER LONG-TERM ASSETS	33,265,350
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,389,104,163

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ACCRUED PENSION LIABILITY	683,545,187
(3) SELF-INSURANCE RESERVES	193,787,834
(4) OTHER LT LIABILITIES	182,063,572
(5) ASSET RETIREMENT OBLIGATIONS LT	22,097,906
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,081,494,499

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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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.

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21

3 Enter total number of other organizations listed in the line 1 table ▶ 15

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: WELLSTAR HEALTH SYSTEM, INC. AND ITS AFFILIATES HAVE SET ASIDE FUNDS FOR CONTRIBUTIONS AND SPONSORSHIPS ON AN ANNUAL BASIS THAT PROVIDE ASSISTANCE TO NATIONAL AND LOCAL ORGANIZATIONS 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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 752315129	13-5613797	501(c)(3)	100,000		FMV	N/A	SPONSORSHIP
ATLANTA BELTLINE PARTNERSHIP 112 KROG ST NE STE 14 ATLANTA, GA 303072486	56-2464486	501(c)(3)	30,000		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
ATLANTA PRIDE COMMITTEE INC 1530 DEKALB AVENUE ATLANTA, GA 303072176	58-2032010	501(c)(3)	10,480		FMV	N/A	SPONSORSHIP
BLACK UNITED YOUTH - COBB INC PO BOX 3485 MARIETTA, GA 30061	58-5234027	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.

(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 30127	26-0127827	501(c)(3)	7,500		FMV	N/A	SPONSORSHIP
CHEROKEE BY CHOICE INC 1 INNOVATION WAY WOODSTOCK, GA 301885217	83-1981790	501(c)(3)	60,000		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
CHEROKEE COUNTY CHAMBER OF COMMERCE 3605 MARIETTA HWY CANTON, GA 30114	58-1090796	501(c)(6)	11,330		FMV	N/A	SPONSORSHIP
CITY OF HOLLY SPRINGS PO BOX 990 HOLLY SPRINGS, GA 30142	58-1051551		11,500		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
CITY OF ROSWELL 38 HILL STREET SUITE 130 ROSWELL, GA 30075	58-6000655		7,850		FMV	N/A	SPONSORSHIP
COBB COUNTY CHAMBER OF COMMERCE FOUNDATION 1100 CIRCLE 75 PARKWAY SUITE 1000 ATLANTA, GA 30339	58-1492846	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
COBB COUNTY CHAMBER OF COMMERCE INC PO BOX 671868 MARIETTA, GA 30006	58-0198114	501(c)(6)	51,500		FMV	N/A	SPONSORSHIP
DAVIS DIRECTION FOUNDATION INC 32 NORTH FAIRGROUND STREET NE MARIETTA, GA 30060	47-1370495	501(c)(3)	50,000		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
DOUGLAS COUNTY CHAMBER OF COMMERCE 6658 CHURCH STREET DOUGLASVILLE, GA 30134	58-1950186	501(c)(6)	18,910		FMV	N/A	SPONSORSHIP
FRIENDS OF THREAD TRAIL INC PO BOX 19 LAGRANGE, GA 30241	81-3580329	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.

(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
GEORGIA CHAMBER OF COMMERCE PO BOX 102676 ATLANTA, GA 303680676	58-1537370	501(c)(6)	52,500		FMV	N/A	SPONSORSHIP
GOOD SAMARITAN HEALTH CENTER OF COBB INC 1605 ROBERTA DRIVE SW MARIETTA, GA 30008	32-0045238	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.

(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
GREATER NORTH FULTON CHAMBER OF COMMERCE 11605 HAYNES BRIDGE ROAD SUITE 100 ALPHARETTA, GA 30009	58-1157316	501(c)(6)	29,000		FMV	N/A	SPONSORSHIP
GRIFFIN DOWNTOWN COUNCIL GRIFFIN DOWNTOWN 143 N HILL STREET GRIFFIN, GA 30223	58-2307692		6,500		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
KENNESAW STATE UNIVERSITY 3333 BUSBEE DIVE MD 3301 KENNESAW, GA 30144	58-0965786	GOV'T	10,500		FMV	N/A	SPONSORSHIP
MARCH OF DIMES 3495 PIEDMONT ROAD BLDG 12 SUITE 2 ATLANTA, GA 30305	13-1846366	501(c)(3)	117,120		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
MUST MINISTRIES INC 1407 COBB PARKWAY NORTH MARIETTA, GA 30061	58-2034725	501(c)(3)	25,000		FMV	N/A	SPONSORSHIP
PAULDING CHAMBER OF COMMERCE 455 JIMMY CAMPBELL PKWY DALLAS, GA 30132	58-0945354	501(c)(6)	10,100		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
POSITIVE ATHLETE (CELEBRATE POSITIVE LLC) 314 BENTLEIGH STATION DRIVE ACWORTH, GA 30101	27-2198733	501(c)(3)	25,000		FMV	N/A	SPONSORSHIP
PROSTAWARE INC 28 BALL MILL PLACE SANDY SPRINGS, GA 30350	27-0599329	501(c)(3)	30,000		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
ROSWELL INC 617 ATLANTA STREET SUITE 101 ROSWELL, GA 30075	58-1979994	501(c)(3)	6,500		FMV	N/A	SPONSORSHIP
ROTARY CLUB OF ALPHARETTAN FULTON COUNTY 180 ACADEMY STREET ALPHARETTA, GA 30009	58-1822648	501(c)(4)	10,000		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
ROTARY CLUB OF EAST COBB PO BOX 72081 MARIETTA, GA 300072081	58-1654204	501(c)(4)	7,500		FMV	N/A	SPONSORSHIP
SAFE PATH CHILDRENS ADVOCACY CENTER 736 WHITLOCK AVENUE SUITE 600 MARIETTA, GA 30064	58-1662987	501(c)(3)	11,500		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
SERVICE LEAGUE OF CHEROKEE COUNTY GA INC PO BOX 1132 CANTON, GA 301591132	58-1685138	501(c)(3)	15,000		FMV	N/A	SPONSORSHIP
THE CENTER FOR FAMILY RESOURCES 995 ROSWELL STREET SUITE 100 MARIETTA, GA 30060	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.

(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
THE HERITAGE FUND OF AMERICAN MED ASSOC PO BOX 4421 ATLANTA, GA 303024421	58-2372394		10,000		FMV	N/A	SPONSORSHIP
TOMMY NOBIS CENTER (AKA NOBIS WORKS) 1480 BELLS FERRY ROAD MARIETTA, GA 30066	58-1290439	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
VAN WAGNER SPORTS & ENTERTAINMENT LLC 800 THIRD AVENUE 28TH FLOOR NEW YORK, NY 10022	48-1290227		125,000		FMV	N/A	SPONSORSHIP
ATLANTA BRAVES PO BOX 723009 ATLANTA, GA 311392704	32-0443097		213,771		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
KENNESAW STATE UNIVERSITY 3333 BUSBEE DIVE MD 3301 KENNESAW, GA 30144	58-0965786	GOV'T	2,500,000		FMV	N/A	SCHOLARSHIPS
BRAVES STADIUM COMPANY LLC 755 BATTERY AVE SE ATLANTA, GA 303393017	58-1251243		879,524		FMV	N/A	SPONSORSHIP

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	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 on 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 1A	<p>THE ITEMS, AS INDICATED IN LINE 1A, WERE PROVIDED, IN SOME INSTANCES, TO BOARD MEMBERS AND TO CERTAIN EMPLOYED INDIVIDUALS LISTED IN FORM 990, PART VII BY THE ORGANIZATION. THE ORGANIZATION FOLLOWS IRS GUIDELINES AND THESE ITEMS WERE ADDED AS TAXABLE INCOME AS APPROPRIATE.</p> <p>SCHEDULE J, PART I, LINE 1B REIMBURSEMENT POLICY: While WellStar Health System and its affiliates do not have a written policy regarding payment or reimbursement of the items listed in SCHEDULE J, Part I, Line 1a, the organization follows IRS guidelines in the payment of any of these items to individuals listed in Form 990, Part VII, Section A. These items are added as taxable wages on the individual's Form W-2 as appropriate.</p> <p>SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS: Pursuant to their respective employment agreements, the following groups of officers are entitled to severance payments based on their compensation at that time in the event of certain identified circumstances. The severance payment periods are 24 months for Executive Vice Presidents, 18 months for Senior Vice Presidents, and 12 months for Vice Presidents. The following officers received severance pay during the 2019 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION: DAVID W. ANDERSON 96,194 DOUGLAS ARVIN, CPA, MBA 28,771 ELLEN LANGFORD 236,783 KEITH BOWERMASTER 223,420 KIMBERLY W. MENEFFEE 275,126 MONTE A. WILSON 358,188 TIMOTHY HANEY 40,702</p> <p>SCHEDULE J, PART I, LINE 4B PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: During the year, Vice Presidents, Senior Vice Presidents, Executive Vice Presidents and certain physicians participated in a supplemental nonqualified retirement plan sponsored by WellStar Health System, Inc. The amounts related to this plan are included in Schedule J, Part II, Column (C). The following individuals received payments from the plan included in Schedule J, Part II, Column (B): ANTHONY J. BUDZINSKI 388,946 CANDICE L. SAUNDERS 350,539 ELIZABETH H. LOUDERMILK 81,056 FRED A LYON 28,914 JAMES M. SWARTZ 69,963 JILL M. CASE-WIRTH 98,356 JOSEPH L. BRYWCZYNSKI 65,163 KEITH BOWERMASTER 48,214 LINDA HUFFER 30,499 MONTE A. WILSON 281,294 ROBERT J. DECOUX 26,883 SNEHAL H. DOSHI 30,664 STEPHEN L. BADGER 41,750</p> <p>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				
1AHMAD KHALDI MD PHYSICIAN GROUP	(i)	897,941	394,726	2,605	23,750	32,513	1,351,535	0
	(ii)	0	0	0	0	0	0	0
1ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG	(i)	492,176	153,371	22,475	48,600	36,299	752,921	0
	(ii)	0	0	0	0	0	0	0
2ANDREW LEE VP CHIEF DIVERSITY OFFICER	(i)	300,534	69,143	36,677	16,250	29,251	451,855	0
	(ii)	0	0	0	0	0	0	0
3ANDREW S ALBERRY VP INFO TECH OPS. (END. 11/19)	(i)	211,694	30,192	9,759	0	23,900	275,545	0
	(ii)	0	0	0	0	0	0	0
4ANDREW W COX VP CHIEF OF STAFF&LEADER. DEV.	(i)	239,175	30,725	12,160	13,988	26,645	322,693	0
	(ii)	0	0	0	0	0	0	0
5ANTHONY J BUDZINSKI EVP & CFO	(i)	711,281	189,614	415,918	49,600	31,125	1,397,538	388,946
	(ii)	0	0	0	0	0	0	0
6AVIRAL SINGH VP BRAND & MARKET STRATEGY	(i)	176,928	62,139	6,755	11,654	19,490	276,966	0
	(ii)	0	0	0	0	0	0	0
7AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF.	(i)	194,006	277,267	10,712	27,825	3,622	513,432	0
	(ii)	0	0	0	0	0	0	0
8BARBARA B COREY SVP MANAGED CARE	(i)	383,148	77,716	16,717	21,125	24,049	522,755	0
	(ii)	0	0	0	0	0	0	0
9BETH KOST SVP, CHIEF COMPLIANCE OFFICER	(i)	376,783	98,784	16,686	30,600	26,887	549,740	0
	(ii)	0	0	0	0	0	0	0
10BRADFORD B NEWTON VP INFO. TECHNOLOGY ADMIN.	(i)	236,842	43,177	9,247	21,775	29,650	340,691	0
	(ii)	0	0	0	0	0	0	0
11CANDICE L SAUNDERS PRESIDENT & CEO	(i)	1,380,165	719,400	370,962	49,600	31,734	2,551,861	350,539
	(ii)	0	0	0	0	0	0	0
12CAROL TODD VP ASST. GENERAL COUNSEL	(i)	196,522	41,362	9,938	20,517	20,587	288,926	0
	(ii)	0	0	0	0	0	0	0
13CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION	(i)	714,553	228,715	14,772	40,650	31,633	1,030,323	0
	(ii)	0	0	0	0	0	0	0
14CATHERINE ANDREWS SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	378,901	92,020	29,714	41,750	11,907	554,292	0
15CRAIG OWENS SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	323,530	60,927	17,469	30,600	23,227	455,753	0
16DANIEL ABAD VP TOTAL REWARDS	(i)	193,663	56,883	6,415	15,103	9,357	281,421	0
	(ii)	0	0	0	0	0	0	0
17DANYALE ZIGLOR VP HUMAN RESOURCES (BEG.12/19)	(i)	0	0	0	0	0	0	0
	(ii)	197,389	34,259	9,338	37,200	15,627	293,813	0
18DAVID JONES EVP CHIEF HR OFFICER	(i)	453,078	224,378	23,823	1,924	26,547	729,750	0
	(ii)	0	0	0	0	0	0	0
19DAVID W ANDERSON FORMER EVP/HR/OL/CCO	(i)	0	76,387	100,094	47,492	3,488	227,461	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				
21 DAVID W PRESTON SVP BRAND EXP. & COMMUNICATION	(i)	363,301	53,327	14,724	23,750	20,657	475,759	0
	(ii)	0	0	0	0	0	0	0
1 DOUGLAS ARVIN CPA MBA SVP FINANCE (END. 2/20)	(i)	344,734	85,091	41,881	16,038	19,760	507,504	0
	(ii)	0	0	0	0	0	0	0
2 ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING	(i)	275,849	48,400	95,145	25,750	28,883	474,027	81,056
	(ii)	0	0	0	0	0	0	0
3 ELIZABETH H PAPETTI VP OPS. HOSPITAL DIVISION	(i)	226,303	49,996	8,700	23,750	29,545	338,294	0
	(ii)	0	0	0	0	0	0	0
4 ELLEN LANGFORD FORMER SVP WMG AMB. TRANS.	(i)	0	0	236,783	0	0	236,783	0
	(ii)	0	0	0	0	0	0	0
5 ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	193,600	31,419	9,351	17,529	21,039	272,938	0
	(ii)	0	0	0	0	0	0	0
6 FREDA LYON VP SYSTEM EMERGENCY SERVICES	(i)	217,078	39,545	43,936	26,604	30,154	357,317	28,914
	(ii)	0	0	0	0	0	0	0
7 IVY SPENCER VP CNO	(i)	199,800	44,029	10,549	23,750	17,827	295,955	0
	(ii)	0	0	0	0	0	0	0
8 JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	(i)	258,750	113,904	1,260	42,750	31,300	447,964	0
	(ii)	0	0	0	0	0	0	0
9 JAMES M SWARTZ VP ACCOUNTING	(i)	156,679	42,634	77,714	12,917	19,131	309,075	69,963
	(ii)	0	0	0	0	0	0	0
10 JASON D STEVENS SVP DEPUTY GENERAL COUNSEL	(i)	300,025	80,584	11,811	42,750	24,622	459,792	0
	(ii)	0	0	0	0	0	0	0
11 JASON L KELSEY VP REHAB. & SPORTS MED. SRVCS.	(i)	196,700	29,897	14,243	23,721	34,068	298,629	0
	(ii)	0	0	0	0	0	0	0
12 JENNIFER J GIUSTI VP CLINICAL OUTCOMES	(i)	328,682	58,258	11,579	30,600	22,540	451,659	0
	(ii)	0	0	0	0	0	0	0
13 JILL M CASE-WIRTH SVP NURSING SERVICES	(i)	378,036	83,757	121,503	49,600	12,794	645,690	98,356
	(ii)	0	0	0	0	0	0	0
14 JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	(i)	858,700	273,803	19,697	49,600	36,058	1,237,858	0
	(ii)	0	0	0	0	0	0	0
15 JOHN KUEVEN SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	312,863	92,250	11,780	23,750	28,892	469,535	0
16 JONATHAN CROOM SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	327,708	104,364	11,582	23,750	24,940	492,344	0
17 JONATHAN D MAURER VP INFORMATION SECURITY & CISO	(i)	230,006	33,886	9,493	42,750	12,237	328,372	0
	(ii)	0	0	0	0	0	0	0
18 JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i)	325,276	70,050	97,517	47,600	26,640	567,083	65,163
	(ii)	0	0	0	0	0	0	0
19 JUDITH WHITE VP LABORATORY SERVICES SYSTEM	(i)	159,235	50,004	6,615	15,690	14,053	245,597	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				
41 KEITH BOWERMASTER FORMER VP COMMUNICATIONS	(i)	8,937	0	271,682	0	1,267	281,886	48,214
	(ii)	0	0	0	0	0	0	0
1 KEM M MULLINS EVP AMBULATORY & BUS. DEV.	(i)	554,656	152,604	14,852	22,750	34,978	779,840	0
	(ii)	0	0	0	0	0	0	0
2 KIMBERLY J RYAN SENIOR VICE PRESIDENT	(i)	200,754	0	6,630	12,628	9,987	229,999	0
	(ii)	233,806	0	7,715	17,972	12,400	271,893	0
3 KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	214,863	48,147	8,700	23,750	23,897	319,357	0
	(ii)	0	0	0	0	0	0	0
4 KIMBERLY W MENEFFEE FORMER SVP STRATEGIC COMM. DEV	(i)	0	0	275,126	0	0	275,126	0
	(ii)	0	0	0	0	0	0	0
5 KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	(i)	194,173	35,398	9,050	14,914	28,968	282,503	0
	(ii)	0	0	0	0	0	0	0
6 LAURA DANNELS VP & CHIEF LEARNING OFFICER	(i)	98,080	79,817	14,408	22,625	3,819	218,749	0
	(ii)	0	0	0	0	0	0	0
7 LEANNE COOK VP CONSUMER ENGAGEMENT	(i)	156,705	10,263	6,985	17,026	23,388	214,367	0
	(ii)	0	0	0	0	0	0	0
8 LEO E REICHERT EVP & GENERAL COUNSEL	(i)	621,870	187,493	18,442	40,624	37,860	906,289	0
	(ii)	0	0	0	0	0	0	0
9 MARCUS P CHARLSON MD VP SURGERY	(i)	214,819	40,665	8,957	16,511	25,733	306,685	0
	(ii)	0	0	0	0	0	0	0
10 MARK MCLAUGHLIN MD PHYSICIAN GROUP	(i)	754,572	489,192	4,068	0	26,914	1,274,746	0
	(ii)	0	0	0	0	0	0	0
11 MARY B CHATMAN PHD SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	514,481	138,661	11,777	40,482	23,673	729,074	0
12 MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	275,898	63,460	11,549	30,600	25,508	407,015	0
	(ii)	0	0	0	0	0	0	0
13 MAXWELL S KAGAN VP FINANCE & CFO	(i)	259,036	57,927	10,614	23,750	17,550	368,877	0
	(ii)	0	0	0	0	0	0	0
14 MICHAEL T MCCULLOUGH SVP SUPPLY CHAIN	(i)	313,000	57,012	39,510	30,600	21,485	461,607	0
	(ii)	0	0	0	0	0	0	0
15 MONTE A WILSON FORMER HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	9,910	0	640,444	0	1,075	651,429	281,294
16 PAUL D MURPHREE VP MEDICAL OUTCOMES	(i)	370,120	61,879	16,945	49,600	33,048	531,592	0
	(ii)	0	0	0	0	0	0	0
17 PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	(i)	435,988	251,171	-25,981	30,600	12,997	704,775	0
	(ii)	0	0	0	0	0	0	0
18 REBECCA L RUHL VP FACILITY COMPLIANCE OPS.	(i)	168,824	30,777	9,668	3,250	27,325	239,844	0
	(ii)	0	0	0	0	0	0	0
19 REMINGTON FOSS SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	329,809	119,151	36,189	28,466	23,620	537,235	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				
61RICHARD MYUNG MD PHYSICIAN GROUP	(i)	1,057,118	1,004,030	2,641	42,750	33,978	2,140,517	0
	(ii)	0	0	0	0	0	0	0
1RICHARD S SIEGEL VP CARDIO.&CVM ADMN (END. 1/20)	(i)	318,274	63,363	14,585	47,090	34,191	477,503	0
	(ii)	0	0	0	0	0	0	0
2RISHI GUPTA MD PHYSICIAN GROUP	(i)	753,500	679,230	2,605	42,750	25,766	1,503,851	0
	(ii)	0	0	0	0	0	0	0
3ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	563,080	164,713	16,606	30,600	9,697	784,696	0
	(ii)	0	0	0	0	0	0	0
4ROBERT J DECOUX VP CORPORATE MED. STAFF SVCS.	(i)	190,573	32,513	36,757	30,173	27,275	317,291	26,883
	(ii)	0	0	0	0	0	0	0
5SANDRA LUCIUS VP INFO. TECHNOLOGY APPS	(i)	246,746	44,982	14,509	47,460	2,349	356,046	0
	(ii)	0	0	0	0	0	0	0
6SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	(i)	322,181	58,719	9,911	8,776	29,153	428,740	0
	(ii)	0	0	0	0	0	0	0
7SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	(i)	342,698	110,000	7,578	14,830	16,466	491,572	0
	(ii)	0	0	0	0	0	0	0
8SHYROLL MORRIS VP ONC.&DIG.HEALTH (BEG. 9/19)	(i)	79,425	60,807	21,521	3,566	1,924	167,243	0
	(ii)	0	0	0	0	0	0	0
9SNEHAL H DOSHI VP SYSTEM PHARMACIST	(i)	210,792	38,860	46,831	26,030	32,956	355,469	30,664
	(ii)	0	0	0	0	0	0	0
10SONYA E ALDY VP TALENT ACQUISITION	(i)	224,227	40,866	10,307	9,750	23,468	308,618	0
	(ii)	0	0	0	0	0	0	0
11SOPHIA MARSHALL VP ORGANIZATION COMMUNICATIONS	(i)	188,464	61,051	6,692	23,750	4,323	284,280	0
	(ii)	0	0	0	0	0	0	0
12STEPHEN L BADGER VP STRATEGIC SERVICES	(i)	433,162	93,913	61,594	49,600	36,470	674,739	41,750
	(ii)	0	0	0	0	0	0	0
13STEPHEN VAULT VP STRATEGIC COMMUNITY DEV.	(i)	192,564	35,095	10,447	23,636	11,204	272,946	0
	(ii)	0	0	0	0	0	0	0
14STEVEN OWEIDA MD FORMER TRUSTEE	(i)	49,802	0	0	0	0	49,802	0
	(ii)	0	0	0	0	0	0	0
15STEVEN HUNT VP HUMAN RESOURCES	(i)	194,384	29,809	7,475	18,589	31,096	281,353	0
	(ii)	0	0	0	0	0	0	0
16TE RUSTY DURHAM FORMER TRUSTEE	(i)	15,319	0	0	0	0	15,319	0
	(ii)	0	0	0	0	0	0	0
17TAMARA D ISON SVP & HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	328,911	100,346	11,493	23,750	30,378	494,878	0
18TERESA LUU MD PHYSICIAN GROUP	(i)	898,400	498,243	841	23,750	28,153	1,449,387	0
	(ii)	0	0	0	0	0	0	0
19TIMOTHY HANEY SVP RE FAC&DVLP SVC (END.1/20)	(i)	312,049	-88,138	62,303	29,610	27,516	343,340	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

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 instructions and the latest information.

OMB No. 1545-0047

2019

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

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Total proceeds of issue, and various expenditure categories. Includes a section for Year of substantial completion (2004-2014) and questions about bond issuance (14-17).

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Questions include: Was the organization a partner in a partnership... and 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?								
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 58-1147004 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

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**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 instructions and the latest information.

OMB No. 1545-0047

2019

**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	703596DK9	06-28-2012	68,750,000	CONSTRUCTION SERIES B		X		X		X
B	COBB COUNTY KENNESTONE HOSPITAL AUTHORITY	58-1147004	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	611,463,288	CONSTRUCTION/REFUNDING		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0	22,720,000	18,210,000	20,230,000				
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	7,591,948				
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	110,819,958				
11	Other spent proceeds	0	121,287,509	259,380,000	489,039,578				
12	Other unspent proceeds	0	0	0	0				
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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?								
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).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 instructions and 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 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 the 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 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 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 1-7	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
(1) JENNIFER HANEY	DAUGHTER-IN-LAW OF OFFICER	121,382	EMPLOYEE OF WELLSTAR		No
(1) CARL GOOLSBY JR MD	HUSBAND OF OFFICER	514,305	EMPLOYEE OF WELLSTAR		No

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
(3) BRANDY N CROSS MD	DAUGHTER OF BOARD MEMBER	442,682	EMPLOYEE OF WELLSTAR		No
(1) LAWRENCE ROWLEY MD	HUSBAND OF BOARD MEMBER/OFFICER	529,917	EMPLOYEE OF WELLSTAR		No

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
(5) SHEILA ROBINSON MD	WIFE OF BOARD MEMBER	445,361	EMPLOYEE OF WELLSTAR		No
(1) RACHEL GARNER	GRANDDAUGHTER OF BOARD MEMBER	36,016	EMPLOYEE OF WELLSTAR		No

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
(7) SAMANTHA ROS	DAUGHTER-IN-LAW OF BOARD MEMBER	106,857	EMPLOYEE OF WELLSTAR		No

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

2019**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.; - DOUGLAS HOSPITAL INC.; - KENNESTONE HOSPITAL, INC.; - PAULDING MEDICAL CENTER, INC.; - WELLSTAR FOUNDATION INC.; - WELLSTAR ATLANTA MEDICAL CENTER, INC.; - WELLSTAR NORTH FULTON HOSPITAL, INC.; - WELLSTAR SPALDING REGIONAL HOSPITAL, INC.; - WELLSTAR SYLVAN GROVE HOSPITAL, INC.; - WELLSTAR WEST GEORGIA HEALTH SERVICES, INC.</p>

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SERVICES	<p>WELLSTAR HEALTH SYSTEM IS ABLE TO OFFER A FULL RANGE OF HEALTHCARE SERVICES THROUGH ITS AFFILIATES. THE SERVICES OFFERED INCLUDE BUT ARE NOT LIMITED TO: - MOST MAJOR INPATIENT CLINICAL SERVICES, - OUTPATIENT SERVICES, - DIAGNOSTIC AND THERAPEUTIC SERVICES, - ANCILLARY AND SUPPORT SERVICES, - URGENT CARE SERVICES, - HOME HEALTH SERVICES, - SKILLED NURSING SERVICES AND - HOSPICE SERVICES. THE 11 HOSPITAL LOCATIONS ARE ACUTE CARE FACILITIES WITH INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES. THE SYSTEM INCLUDES A RESIDENTIAL FACILITY ON THE KENNESTONE HOSPITAL CAMPUS, CALLED ATHERTON PLACE. ATHERTON PLACE ALSO HOUSES AN ASSISTED LIVING UNIT AS AN ADDITIONAL LEVEL OF CARE. PAULDING MEDICAL CENTER IS HOME TO A FULL CARE NURSING HOME, PAULDING NURSING CENTER AND WEST GEORGIA MEDICAL CENTER IS ALSO HOME TO TWO FULL CARE NURSING HOMES. VERNON WOODS RETIREMENT COMMUNITY IS AN ASSISTED LIVING FACILITY. COBB HOSPITAL IS HOME TO A HOME HEALTH AGENCY AND A RESIDENTIAL HOSPICE FACILITY CALLED TRANQUILITY FOR THOSE PATIENTS IN THE END STAGES OF LIFE. KENNESTONE HOSPITAL ALSO OPERATES A RESIDENTIAL HOSPICE FACILITY NOT FAR FROM ITS MAIN CAMPUS. THE SYSTEM IS COMPLIMENTED WITH APPROXIMATELY 322 PHYSICIAN PRACTICES AND SEVERAL URGENT CARE CENTERS. THE SYSTEM IS THUS ABLE TO PROVIDE A COMPLETE CONTINUUM OF CARE FOR THE COMMUNITY IT SERVES. THE FOLLOWING STATEMENTS OF COMMUNITY BENEFIT AND PROGRAM SERVICE ACCOMPLISHMENTS REPRESENT SYSTEM-WIDE ACTIVITY FOR WELLSTAR HEALTH SYSTEM, INC. (THE "SYSTEM") - EIN 58-1649541. ALL AFFILIATED ENTITIES OF THE SYSTEM EXCEPT THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) OPERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. THE FOLLOWING EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS IDENTIFIES A BROAD OVERVIEW OF THE CHARITABLE PURPOSE FOR THE SYSTEM. THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THROUGH ITS AFFILIATES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS COMMUNITY FINANCIAL AID POLICY. IN FISCAL YEAR 2020 AND 2019, WELLSTAR AFFILIATE HOSPITALS MADE \$329.1 MILLION AND \$293.0 MILLION, RESPECTIVELY, IN PROVIDER PAYMENTS (CHARITY CARE COST) AND RECOGNIZED SUCH PAYMENTS AS A REDUCTION IN NET PATIENT SERVICE REVENUE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE SYSTEM ALSO PARTICIPATES IN CERTAIN GOVERNMENTAL INSURANCE PROGRAMS, INCLUDING MEDICARE AND MEDICAID. UNDER THESE PROGRAMS, THE SYSTEM PROVIDES CARE TO PATIENTS AT PAYMENT RATES WHICH ARE DETERMINED BY THE FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF THE SYSTEM'S ACTUAL CHARGES. IN MOST CASES, THESE PROGRAMS PAY THE SYSTEM AMOUNTS WHICH ARE LESS THAN ITS COST OF PROVIDING SERVICES. THE SYSTEM OFFERS MANY WELLNESS AND EDUCATIONAL SERVICES AT LITTLE OR NO COST TO THE COMMUNITY. HEALTH FAIRS ARE HELD THROUGHOUT THE YEAR AT CONVENIENT LOCATIONS.</p>

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

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<p>FINANCIAL & DATA STATISTICS</p>	<p>SERVICES PROVIDED SYSTEM-WIDE: LICENSED BEDS - 2,775 ADULT DISCHARGES - 110,659 NEWBORN DISCHARGES - 14,303 EMERGENCY ROOM VISITS - 593,513 SURGERIES - 61,773 CATH LAB/PACEMAKERS/E P - 17,761 NON-ED O/P RADIOLOGY PROCEDURES - 460,613 MED/SURG. SHORT STAY CASES - 599 GI LAB PROCEDURES - 9,418 RADIOLOGY ONCOLOGY PROCEDURES - 37,856 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 PROGRAMS/DEPARTMENTS ARE DOCUMENTED AS FOLLOWS: SCHOOL HEALTH PROGRAM: THIS PROGRAM TEACHES CHILDREN ABOUT HEALTH AND SAFETY TOPICS TO INCLUDE NUTRITION, PHYSICAL ACTIVITY, HYGIENE, BIKE AND PEDESTRIAN SAFETY AND MORE. THE PROGRAMS ARE CURRENTLY TAUGHT IN ELEMENTARY SCHOOLS (GRADES K-5) AND MIDDLE SCHOOLS (GRADES 6-8) IN CHEROKEE, COBB, DOUGLAS, FULTON, SPALDING 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</p>

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FINANCIAL & DATA STATISTICS	<p>MORE THAN 3,500 MEMBERS. 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, KENNESAW, NORTH FULTON, ATLANTA MEDICAL CENTER, SPALDING, AND WEST GEORGIA HOSPITALS PROVIDE MUCH NEEDED SUPPORT FOR MOTHERS AND THEIR NEWBORN BABIES THROUGH INPATIENT AND OUTPATIENT LACTATION CONSULTATIONS, LACTATION NICU CONSULTS, BREASTFEEDING SUPPORT GROUPS, BEREAVEMENT SUPPORT GROUPS, PUMP RENTALS, WARM LINE PHONE CALLS, E-CHILDBIRTH, NEWBORN CARE, GRANDPARENTING, SIBLING, AND BREASTFEEDING CLASSES, IN-PERSON CLASSES, Q&A CALL IN SESSIONS, 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 FY2020 THE UNREIMBURSED COSTS ASSOCIATED WITH THE PROGRAM TOTALED APPROXIMATELY \$13,946 AND MORE THAN 35,324 PARENTS PARTICIPATED IN PRENATAL AND CHILDBIRTH PROGRAMS. IN FY2020 THE TOTAL UNCOMPENSATED CARE, OTHER COMMUNITY BENEFITS AND COMMUNITY INVESTMENTS PROVIDED BY WELLSTAR WAS OVER \$ 1.2 BILLION. COMMITMENT TO THE COMMUNITY BREAKDOWN: CHARITY & INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 329,120,000 MEDICAID SHORTFALLS (UNCOMPENSATED CA</p>

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FINANCIAL & DATA STATISTICS	<p>RE COSTS) - \$ 126,326,000 MEDICARE SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 279,578,000 O THER PATIENTS (UNCOMPENSATED CARE COSTS) - \$ 161,819,000 TOTAL UNCOMPENSATED CARE - \$ 896, 843,000 OTHER COMMUNITY PROGRAMS (PARTICIPATION IN COALITIONS) - \$ 241,000 OTHER COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 328,000 OTHER COMMUNITY PROGRAMS (HEALTH CARE S UPPORT) - \$ 11,963,000 TOTAL OTHER COMMUNITY PROGRAMS - \$ 12,532,000 COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 305,874,000 COMMUNITY INVESTMENTS (ALLIED HLTH/MEDIC AL EDUCATION) - \$ 12,609,000 COMMUNITY INVESTMENTS (OPERATIONS - STAFF/SOFTWARE) - \$ 237,0 00 TOTAL COMMUNITY INVESTMENTS - \$ 318,720,000</p> <p>WELLSTAR CONTINUES TO PARTICIPATE IN THE CE NTER FOR MEDICARE AND MEDICAID SERVICES (CMS) MEDICARE SAVINGS PROGRAM AS AN ACCOUNTABLE C ARE ORGANIZATION (ACO). WELLSTAR'S ACO IS THE LARGEST ACO IN GEORGIA AND 2,640 PHYSICIANS INCLUDING 50,269 MEMBERS. THE ACO HAS BEEN RECOGNIZED AS ONE OF THE TOP 100 ACO'S IN THE C OUNTRY. THE PROGRAM HAS BEEN SUCCESSFUL THROUGH A FOCUS ON WELLNESS AND THE IMPROVED MANAG EMENT OF CHRONIC ILLNESSES AND THE RELATED COORDINATION OF CARE, TO ENSURE PATIENTS, ESPEC IALLY CHRONICALLY ILL, GET THE RIGHT CARE AT THE RIGHT TIME TO MAINTAIN THEIR OPTIMAL HEAL TH AND AVOID THE NEED FOR HIGH-COST EMERGENCY AND HOSPITAL CARE.</p>

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AWARDS, RECOGNITION AND ACCOMPLISHMENTS	<p>THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES ANNOUNCED THAT SEVERAL WELLSTAR HEALTH SYSTEM HOSPITALS AND DEPARTMENTS RECEIVED THE SILVER BEACON AWARD FOR EXCELLENCE WHICH RECOGNIZES TOP HOSPITAL UNITS THAT MEET STANDARDS OF EXCELLENCE IN RECRUITMENT AND RETENTION; EDUCATION, TRAINING AND MENTORING; RESEARCH AND EVIDENCE-BASED PRACTICE; PATIENT OUTCOMES; LEADERSHIP AND ORGANIZATIONAL ETHICS; AND CREATION OF A HEALTHY WORK ENVIRONMENT. AWARD RECIPIENTS ARE THE WELLSTAR ENTERPRISE SUPPORT TEAM, WELLSTAR NORTH FULTON HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, WELLSTAR COBB HOSPITAL AND THE WELLSTAR COBB INTENSIVE CARE AND CRITICAL CARE UNITS. THE HEALTHCARE CHAPLAINCY NETWORK (HCCN) ANNOUNCED THAT WELLSTAR COBB HOSPITAL RECEIVED THE EXCELLENCE IN SPIRITUAL CARE AWARD, A PRESTIGIOUS RECOGNITION OF AN ORGANIZATION'S EXCELLENCE IN SPIRITUAL CARE. THE AWARD SIGNIFIES THAT AN ORGANIZATION IS COMMITTED TO ADDRESSING PATIENTS' SPIRITUAL AND RELIGIOUS NEEDS THROUGH THE BEST PRACTICES IN SPIRITUAL CARE. THE STANDARDS OF EXCELLENCE INCLUDE EMPLOYING AN INTERDISCIPLINARY APPROACH TO SPIRITUAL CARE, ENGAGING IN QUALITY IMPROVEMENT PROJECTS, AND THE STRATEGIC DEPLOYMENT OF CHAPLAINCY CARE RESOURCES. WELLSTAR COBB HOSPITAL IS THE FIRST INSTITUTION IN THE STATE OF GEORGIA TO RECEIVE THIS AWARD. WORKING MOTHER MAGAZINE NAMED WELLSTAR HEALTH SYSTEM TO ITS LIST OF 2020 BEST COMPANIES FOR MULTICULTURAL WOMEN WINNERS IN THE TOP 10 DIVISION. THIS RECOGNITION CELEBRATES ORGANIZATIONS THAT LEAD IN PROMOTING THE INTERESTS OF WOMEN OF COLOR IN CORPORATE AMERICA AND THAT EXCEL IN THE LEVEL OF MINORITY WOMEN IN PROFESSIONAL AND LEADERSHIP POSITIONS. THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION RECENTLY RECOGNIZED SEVERAL WELLSTAR HEALTH SYSTEM HOSPITALS FOR ACHIEVEMENTS WITHIN ITS GET WITH THE GUIDELINES (GWTG) PROGRAM FOR OUTSTANDING PATIENT CARE. GET WITH THE GUIDELINES (GWTG) IS A HOSPITAL-BASED QUALITY IMPROVEMENT INITIATIVE TO IMPROVE THE CARE OF PATIENTS WITH CARDIAC DISEASES AND STROKE. WELLSTAR COBB HOSPITAL EARNED RECOGNITION FOR TARGET TYPE 2 DIABETES HONOR ROLL IN ADDITION TO THE GOLD PLUS AND TARGET STROKE HONOR ROLL AWARDS. WELLSTAR NORTH FULTON HOSPITAL RECEIVED THE STROKE AWARD GOLD PLUS AND ACHIEVED THE TARGET: STROKE ELITE PLUS HONOR ROLL. WELLSTAR PAULDING HOSPITAL RECEIVED THE GWTG HEART FAILURE BRONZE AWARD AND THE AMERICAN HEART ASSOCIATION'S LIFELINE AWARD SILVER RECEIVING, LIFELINE MSTEMI AWARD SILVER RECEIVING FOR OUTSTANDING HEART ATTACK TREATMENT. WELLSTAR DOUGLAS HOSPITAL RECEIVED THE AMERICAN NURSES CREDENTIALING CENTER'S PATHWAY TO EXCELLENCE AWARD THAT RECOGNIZES A HEALTHCARE ORGANIZATION'S COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES TEAM MEMBERS. BECAUSE IT INVESTS IN THE OPTIMUM WORKPLACE FOR NURSES, WELLSTAR DOUGLAS HOSPITAL CREATES A CULTURE OF SUSTAINED EXCELLENCE, RESULTING IN THE SUCCESSFUL RECRUITMENT OF TOP CANDIDATES AND STAFF RETENTION THROUGH HIGH JOB SATISFACTION. WELLSTAR HEALTH</p>

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AWARDS, RECOGNITION AND ACCOMPLISHMENTS	<p>SYSTEM'S CANCER NETWORK WAS RECENTLY RECOGNIZED NATIONALLY AS A CANCER TREATMENT LEADER. HONORED WITH AN OUTSTANDING ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AND DESIGNATED AS A CARE CONTINUUM CENTER OF EXCELLENCE BY THE GO2 FOUNDATION FOR LUNG CANCER, THE WELLSTAR CANCER NETWORK - COMPRISED OF WELLSTAR KENNESTONE HOSPITAL, WELLSTAR COBB HOSPITAL, WELLSTAR DOUGLAS HOSPITAL, WELLSTAR PAULDING HOSPITAL AND WELLSTAR WINDY HILL HOSPITAL - CONTINUES TO PIONEER INNOVATIVE CANCER TREATMENTS AND TECHNOLOGIES TO IMPROVE OUTCOMES AND QUALITY OF LIFE FOR PATIENTS. WELLSTAR KENNESTONE HOSPITAL WAS NAMED THE RECIPIENT OF THE PRESTIGIOUS GEORGIA OGLETHORPE AWARD FOR 2020, GEORGIA'S HIGHEST LEVEL OF RECOGNITION FOR ORGANIZATIONAL PERFORMANCE EXCELLENCE. PRESENTED BY THE FLORIDA STERLING COUNCIL, THE AWARD RECOGNIZES ORGANIZATIONS AND BUSINESSES THAT "HAVE SUCCESSFULLY ACHIEVED PERFORMANCE EXCELLENCE WITHIN THEIR MANAGEMENT AND OPERATIONS." WELLSTAR HEALTH SYSTEM WAS RECOGNIZED BY FORTUNE MAGAZINE ON ITS "2019 FORTUNE 100 BEST WORKPLACES FOR DIVERSITY" LIST, AS WELL AS ITS "100 BEST COMPANIES TO WORK FOR" "BEST WORKPLACES IN HEALTHCARE" LISTS. WELLSTAR HEALTH SYSTEM RANKS AMONG THE TOP FIVE COMPANIES FROM ACROSS THE NATION FOR HIRING WOMEN AND ONE OF ONLY THREE GEORGIA-BASED COMPANIES RANKED IN THE TOP 100. THIS RECOGNITION REFLECTS WELLSTAR'S COMMITMENT TO FOSTER A DIVERSE AND INCLUSIVE WORK ENVIRONMENT AT EVERY LEVEL, FROM THE NURSING FLOOR TO OUR SYSTEM LEADERS.</p>

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FORM 990, PART IV, LINE 12B	AUDITED FINANCIAL STATEMENTS WELLSTAR HEALTH SYSTEM, INC., AND ITS CONTROLLED AFFILIATES ARE AUDITED ON AN ANNUAL BASIS BY AN OUTSIDE AUDITING FIRM, KPMG, AND AS PART OF THAT AUDIT A CONSOLIDATED FINANCIAL STATEMENT IS ISSUED. THE INDEPENDENT AUDITORS REPORT INCLUDES THE ACCOUNTS OF WELLSTAR AND ITS CONTROLLED AFFILIATES INCLUDING COBB HOSPITAL, INC., DOUGLAS HOSPITAL INC., KENNESTONE HOSPITAL, INC., PAULDING MEDICAL CENTER, INC., WELLSTAR ATLANTA MEDICAL CENTER, INC., WELLSTAR NORTH FULTON HOSPITAL, INC., WELLSTAR SPALDING REGIONAL MEDICAL CENTER, INC., WELLSTAR SYLVAN GROVE HOSPITAL, INC., WELLSTAR WEST GEORGIA MEDICAL CENTER, INC., WINDY HILL HOSPITAL, WELLSTAR MEDICAL GROUP, LLC AND VARIOUS OTHER OWNED ENTITES AS LISTED IN SCHEDULE R. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION.

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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.

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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 PRIOR TO FILING. THE ORGANIZATION'S CFO OR DESIGNEE SUBSEQUENTLY SIGNS THE RETURN FOR EITHER MANUAL OR ELECTRONIC FILING BY THE APPROPRIATE DUE DATE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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 \$ (218,194,000) ASSETS RELEASED FROM RESTRICTION 2,331,000 CHANGE IN DEBT RECEIVABLES/PAYABLE 67,404,413 OTHER CHANGES* (63,964,776) ----- --- TOTAL OTHER CHANGES IN NET ASSETS \$ (212,423,363) *FOR THE REPORTING PERIOD, WELLSTAR HEALTH SYSTEM, INC. HAD A CHANGE IN NET ASSETS OF (\$63,964,776) 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

2019

**Open to Public
Inspection**

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

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	-26,711	2,065,911		No	0		No	73.000 %
(2) GRIFFIN IMAGING LLC 793 SAWYER ROAD MARIETTA, GA 300622222	IMAGING CENTER	GA	NA	N/A								
(3) WELLSTAR SPALD EMSSPALD 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	NA	N/A								
(6) SPALDING HEALTH SYSTEM LLC 793 SAWYER ROAD MARIETTA, GA 300622222 58-2148398	PHYS. HOSP. ORG.	GA	WHS INC	RELATED	-1,394	40,583			0		No	54.717 %
(7) WELLSTAR COBB HOSPITAL CANCER CENTER LLC 793 SAWYER ROAD MARIETTA, GA 300622222 46-4323565	HEALTH SERVICES	GA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY ASSURANCE CO 3rd Fl Barclays Hse Shedden Rd George Town CJ 58-1649541	INSURANCE	CJ	WHS INC	C CORP	51,923,029	164,565,006	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
(3) WELLSTAR HEALTH PLAN INC 793 SAWYER ROAD MARIETTA, GA 300622222 46-1922499	HEALTH INSURANCE	GA	WHS INC	C CORP	0	4,049,348	100.000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)	Yes	
i	Exchange of assets with related organization(s)	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	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
Wellstar Medical Group LLC 793 SAWYER ROAD Marietta, GA 30062 27-3818647	Healthcare	GA	464,548,493	159,720,989	WHS Inc
Cobb Gynecologists 2 LLC 793 SAWYER ROAD Marietta, GA 30062 02-0808099	Healthcare	GA	0	0	WHS INC
South Cobb OB-GYN 2 LLC 793 SAWYER ROAD Marietta, GA 30062 02-0808071	Healthcare	GA	0	0	WHS INC
WellStar Psychiatry LLC 793 SAWYER ROAD Marietta, GA 30062 58-2500211	Healthcare	GA	0	0	WHS INC
WellStar Kennestone OBGYN 2 LLC 793 SAWYER ROAD Marietta, GA 30062 30-0355553	Healthcare	GA	0	0	WHS INC
WellStar Kennestone OBGYN LLC 793 SAWYER ROAD Marietta, GA 30062 58-2499183	Healthcare	GA	0	0	WHS INC
WellStar Medical Specialists 2 LLC 793 SAWYER ROAD Marietta, GA 30062 75-3261729	Healthcare	GA	0	0	WHS INC
WellStar Homecare Billing Services LLC 793 SAWYER ROAD Marietta, GA 30062 58-2479534	Healthcare	GA	0	0	WHS INC
Wellstar Windy Hill Apothecary Bill Srv 793 SAWYER ROAD Marietta, GA 30062 56-2511925	Healthcare	GA	0	0	WHS INC
Wellstar Home Health LLC 793 SAWYER ROAD Marietta, GA 30062 27-0277843	Healthcare	GA	0	0	WHS INC
WELLSTAR CLNCL PARTNERS MEDICARE ACOLLC 793 SAWYER ROAD Marietta, GA 30062 27-3870970	Healthcare	GA	0	0	WHS Inc
Wellstar Health Ventures LLC 793 SAWYER ROAD Marietta, GA 30062 45-3754932	Healthcare	GA	0	0	WHS INC
Wellstar IPA LLC 793 SAWYER ROAD Marietta, GA 30062 58-1649541	Insurance	GA	0	0	WHS INC
Wellstar Community Hospice LLC 793 SAWYER ROAD Marietta, GA 30062 13-4350580	Healthcare	GA	0	0	WHS INC
Center for Health Transformation LLC 793 SAWYER ROAD Marietta, GA 30062 58-1649541	Healthcare	GA	0	0	WHS INC
WellStar Clinical Partners LLC 793 SAWYER ROAD Marietta, GA 30062 58-1649541	HEALTHCARE	GA	0	0	WHS INC
WELLSTAR RESTAURANT SERVICES LLC 793 SAWYER ROAD MARIETTA, GA 30062 58-1649541	FOOD SERVICES	GA	0	0	WHS INC
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 58-0968382	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
COBB HOSPITAL INC	Q	99,370,680	actual cost
DOUGLAS HOSPITAL INC	Q	32,969,977	actual cost
KENNESTONE HOSPITAL INC	Q	193,149,063	actual cost
PAULDING MEDICAL CENTER INC	Q	33,959,625	actual cost
WELLSTAR NORTH FULTON HOSPITAL INC	Q	28,179,180	ACTUAL COST
WELLSTAR ATLANTA MEDICAL CENTER INC	Q	65,709,606	ACTUAL COST
WELLSTAR SPALDING REGIONAL HOSPITAL INC	Q	23,624,708	ACTUAL COST
WELLSTAR SYLVAN GROVE HOSPITAL INC	Q	1,651,055	ACTUAL COST
WEST GEORGIA MEDICAL CENTER	Q	25,646,182	ACTUAL COST
KENNESTONE EAST PARKING DECK LLC	S	58,188	ACTUAL COST