

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

# Return of Organization Exempt From Income Tax

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

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

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

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

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

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

**C** Name of organization  
WELLSTAR ATLANTA MEDICAL CENTER INC

% JAMES M SWARTZ  
Doing business as

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

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

**D** Employer identification number  
81-0837031

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

**G** Gross receipts \$ 358,877,221

**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: 2015

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	2,770
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	36
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	41,717,737
<b>9</b> Program service revenue (Part VIII, line 2g)	384,944,772	362,307,634
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-54,194,170
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,074,331	9,046,020
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	395,019,103	358,877,221
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,557,465	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	214,734,977	229,523,085
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	168,183,607	173,781,030
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	386,476,049	403,304,115
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,543,054	-44,426,894
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	238,927,505	197,539,675
<b>21</b> Total liabilities (Part X, line 26)	141,901,912	187,192,517
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	97,025,593	10,347,158

**Part II Signature Block**

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

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

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

**Part III Statement of Program Service Accomplishments**

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

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

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 \$ 337,594,509 including grants of \$ 0 ) (Revenue \$ 362,307,634 )  
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 ▶ 337,594,509

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 2,770			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>	<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>	<b>16</b>		No	

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 284

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting details.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	41,717,737		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	0		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
<b>h Total.</b> Add lines 1a-1f . . . . .		41,717,737			

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> PATIENT REVENUE		622110	362,227,717	362,227,717		
<b>b</b> FITNESS		713940	79,917	79,917		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			362,307,634			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			-54,194,170			-54,194,170	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	3,781,291				
			(ii) Personal					
		<b>b</b> Less: rental expenses	<b>6b</b>					
		<b>c</b> Rental income or (loss)	<b>6c</b>	3,781,291	0			
	<b>d</b> Net rental income or (loss) . . . . .			3,781,291			3,781,291	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
		<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss) . . . . .			0				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0				
			<b>8b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0					
		<b>9b</b>	0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0					
		<b>10b</b>	0					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue		Business Code						
<b>11a</b> PARKING REVENUE		812930	847,912			847,912		
<b>b</b> LAB REVENUE		621500	175,767			175,767		
<b>c</b> CHILDCARE		624410	103,765			103,765		
<b>d</b> All other revenue . . . . .			4,137,285			4,137,285		
<b>e Total.</b> Add lines 11a-11d . . . . .			5,264,729					
<b>12 Total revenue.</b> See instructions . . . . .			358,877,221	362,307,634		-45,148,150		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,739,895	1,391,916	347,979	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	123,127	98,502	24,625	
<b>7</b> Other salaries and wages . . . . .	184,286,576	152,148,917	32,137,659	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	6,111,675	6,111,675		
<b>9</b> Other employee benefits . . . . .	27,074,652	18,971,150	8,103,502	
<b>10</b> Payroll taxes . . . . .	10,187,160	10,187,160		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	17,468,812	17,468,812		
<b>b</b> Legal . . . . .	6,903	6,903		
<b>c</b> Accounting . . . . .	215	215		
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,784,999	25,556,601	20,228,398	0
<b>12</b> Advertising and promotion . . . . .	34,237	34,237		
<b>13</b> Office expenses . . . . .	1,991,137	1,991,137		
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	7,450,414	7,449,710	704	
<b>17</b> Travel . . . . .	1,001,179	201,781	799,398	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	4,127,136	4,075,231	51,905	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	19,647,732	11,864,192	7,783,540	
<b>23</b> Insurance . . . . .	7,964,586	7,964,586		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	61,708,782	61,697,482	11,300	
<b>b</b> REPAIRS AND MAINTENANCE	6,463,449	6,463,449		
<b>c</b> NON-MEDICAL SUPPLIES	3,631,065	2,375,220	1,255,845	
<b>d</b> OTHER	-3,499,616	1,535,633	-5,035,249	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	403,304,115	337,594,509	65,709,606	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	668,260	<b>1</b>	996,409
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	109,333,676	<b>4</b>	81,587,363
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	5,650,210	<b>8</b>	6,220,967
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,524,973	<b>9</b>	2,868,151
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	159,779,451		
	<b>b</b> Less: accumulated depreciation	62,175,704		
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	917,792	<b>15</b>	8,263,038
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	238,927,505	<b>16</b>	197,539,675	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	25,344,522	<b>17</b>	63,707,231
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	116,557,390	<b>25</b>	123,485,286
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	141,901,912	<b>26</b>	187,192,517
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	97,025,593	<b>27</b>	10,347,158
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	97,025,593	<b>32</b>	10,347,158	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	238,927,505	<b>33</b>	197,539,675	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	358,877,221
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	403,304,115
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-44,426,894
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	97,025,593
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-42,251,541
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,347,158

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 81-0837031

**Name:** WELLSTAR ATLANTA MEDICAL CENTER INC

Form 990 (2019)

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL DOUGLASS MD ..... TRUSTEE & PHYSICIAN	1.0 ..... 49.0	X						0	661,178	43,597
STEPHEN L BADGER ..... FORMER VP STRATEGIC SERVICES	0.0 ..... 50.0						X	0	588,669	86,070
JILL M CASE-WIRTH ..... SVP NURSING SERVICES	1.0 ..... 49.0			X				0	583,296	62,394
JOSEPH L BRYWCZYNSKI ..... SVP HEALTH PARKS DEVELOPMENT	1.0 ..... 49.0			X				0	492,843	74,240
BETH KOST ..... SVP, CHIEF COMPLIANCE OFFICER	1.0 ..... 49.0			X				0	492,253	57,487
PETER R JUNGBLUT MD MBA ..... FORMER SVP & MEDICAL DIRECTOR	0.0 ..... 50.0						X	0	450,613	81,450
PAUL D MURPHREE ..... VP MEDICAL OUTCOMES	1.0 ..... 49.0			X				0	448,944	82,648
BARBARA B COREY ..... SVP MANAGED CARE	1.0 ..... 49.0			X				0	477,581	45,174
AVRIL P BECKFORD MD ..... TRUSTEE & CHIEF PEDIATRIC OFF.	1.0 ..... 49.0	X		X				0	481,985	31,447
DOUGLAS ARVIN CPA MBA ..... SVP FINANCE (END. 2/20)	1.0 ..... 49.0			X				0	471,706	35,798

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY J RYAN ..... SENIOR VICE PRESIDENT	1.0 ..... 49.0			X				241,521	207,384	52,988
SHALIMA PANNIKODE ..... SVP CHIEF INFO. & DIGITAL OFF.	1.0 ..... 49.0			X				0	460,276	31,296
STUART DOWNS ..... VP OPERATIONS & COO	50.0 ..... 0.0			X				408,135	0	74,020
RICHARD S SIEGEL ..... VP CARDIO.&CVM ADMN(END. 1/20)	1.0 ..... 49.0			X				0	396,222	81,281
DAVID W PRESTON ..... SVP BRAND EXP. & COMMUNICATION	1.0 ..... 49.0			X				0	431,352	44,407
ELIZABETH H LOUDERMILK ..... VP FINANCIAL PLANNING	1.0 ..... 49.0			X				0	419,394	54,633
MICHAEL T MCCULLOUGH ..... SVP SUPPLY CHAIN	1.0 ..... 49.0			X				0	409,522	52,085
JASON D STEVENS ..... SVP DEPUTY GENERAL COUNSEL	1.0 ..... 49.0			X				0	392,420	67,372
ANDREW LEE ..... VP CHIEF DIVERSITY OFFICER	1.0 ..... 49.0			X				0	406,354	45,501
JENNIFER J GIUSTI ..... VP CLINICAL OUTCOMES	1.0 ..... 49.0			X				0	398,519	53,140



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES L HORNSBY JR MD ..... TRUSTEE & PHYSICIAN	1.0 ..... 51.0	X						0	373,914	74,050
WILLIAM HOLUBEK MD ..... VP MED. AFFAIRS (END. 3/2020)	50.0 ..... 0.0			X				408,551	0	36,789
SEAN P TURNER ..... VP REVENUE CYCLE MANAGEMENT	1.0 ..... 49.0			X				0	390,811	37,929
MARY L TAVERNARO ..... VP HUMAN RESOURCES OPERATIONS	1.0 ..... 49.0			X				0	350,907	56,108
DANIEL JACKSON ..... FORMER VP HOSPITAL ADMIN.	0.0 ..... 0.0						X	384,508	0	0
MAXWELL S KAGAN ..... VP FINANCE & CFO	1.0 ..... 49.0			X				0	327,577	41,300
FREDA LYON ..... VP SYSTEM EMERGENCY SERVICES	1.0 ..... 49.0			X				0	300,559	56,758
SANDRA LUCIUS ..... VP INFO. TECHNOLOGY APPS	1.0 ..... 49.0			X				0	306,237	49,809
SNEHAL H DOSHI ..... VP SYSTEM PHARMACIST	1.0 ..... 49.0			X				0	296,483	58,986
TIMOTHY HANEY ..... SVP RE FAC&DVLP SVC (END.1/20)	1.0 ..... 49.0			X				0	286,214	57,126

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRADFORD B NEWTON ..... VP INFO. TECHNOLOGY ADMIN.	1.0 ..... 49.0			X				0	289,266	51,425
ELIZABETH H PAPETTI ..... VP OPS. HOSPITAL DIVISION	1.0 ..... 49.0			X				0	284,999	53,295
JASON LIMBAUGH ..... VP FIN.&HOSP. CFO(END.11/2020)	50.0 ..... 0.0			X				286,766	0	51,413
JONATHAN D MAURER ..... VP INFORMATION SECURITY & CISO	1.0 ..... 49.0			X				0	273,385	54,987
ANDREW W COX ..... VP CHIEF OF STAFF&LEADER. DEV.	1.0 ..... 49.0			X				0	282,060	40,633
KIMBERLY TAACA ..... VP OPS SPECIALTY DIVISION	1.0 ..... 49.0			X				0	271,710	47,647
ROBERT J DECOUX ..... VP CORPORATE MED. STAFF SVCS.	1.0 ..... 49.0			X				0	259,843	57,448
VARMA RAMESWAR MD ..... VP PEDIATRIC OPERATIONS	1.0 ..... 49.0			X				0	251,504	60,578
JAMES M SWARTZ ..... VP ACCOUNTING	1.0 ..... 49.0			X				0	277,027	32,048
SONYA E ALDY ..... VP TALENT ACQUISITION	1.0 ..... 49.0			X				0	275,400	33,218

**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			
MARCUS P CHARLSON MD ..... VP SURGERY	1.0 ..... 49.0			X				0	264,441	42,244
JASON L KELSEY ..... VP REHAB. & SPORTS MED. SRVCS.	1.0 ..... 49.0			X				0	240,840	57,789
IVY SPENCER ..... VP CNO	1.0 ..... 49.0			X				0	254,378	41,577
DANYALE ZIGLOR ..... VP HUMAN RESOURCES (BEG.12/19)	1.0 ..... 49.0			X				0	240,986	52,827
STACEY HANCOCK ..... FORMER VP HUMAN RESOURCES	0.0 ..... 50.0						X	0	238,068	55,042
LYNNE SCROGGINS ..... VP ASSOCIATE ADMINISTRATOR	50.0 ..... 0.0			X				258,878	0	33,564
CAROL TODD ..... VP ASST. GENERAL COUNSEL	1.0 ..... 49.0			X				0	247,822	41,104
SOPHIA MARSHALL ..... VP ORGANIZATION COMMUNICATIONS	1.0 ..... 49.0			X				0	256,207	28,073
KRISTEN S TRICE ..... VP DIAGNOSTIC OUTREACH	1.0 ..... 49.0			X				0	238,621	43,882
KEITH BOWERMASTER ..... FORMER VP COMMUNICATIONS	0.0 ..... 0.0						X	0	280,619	1,267

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			
DANIEL ABAD	1.0									
VP TOTAL REWARDS	49.0			X			0	256,961	24,460	
STEVEN HUNT	1.0									
VP HUMAN RESOURCES	49.0			X			0	231,668	49,685	
BHANMATTIE MOTEE	50.0									
RN PATIENT FLOW	0.0					X	236,780	0	42,714	
DETRA BICKERSTAFF	50.0									
VP HUMAN RESOURCES (END. 7/19)	0.0			X			223,975	0	53,723	
AVIRAL SINGH	1.0									
VP BRAND & MARKET STRATEGY	49.0			X			0	245,822	31,144	
ANDREW S ALBERRY	1.0									
VP INFO TECH OPS. (END. 11/19)	49.0			X			0	251,645	23,900	
KIMBERLY W MENELEE	0.0									
FORMER SVP STRATEGIC COMM. DEV	0.0					X	0	275,126	0	
STEPHEN VAULT	1.0									
VP STRATEGIC COMMUNITY DEV.	49.0			X			0	238,106	34,840	
ELLEN WRIGHT	1.0									
VP HIM CDI & POLICIES	49.0			X			0	234,370	38,568	
EVANGELINE DENNIS	50.0									
EXEC. DIR. - SURGICAL SVCS	0.0					X	225,384	0	46,725	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDITH WHITE ..... VP LABORATORY SERVICES SYSTEM	1.0 ..... 49.0			X				0	215,854	29,743
PENELOPE MONTGOMERY ..... EXEC. DIR. - WOMEN'S NURSING	50.0 ..... 0.0					X		206,152	0	34,573
REBECCA L RUHL ..... VP FACILITY COMPLIANCE OPS.	1.0 ..... 49.0			X				0	209,269	30,575
TONYA L GIFFORD ..... DIRECTOR - PHARMACY	50.0 ..... 0.0					X		194,725	0	44,004
ELLEN LANGFORD ..... FORMER SVP WMG AMB. TRANS.	0.0 ..... 0.0						X	0	236,783	0
TORRY ROBINSON ..... VP MEDICAL AFFAIRS (BEG. 3/20)	50.0 ..... 0.0			X				199,001	0	28,894
DAVID W ANDERSON ..... FORMER EVP/HR/OL/CCO	0.0 ..... 0.0						X	0	176,481	50,980
LAURA DANNELS ..... VP & CHIEF LEARNING OFFICER	1.0 ..... 49.0			X				0	192,305	26,444
LEANNE COOK ..... VP CONSUMER ENGAGEMENT	1.0 ..... 49.0			X				0	173,953	40,414
THOMAS M MORRIS ..... AVP OPERATIONS	50.0 ..... 0.0					X		187,426	0	26,636

**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			
CASSANDRA C LEAKE ..... VP CNO PATIENT CARE SERVICES	50.0 ..... 0.0			X				164,936	0	21,240
SHYROLL MORRIS ..... VP ONC.&DIG.HEALTH (BEG. 9/19)	1.0 ..... 49.0			X				0	161,753	5,490
JESSICA KOVALESKY ..... VP CARE COORDINATOR(BEG.10/19)	1.0 ..... 49.0			X				0	107,841	3,813
LINDA HUFFER ..... VP POST ACUTE SRVC.(BEG.10/19)	1.0 ..... 49.0			X				0	100,348	6,233
ARIF AZIZ MD ..... TRUSTEE	1.0 ..... 12.0	X						0	51,758	0
STEVEN OWEIDA MD ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	49,802	0
OTIS A BRUMBY III ..... TRUSTEE	1.0 ..... 12.0	X						0	48,188	0
T FITZ JOHNSON ..... TRUSTEE	1.0 ..... 12.0	X						0	47,229	0
R RANDALL BENTLEY SR ESQ ..... TRUSTEE	1.0 ..... 12.0	X						0	41,602	0
W CHARLES BROCK ..... TRUSTEE	1.0 ..... 12.0	X						0	41,553	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID HAFNER ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	20,311	0
TE RUSTY DURHAM ..... FORMER TRUSTEE	0.0 ..... 0.0						X	0	15,319	0
MITZI MOORE ..... TRUSTEE	1.0 ..... 12.0	X						0	11,203	0
CHARLES J JONES ..... TRUSTEE	1.0 ..... 12.0	X						0	10,891	0
ROBERT N CROSS MD ..... TRUSTEE (END. 7/19)	1.0 ..... 12.0	X						0	8,132	0
FRANK ROS ..... TRUSTEE	1.0 ..... 12.0	X						0	7,085	0
O SCOTT SWAYZE MD ..... TRUSTEE	1.0 ..... 12.0	X						0	7,074	0
AMBICA YADAV ..... TRUSTEE	1.0 ..... 12.0	X						0	5,692	0
GARY A MILLER ..... TRUSTEE	1.0 ..... 12.0	X						0	5,447	0
GREG MORGAN ..... TRUSTEE	1.0 ..... 12.0	X						0	5,218	0

**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						0	4,547	0
JAMES HOLMES ..... TRUSTEE	1.0 ..... 12.0	X						0	4,401	0
H SPEER BURDETTE III ..... TRUSTEE	1.0 ..... 12.0	X						0	4,391	0
JOHN MCKIBBEN ..... TRUSTEE (BEG. 8/19)	1.0 ..... 12.0	X						0	643	0
JOSEPH BRAUD ..... VP INFO. TECH. OPS.(BEG. 1/20)	1.0 ..... 49.0			X				0	0	0
KATHARINE LEONARD ..... VP RE & FAC DVLP (BEG. 3/20)	1.0 ..... 49.0			X				0	0	0
ROBERT JOHNSON ..... VP HUMAN RESOURCES(BEG.5/2020)	50.0 ..... 0.0			X				0	0	0



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
WELLSTAR ATLANTA MEDICAL CENTER INC

**Employer identification number**  
81-0837031

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 81-0837031

**Name:** WELLSTAR ATLANTA MEDICAL CENTER INC

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

**Facts And Circumstances Test**



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

# Supplemental Financial Statements

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

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

**Name of the organization**  
WELLSTAR ATLANTA MEDICAL CENTER INC

**Employer identification number**  
81-0837031

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

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

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Temporarily restricted endowment ▶ .....

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

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		46,964,384		46,964,384
<b>b</b> Buildings . . . . .		34,420,244	16,488,636	17,931,608
<b>c</b> Leasehold improvements		1,340,397	527,182	813,215
<b>d</b> Equipment . . . . .		35,819,067	29,130,065	6,689,002
<b>e</b> Other . . . . .		41,235,359	16,029,821	25,205,538
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				97,603,747

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) TAX EXEMPT BOND LIAB. DUE TO WHS	116,380,359
(3) OTHER LONG-TERM LIABILITIES	7,104,927
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	123,485,286

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 81-0837031

**Name:** WELLSTAR ATLANTA MEDICAL CENTER INC

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE FOLLOWING FOOTNOTE IS RELATED TO THE ORGANIZATION'S APPLICATION OF FIN 48 (ASC 740): " WELLSTAR AND ITS AFFILIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER 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."

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

**Hospitals**

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

**Name of the organization**  
 WELLSTAR ATLANTA MEDICAL CENTER INC

**Employer identification number**  
 81-0837031

OMB No. 1545-0047

2019

**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125 %</u>	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			65,732,392		65,732,392	16.300 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			93,158,395	78,226,638	14,931,757	3.700 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			158,890,787	78,226,638	80,664,149	20.000 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			355,751		355,751	0.090 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			355,751		355,751	0.090 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			159,246,538	78,226,638	81,019,900	20.090 %

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

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

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

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	20,439,961
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	5	127,390,114
6	Enter Medicare allowable costs of care relating to payments on line 5	6	141,384,704
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-13,994,590
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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



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

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

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

**1**

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 WELLSTAR ATLANTA MEDICAL CENTER

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

WELLSTAR ATLANTA MEDICAL CENTER

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

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

**Part V Facility Information** (continued)

**Billing and Collections**

WELLSTAR ATLANTA MEDICAL CENTER

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

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

**Policy Relating to Emergency Medical Care**

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

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

WELLSTAR ATLANTA MEDICAL CENTER

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

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	PUBLICATION OF COMMUNITY BENEFIT REPORT: WELLSTAR ATLANTA MEDICAL CENTER IS AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC. WHICH ON AN ANNUAL BASIS ISSUES A COMMUNITY REPORT. THIS REPORT IS SUBSEQUENTLY DISTRIBUTED IN AND AROUND THE PRIMARY SERVICE AREA OF THE HEALTH SYSTEM. ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL.
SCHEDULE H, PART I, LINE 7	COST TO CHARGE RATIO: FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND AFFILIATES (INCLUDING WELLSTAR ATLANTA MEDICAL CENTER) HAVE ESTIMATED THE CURRENT YEAR COST TO CHARGE RATIO FOR EACH HOSPITAL AS IT IS REPORTED IN THE ANNUAL COMMUNITY BENEFIT REPORT AND AS IT WILL BE REPORTED IN THE STATE'S ANNUAL HOSPITAL FINANCIAL SURVEY.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT: THE REPORTED BAD DEBT CHARGES IS DERIVED FROM UNPAID BALANCES OF PATIENT ACCOUNTS THAT ARE DEEMED UNCOLLECTABLE AFTER 120 DAYS OF COLLECTION EFFORT BY THE HOSPITAL'S PATIENT FINANCIAL SERVICES STAFF. THE UNPAID PATIENT ACCOUNTS ARE THEN SENT TO COLLECTION AGENCIES AND ANY COLLECTED AMOUNT IS DEEMED AS BAD DEBT RECOVERY. THE SOURCE OF THIS DATA IS THE HOSPITAL'S DETAILED FINANCIAL TRIAL BALANCE. THE NET REPORTED BAD DEBT CHARGES ARE THEN MULTIPLIED BY THE HOSPITAL FINANCIAL SURVEY CALCULATED COST TO CHARGE RATIO TO ARRIVE AT THE ESTIMATED BAD DEBT EXPENSE.
SCHEDULE H, PART III, SECTION B, LINE 8	MEDICARE SHORTFALLS: WELLSTAR AMC AND AMC SOUTH ARE PROVIDERS OF INPATIENT AND OUTPATIENT SERVICES TO MEDICARE PROGRAM BENEFICIARIES AT DETERMINED RATES. WITHOUT THE PARTICIPATION IN THE MEDICARE PROGRAM, THESE PATIENTS MAY NOT HAVE HAD CONVENIENT ACCESS TO THOSE SERVICES. THE MEDICARE SHORTFALL ON SCHEDULE H, PART III, SECTION B, LINE 7 REPRESENTS THE UNCOMPENSATED DIFFERENCE BETWEEN THE EXPECTED REIMBURSEMENT AND THE MEDICARE CHARGES FOR THOSE SERVICES STATED AT COST. WE DETERMINE A COST TO CHARGE RATIO FOR MEDICARE PATIENTS AS PART OF THE ANNUAL FILING OF THE MEDICARE COST REPORT.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION PRACTICES: THE POLICY WRITTEN FOR COLLECTION PRACTICES THAT APPLIES TO ALL WELLSTAR HEALTH SYSTEM ENTITIES INCORPORATES GUIDELINES FOR PERSONNEL IN THE ADMISSIONS AND PATIENT ACCESS AREAS TO BE TRAINED IN IDENTIFYING PATIENTS THAT MIGHT QUALIFY FOR FINANCIAL ASSISTANCE. IT IS ALSO THE POLICY OF ALL WELLSTAR FACILITIES TO HAVE AT LEAST ONE EMPLOYEE OR CONTRACTOR AVAILABLE AT ALL TIMES, ESPECIALLY IN THE HOSPITALS WITH EMERGENCY ROOMS, WHO CAN PROVIDE ASSISTANCE WITH THE PAPERWORK NECESSARY TO HELP PATIENTS WHO WOULD QUALIFY FOR GOVERNMENTAL AND OTHER ASSISTANCE PROGRAMS.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT: TO ASSESS THE CURRENT HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, WELLSTAR HEALTH SYSTEM, INC. CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR WELLSTAR HEALTH SYSTEM HOSPITALS. THE CHNA WAS A COLLABORATIVE EFFORT INVOLVING WELLSTAR EXECUTIVE LEADERSHIP, HOSPITAL LEADERSHIP, PUBLIC HEALTH AGENCIES, AND A MULTI-SECTOR COALITION OF COMMUNITY STAKEHOLDERS. INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES: THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO: - CENTERS FOR DISEASE CONTROL AND PREVENTION - COMMUNITY COMMONS - COMMUNITY NEEDS INDEX - COUNTY HEALTH RANKINGS AND ROADMAPS - GEORGIA DEPARTMENT OF PUBLIC HEALTH - GEORGIA PREVENTION PROJECT - U.S. CENSUS BUREAU MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AT THE COUNTY LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE COMPREHENSIVE UNDERSTANDING OF COMMUNITY HEALTH NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA INCLUDED: 1. FOCUS GROUPS WITH RESIDENTS - GHPC RECRUITED AND CONDUCTED FOUR FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2016 AND JANUARY 2018: 2. WELLSTAR AMC AND WELLSTAR AMC SOUTH SERVICE AREA RESIDENTS - COLLEGE PARK, GA. (JAN. 11, 2018) - FULTON COUNTY RESIDENTS - ATLANTA, GA. (JAN. 28, 2016) - CLAYTON COUNTY RESIDENTS - MORROW, GA. (JAN. 6, 2016) - DEKALB COUNTY RESIDENTS - DECATUR, GA. (JAN. 5, 2016) 3. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS - LEADERS ASKED TO PARTICIPATE IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA. 46 STAKEHOLDERS IN COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. EACH INTERVIEW WAS CONDUCTED BY GHPC STAFF AND LASTED APPROXIMATELY 45 MINUTES. ALL RESPONDENTS WERE ASKED THE SAME SET OF QUESTIONS DEVELOPED BY GHPC. THE PURPOSE OF THESE INTERVIEWS WAS FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITY SERVED BY THE HOSPITALS, AS WELL AS WAYS TO ADDRESS CITED CONCERNS. 4. A LISTENING SESSION WITH THE WELLSTAR AMC REGIONAL HEALTH BOARD 5. A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS HELD ON FEBRUARY 28, 2018 AT ATLANTA TECHNICAL COLLEGE IN ATLANTA. - THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR AND LASTED APPROXIMATELY THREE HOURS. THE 30 PARTICIPANTS INCLUDED WELLSTAR TEAM MEMBERS AND COMMUNITY STAKEHOLDERS. WELLSTAR AMC AND WELLSTAR AMC SOUTH ARE LOCATED IN ATLANTA APPROXIMATELY EIGHT MILES AWAY FROM EACH OTHER. THE HOSPITALS SERVE THE SAME GEOGRAPHIC AREAS BECAUSE OF THEIR PROXIMITY. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR BOTH HOSPITALS IS DEFINED AS THE 46 ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR. THE BULK OF PATIENTS ARE FROM FULTON, DEKALB AND CLAYTON COUNTIES. THIS CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE 46 RESIDENTIAL ZIP CODE AREAS REGARDLESS OF THE USE OF SERVICES PROVIDED BY WELLSTAR OR ANY OTHER PROVIDER. MORE SPECIFICALLY, THIS ASSESSMENT FOCUSES ON RESIDENTS IN THE SERVICE AREA THAT ARE MEDICALLY UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 3</p>	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: THE HOSPITAL PROVIDES NOTICE OF THE AVAILABILITY OF COMMUNITY FINANCIAL ASSISTANCE THROUGH THE FINANCIAL ASSISTANCE POLICY (FAP) VIA: - SIGNAGE - PATIENT BROCHURE - BILLING STATEMENT - COLLECTION ACTION LETTER - ONLINE AT: <a href="https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx">HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/ PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX</a> WELLSTAR ATLANTA MEDICAL CENTER PROVIDES ITS PATIENTS WITH HOSPITAL PERSONNEL OR CONTRACTED PERSONNEL WHO ARE TRAINED IN ALL ASPECTS OF GOVERNMENTAL PROGRAMS, PAYMENTS PLANS, CHARITY DISCOUNTS, AND OTHER FINANCIAL ASSISTANCE OFFERED TO ASSIST THEM IN THEIR HOSPITAL BILLS. IF THE PATIENT IS ELIGIBLE FOR FEDERAL OR STATE ASSISTANCE PROGRAMS, A STAFF MEMBER IS KNOWLEDGEABLE IN THE STEPS NECESSARY TO QUALIFY THOSE INDIVIDUALS. IF A PATIENT IS INDIGENT OR CHARITY ELIGIBLE THEY WILL BE OFFERED ASSISTANCE THROUGH THE HOSPITAL'S CHARITY AND INDIGENT CARE POLICY INCLUDING THE STATE'S INDIGENT CARE TRUST FUND. IF THE PATIENT HAS NO OTHER INSURANCE AND FAILS TO QUALIFY FOR INDIGENT CARE ASSISTANCE, THE FINANCIAL COUNSELOR CAN THEN OFFER THE PATIENT AN OPPORTUNITY TO ACCEPT A PAYMENT PLAN WITH DISCOUNTED PAYMENT OPTIONS BASED ON THEIR ABILITY TO PAY IMMEDIATELY OR OVER TIME. ALL PATIENTS ARE AFFORDED THESE OPPORTUNITIES.</p>
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>COMMUNITY INFORMATION: WELLSTAR AMC AND WELLSTAR AMC SOUTH ARE LOCATED IN ATLANTA APPROXIMATELY EIGHT MILES AWAY FROM EACH OTHER. THE HOSPITALS SERVE THE SAME GEOGRAPHIC AREAS BECAUSE OF THEIR PROXIMITY. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR BOTH HOSPITALS IS DEFINED AS THE 46 ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS HOSPITALIZED DURING THE PREVIOUS YEAR. THE BULK OF PATIENTS ARE FROM FULTON, DEKALB AND CLAYTON COUNTIES. THIS GEOGRAPHIC REGION SHOWN IN MAP 1 IS DEFINED AS THE SERVICE AREA THROUGHOUT THE REMAINDER OF THIS REPORT. THIS CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE 46 RESIDENTIAL ZIP CODE AREAS REGARDLESS OF THE USE OF SERVICES PROVIDED BY WELLSTAR OR ANY OTHER PROVIDER. MORE SPECIFICALLY, THIS ASSESSMENT FOCUSES ON RESIDENTS IN THE SERVICE AREA THAT ARE MEDICALLY UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES. -FULTON COUNTY ZIP CODES: 30213, 30291, 30303, 30306, 30308, 30310, 30311, 30312, 30314, 30315, 30318, 30331, 30337, 30344, 30349, 30354 - DEKALB COUNTY ZIP CODES: 30032, 30034, 30035, 30038, 30058, 30083, 30088, 30294, 30307, 30316, 30317 -CLAYTON COUNTY ZIP CODES: 30236, 30238, 30260, 30274, 30288, 30296, 30297 -HENRY COUNTY ZIP CODES: 30228, 30253, 30281 -DOUGLAS COUNTY ZIP CODES: 30134, 30135 -COBB COUNTY ZIP CODES: 30126, 30168 -COWETA COUNTY ZIP CODE: 30263 -GWINNETT COUNTY ZIP CODE: 30093 -NEWTON COUNTY ZIP CODE: 30016 -SPALDING COUNTY ZIP CODE: 30223 -BUTTS COUNTY ZIP CODES: 30233 THE POPULATION IN GEORGIA IS ONE OF THE FASTEST GROWING IN THE NATION. THE COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH ALSO IS PROJECTED TO GROW AT A RAPID PACE. WHEN COMPARED TO GEORGIA, THE COMMUNITY IS ALSO YOUNGER AND MORE DIVERSE, WITH A HIGHER PERCENTAGE OF LIMITED ENGLISH-SPEAKING SKILLS. AMONG THE THREE PRIMARY COUNTIES SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH, DEKALB AND FULTON COUNTIES ARE HIGHER-INCOME EARNING, SLIGHTLY OLDER AND LESS DIVERSE THAN CLAYTON COUNTY. TOTAL POPULATION: -FULTON COUNTY: 1,010,562 -DEKALB COUNTY: 734,871 -CLAYTON COUNTY: 273,955 INCOME DISTRIBUTION: -FULTON COUNTY: MEDIAN HOUSEHOLD INCOME \$57,207 -LESS THAN \$15,000: 14.4% -\$15,000 - 24,999: 9.2% -\$25,000 - 49,999: 20.2% -\$50,000 - 74,999: 16.29% -\$75,000 - 99,999: 10.5% -OVER \$100,000: 29.6% DEKALB COUNTY: MEDIAN HOUSEHOLD INCOME \$51,376 -LESS THAN \$15,000: 12.7% -\$15,000 - 24,999: 10.3% -\$25,000 - 49,999: 25.4% -\$50,000 - 74,999: 17.3% -\$75,000 - 99,999: 11.1% -OVER \$100,000: 23.2% CLAYTON COUNTY: MEDIAN HOUSEHOLD INCOME \$40,938 -LESS THAN \$15,000: 17.3% -\$15,000 - 24,999: 13.0% -\$25,000 - 49,999: 29.0% -\$50,000 - 74,999: 19.9% -\$75,000 - 99,999: 10.1% -OVER \$100,000: 10.7% AGE DISTRIBUTION: FULTON COUNTY: MEDIAN AGE 34.8 -0-17: 22.6% -18-64: 66.4% -65 +: 11.1% DEKALB COUNTY: MEDIAN AGE 35.1 -0-17: 23.6% -18-64: 65.3% -65+: 11.1% CLAYTON COUNTY: MEDIAN AGE 32.4 -0-17: 28.1% -18-64: 63.0% -65+: 8.9% RACE/ETHNIC DISTRIBUTION: FULTON COUNTY: -BLACK: 43.3% -ASIAN: 6.9% -HISPANIC: 7.5% -NON-HISPANIC/WHITE: 40.3% -LIMITED ENGLISH: 2.6% DEKALB COUNTY: -BLACK: 53.4% -ASIAN: 6.2% -HISPANIC: 8.8% -NON-HISPANIC/WHITE: 29.7% -LIMITED ENGLISH: 5.4% CLAYTON COUNTY: -BLACK: 30.9% -ASIAN: 4.0% -HISPANIC: 9.4% -NON-HISPANIC/WHITE: 53.9% -LIMITED ENGLISH: 3.0%</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH: WELLSTAR ATLANTA MEDICAL CENTER, INC. (AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC.) OPERATES AS A CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS RULING 69-545. IN THIS REGARD THE GOVERNING BODY OF THE ORGANIZATION AND/OR ITS PARENT IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY, MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITY; AND THE HOSPITAL PROVIDES CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH ITS CHARITY CARE POLICY. THE HOSPITAL'S EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT OF PATIENT CARE, COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, PREVENTIVE SCREENINGS AND HEALTH FAIRS, RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE WELLSTAR ATLANTA MEDICAL CENTER COMMITTED APPROXIMATELY \$15 MILLION IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET THOSE NEEDS.
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM: WELLSTAR HEALTH SYSTEM, THE LARGEST HEALTH SYSTEM IN GEORGIA, IS KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR CONSISTS OF WELLSTAR MEDICAL GROUP, 322 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS 11 INPATIENT HOSPITALS: WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA MEDICAL CENTER SOUTH, WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER (ANCHORED BY WELLSTAR KENNESTONE HOSPITAL), WELLSTAR WEST GEORGIA MEDICAL CENTER, AND WELLSTAR COBB, DOUGLAS, NORTH FULTON, PAULDING, SPALDING REGIONAL, SYLVAN GROVE AND WINDY HILL HOSPITALS. AS A NOT-FOR-PROFIT, WELLSTAR CONTINUES TO REINVEST IN THE HEALTH OF THE COMMUNITIES IT SERVES WITH NEW TECHNOLOGIES AND TREATMENTS. FOR MORE INFORMATION, VISIT <a href="https://www.wellstar.org">HTTPS://WWW.WELLSTAR.ORG</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT: ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL.

**Additional Data****Software ID:****Software Version:****EIN:** 81-0837031**Name:** WELLSTAR ATLANTA MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	WELLSTAR ATLANTA MEDICAL CENTER 303 Parkway Drive NE atlanta, GA 303121212 WWW.WELLSTAR.ORG 060-710	X	X		X	X		X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3J	<p>FOUNDED IN 1901, WELLSTAR ATLANTA MEDICAL CENTER (AMC) IS A 762-BED ACUTE CARE HOSPITAL WITH CAMPUSES IN DOWNTOWN ATLANTA AND EAST POINT, GEORGIA. IT IS THE SECOND LARGEST LICENSED-BED HOSPITAL IN GEORGIA. A TEACHING HOSPITAL, AMC IS A LEVEL 1 TRAUMA CENTER AND ADVANCED PRIMARY STROKE CENTER, EARNING MANY NATIONAL AWARDS FOR ITS TREATMENT OF STROKE. IT IS RECOGNIZED FOR ITS WOMEN'S SERVICES PROGRAM, INCLUDING WATER BIRTHS, AND THE HOSPITAL'S WEIGHT-LOSS PROGRAM IS DESIGNATED AS A BARIATRIC SURGERY CENTER OF EXCELLENCE. THROUGH A COMMUNITY PARTNERSHIP, AMC PROVIDES SPORTS MEDICINE COVERAGE TO ATLANTA PUBLIC SCHOOLS' STUDENT ATHLETES. WELLSTAR ATLANTA MEDICAL CENTER SOUTH, LOCATED IN EAST POINT, GEORGIA, HAS BEEN SERVING THE HEALTHCARE NEEDS OF SOUTH FULTON FOR MORE THAN 50 YEARS. IN 2013, AMC SOUTH MERGED WITH WELLSTAR ATLANTA MEDICAL CENTER, FORMING ONE HOSPITAL WITH TWO CAMPUSES. WITH A COMBINED 762 BEDS, AMC AND AMC SOUTH ARE NOW THE SECOND LARGEST LICENSED-BED HOSPITAL IN GEORGIA. A COMMUNITY-BASED HOSPITAL, AMC SOUTH'S 24-HOUR EMERGENCY DEPARTMENT IS ONE OF THE BUSIEST IN THE REGION. WE ALSO OFFER SUCH SERVICES AS ROBOTIC SURGERY, ORTHOPEDICS, BARIATRIC SURGERY AND AN EMERGING PERCUTANEOUS CORONARY INTERVENTION PROGRAM. OUR IMAGING SERVICES, LOCATED AT AMC SOUTH AND CAMP CREEK, OFFER THE LATEST DIAGNOSTICS TOOLS, INCLUDING THE WIDEST MRI SCANNER IN GEORGIA. AMC SOUTH IS THE LARGEST EMPLOYER. PROUD TO BE PART OF WELLSTAR, THE LARGEST HEALTH SYSTEM IN GEORGIA, KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR ALSO INCLUDES WELLSTAR MEDICAL GROUP, 240 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS 10 ADDITIONAL INPATIENT HOSPITALS: WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER (ANCHORED BY WELLSTAR KENNESTONE HOSPITAL), WELLSTAR WEST GEORGIA MEDICAL CENTER, WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR NORTH FULTON, WELLSTAR PAULDING MEDICAL CENTER, WELLSTAR SPALDING REGIONAL, WELLSTAR SYLVAN GROVE AND WELLSTAR WINDY HILL HOSPITALS. THE 2010 AFFORDABLE CARE ACT (ACA) REQUIRES ALL NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEED ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY EVERY THREE YEARS TO BETTER MEET THE HEALTH NEEDS OF UNDER-RESOURCED POPULATIONS LIVING IN THE COMMUNITIES THEY SERVE. WELLSTAR AMC AND WELLSTAR AMC SOUTH SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION PLANNING PROCESS. THE COMPREHENSIVE CHNA THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION 501(R) ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS" CAN BE ACCESSED HERE: <a href="https://www.wellstar.org/community/community-health-needs-assessment">https://www.wellstar.org/community/community-health-needs-assessment</a></p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>INPUT FROM COMMUNITY REPRESENTATIVES &amp; COMMUNITY SOURCES: THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO: - CENTERS FOR DISEASE CONTROL AND PREVENTION - COMMUNITY COMMONS - COMMUNITY NEEDS INDEX - COUNTY HEALTH RANKINGS AND ROADMAPS - GEORGIA DEPARTMENT OF PUBLIC HEALTH - GEORGIA PREVENTION PROJECT - U.S. CENSUS BUREAU MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AT THE COUNTY LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE COMPREHENSIVE UNDERSTANDING OF COMMUNITY HEALTH NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA INCLUDED: 1. FOCUS GROUPS WITH RESIDENTS - GHPC RECRUITED AND CONDUCTED FOUR FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2016 AND JANUARY 2018: 2. WELLSTAR AMC AND WELLSTAR AMC SOUTH SERVICE AREA RESIDENTS - COLLEGE PARK, GA. (JAN. 11, 2018) - FULTON COUNTY RESIDENTS - ATLANTA, GA. (JAN. 28, 2016) - CLAYTON COUNTY RESIDENTS - MORROW, GA. (JAN. 6, 2016) - DEKALB COUNTY RESIDENTS - DECATUR, GA. (JAN. 5, 2016) 3. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS - LEADERS ASKED TO PARTICIPATE IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA. 46 STAKEHOLDERS IN COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. EACH INTERVIEW WAS CONDUCTED BY GHPC STAFF AND LASTED APPROXIMATELY 45 MINUTES. ALL RESPONDENTS WERE ASKED THE SAME SET OF QUESTIONS DEVELOPED BY GHPC. THE PURPOSE OF THESE INTERVIEWS WAS FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITY SERVED BY THE HOSPITALS, AS WELL AS WAYS TO ADDRESS CITED CONCERNS.</p>



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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	RNS. 4. A LISTENING SESSION WITH THE WELLSTAR AMC REGIONAL HEALTH BOARD 5. A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS HELD ON FEBRUARY 28, 2018 AT ATLANTA TECHNICAL COLLEGE IN ATLANTA. - THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR AND LASTED APPROXIMATELY THREE HOURS. THE 30 PARTICIPANTS INCLUDED WELLSTAR TEAM MEMBERS AND COMMUNITY STAKEHOLDERS.

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 6A</p>	<p>ORGANIZATIONS INCLUDED IN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): AS AN INTEGRATED HEALTH SYSTEM, WELLSTAR HEALTH SYSTEM SUBMITTED A JOINT 2018 COMMUNITY HEALTH NEEDS ASSESSMENT( CHNA) INCLUDED WELLSTAR ATLANTA MEDICAL CENTER AND ATLANTA MEDICAL CENTER SOUTH. A JOINT 2 018 CHNA FOR THE HOSPITALS (WELLSTAR ATLANTA MEDICAL CENTER AND ATLANTA MEDICAL CENTER SOUTH) LOCATED IN ITS PRIMARY SERVICE AREA DEFINED AS ONE COMMUNITY. THIS APPROACH IS THE SAME FROM THE 2017 CHNA REPORTS AND IMPLEMENTATION STRATEGIES BECAUSE OF WELLSTAR'S SYSTEM-WIDE DELIVERY SYSTEM OF COMMUNITY BENEFIT SERVICES. IN ADDITION, THIS ENHANCES WELLSTAR'S ABILITY TO BEST LEVERAGE ITS ECONOMIES OF SCALE AND SERVICES TO ADDRESS THE PRIORITIZED HEALTH NEEDS OF THE COMMUNITY, ESPECIALLY THE MOST VULNERABLE. FOR THE WELLSTAR HOSPITALS AND ITS COLLABORATIVE COMMUNITY PARTNERS, THE JOINT APPROACH TO ADDRESSING PRIORITY HEALTH NEEDS MAXIMIZES RESOURCES TO ENHANCE CARE ACCESS, STRENGTHENS PARTNERSHIPS FOR SHARED RESPONSIBILITY AND HELPS IMPROVE OVERALL COMMUNITY HEALTH. - THE JOINT WELLSTAR ATLANTA MEDICAL CENTER AND ATLANTA MEDICAL CENTER SOUTH CHNA REPORT MEETS THE REQUIREMENTS OF PARAGRAPH (B) (6)(I) OF THIS SECTION. - WELLSTAR HEALTH SYSTEM COLLABORATED WITH OTHER HOSPITALS AND HEALTH SYSTEMS IN CONDUCTING THE 2018 CHNA FOR SPECIFIED QUANTITATIVE AND QUALITATIVE DATA INCLUDING KAISER PERMANENTE, PIEDMONT AND GRADY. - GUIDED AT THE SYSTEM LEVEL, WELLSTAR HOSPITALS SOLICITED THE HELP OF STATE AND LOCAL HEALTH DEPARTMENTS AND KEY INFORMANTS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND COLLABORATED IN LISTENING SESSIONS AND FOCUS GROUPS TO SOLICIT AND RECEIVE INPUT FROM RESIDENTS, INCLUDING ITS MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. - THE 2018 CHNA REPORT DOCUMENTS THE JOINT CHNA PROCESS AND CONTAINS ALL OF THE ELEMENTS DESCRIBED IN PARAGRAPH (B)(6)(I) OF THE IRS'S 501(R) SECTION IN THE CODE OF REGULATIONS AS IT RELATES TO COMMUNITY HEALTH NEEDS ASSESSMENTS. - THE WELLSTAR HEALTH SYSTEM BOARD OF TRUSTEES ADOPTED THE JOINT CHNA AND ITS IMPLEMENTATION STRATEGY ON JUNE 6, 2019. - THE JOINT CHNA REPORT IS CLEARLY IDENTIFIED AS APPLYING TO THE HOSPITAL FACILITY. ALL OF WELLSTAR HOSPITALS ARE NOTED ON THE COVER OF THE JOINT CHNA AND EACH HOSPITAL'S PRESIDENT IS LISTED AS MEMBERS OF THE WELLSTAR COMMUNITY BENEFIT OVERSIGHT COMMITTEE WITHIN THE CHNA, ALONG WITH A HOSPITAL-SPECIFIC PROFILES AND COUNTY-SPECIFIC PRIMARY AND SECONDARY DATA AND NOTED IN THE TRACKING PROGRESS SECTION. - ALL OF THE COLLABORATING HOSPITAL FACILITIES AND ORGANIZATIONS INCLUDED IN THE JOINT CHNA REPORT DEFINE THEIR COMMUNITY TO BE THE SAME, YES, BASED UPON WELLSTAR'S: - SYSTEM-BASED MODEL FOR DELIVERING MOST ALL COMMUNITY BENEFIT SERVICES AND EVALUATING ITS IMPACT (AGAIN, TO LEVERAGE THE ECONOMIES OF SCALE AND SERVICES TO DELIVER PROGRAM THAT ADDRESS THE PRIORITY NEEDS) - OVERLAPPING HOSPITAL - CATCHMENT AREAS - SIMILAR COMMUNITY HEALTH NEEDS KEY FINDINGS AND THEMES BASED UPON INTENSIVE QUANTITATIVE AND</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	D QUALITATIVE DATA AND THE WORK OF THE WELLSTAR COMMUNITY HEALTH COLLABORATIVE TO IDENTIFY THE PRIORITY NEEDS OF THE OVERALL COMMUNITY (REPRESENTATIVES FROM WELLSTAR SERVICES LINES , HOSPITALS, DEPARTMENTS AND THE COMMUNITY STAKEHOLDERS) BASED ON THE SEVERITY OF THE NEED AND ASSETS OF WELLSTAR AND ITS COMMUNITY STAKEHOLDERS AND PARTNERS TO ADDRESS THE NEED.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	WELLSTAR AMC AND WELLSTAR AMC SOUTH SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS BY JUNE 30, 2019. AMC AND AMC SOUTH'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: WWW.WELLSTAR.ORG/CHNA AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE ATLANTA MEDICAL CENTER/ATLANTA MEDICAL CENTER SOUTH HEADER.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	AMC AND AMC SOUTH'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS: <a href="http://WWW.WELLSTAR.ORG/CHNA">WWW.WELLSTAR.ORG/CHNA</a> AND CLICKING ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT LINK UNDER THE ATLANTA MEDICAL CENTER/ATLANTA MEDICAL CENTER SOUTH HEADER.

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>PROGRAMS &amp; STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY: THE FOLLOWING IS A SUMMARY OF THE WELLSTAR AMC AND WELLSTAR AMC SOUTH HEALTH SUMMIT HELD ON FEBRUARY 28, 2018 AT ATLANTA TECHNICAL COLLEGE IN ATLANTA. THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR AND LASTED APPROXIMATELY THREE HOURS. THE 30 PARTICIPANTS INCLUDED WELLSTAR TEAM MEMBERS AND COMMUNITY STAKEHOLDERS. THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED: - OPERATION PEACE INC. - HDCl METRO ATLANTA - WELLSTAR ATLANTA MEDICAL CENTER - GEORGIA GOVERNMENT - ATLANTA FULTON FAMILY CONNECTION - CTN GLOBAL CHAUFFEURED SERVICES - WELLSTAR FOUNDATION - URBAN LEAGUE OF GREATER ATLANTA - CITY OF EAST POINT - WELLSTAR HEALTH SYSTEM - MLK SR. COMMUNITY RESOURCES COLLABORATIVE - SAFE AMERICA FOUNDATION - OFFICE OF U.S. REP. DAVID SCOTT - EAGLES ECONOMIC COMMUNITY DEVELOPMENT CORP. - REACH GEORGIA FOUNDATION INC. THIS ASSESSMENT ENGAGED COMMUNITY RESIDENTS TO DEVELOP A DEEPER UNDERSTANDING OF THE HEALTH NEEDS OF RESIDENTS THEY SERVE AS WELL AS THE EXISTING OPINIONS AND PERSPECTIVES RELATED TO THE HEALTH STATUS AND HEALTH NEEDS OF THE POPULATIONS IN COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. GHPC RECRUITED AND CONDUCTED FOUR FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR AMC AND WELLSTAR AMC SOUTH. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2016 AND JANUARY 2018: - WELLSTAR AMC AND WELLSTAR AMC SOUTH SERVICE AREA RESIDENTS - COLLEGE PARK, GA. (JAN. 11, 2018) - FULTON COUNTY RESIDENTS - ATLANTA, GA. (JAN. 28, 2016) - CLAYTON COUNTY RESIDENTS - MORROW, GA. (JAN. 6, 2016) - DEKALB COUNTY RESIDENTS - DECATUR, GA. (JAN. 5, 2016) FOCUS GROUPS AND LISTENING SESSIONS WERE RECORDED AND TRANSCRIBED WITH THE INFORMED CONSENT OF ALL PARTICIPANTS. GHPC ANALYZED AND SUMMARIZED DATA FROM THE FOCUS GROUPS AND LISTENING SESSIONS TO DETERMINE SIMILARITIES AND DIFFERENCES ACROSS POPULATIONS RELATED TO THE COLLECTIVE EXPERIENCE OF HEALTHCARE, HEALTH NEEDS AND RECOMMENDATIONS, WHICH IS SUMMARIZED IN THIS SECTION. LEADERS OF GEORGIA STATE UNIVERSITY'S GEORGIA HEALTH POLICY CENTER HELPED GUIDE THE WELLSTAR ATLANTA MEDICAL CENTER AND ATLANTA MEDICAL SOUTH THROUGH THE PRIORITIZATION PROCESS AT THE HEALTH SUMMIT. FROM THE SIGNIFICANT HEALTH NEEDS IDE</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>NTIFIED BY CHNA RESEARCH CONDUCTED, THE FOLLOWING HEALTH NEEDS WERE VALUATED AS PRIORITY F OR THE COMMUNITY WELLSTAR ATLANTA MEDICAL CENTER AND ATLANTA MEDICAL CENTER SOUTH SERVE: 1 . OBESITY 2. ACCESS TO APPROPRIATE CARE 3. BEHAVIORAL HEALTH CARE (INCLUDING SUBSTANCE ABU SE) 4. EDUCATIONAL AWARENESS 5. EQUITABLE REVITALIZATION, EMPLOYMENT AND JOB TRAINING IMPL EMENTATION STRATEGIES FOR EACH NEED WERE RECOMMENDED DURING GROUP EXERCISES. THE STRATEGIE S WERE LATER REVIEWED BY THE WELLSTAR POPULATION HEALTH AND COMMUNITY EDUCATION AND OUTREA CH TEAM AND VETTED BY THE WELLSTAR BOARD OF TRUSTEES' COMMUNITY ADVOCACY AND ENGAGEMENT CO MMITTEE AND THE WCHC TASK FORCE, THE CONDUITS FOR SYSTEMWIDE DELIVERY OF COMMUNITY HEALTH IMPROVEMENT SERVICES AND EDUCATION. ACTION AREAS FOR IMPLEMENTATION TO IMPROVE COMMUNITY H EALTH ARE INFLUENCED BY THE FULL SPECTRUM OF THE PUBLIC HEALTH SYSTEM, IN WHICH WELLSTAR A MC AND WELLSTAR AMC SOUTH HOSPITALS PLAY A VITAL ROLE. WELLSTAR ATLANTA MEDICAL CENTER AND ATLANTA MEDICAL CENTER SOUTH ARE DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY WE SE RVE. WITH THE UNIQUE NEEDS IDENTIFIED BY OUR COMMUNITY PARTNERS, WELLSTAR CREATED THE CENT ER FOR HEALTH EQUITY IN 2019. THE WELLSTAR CENTER FOR HEALTH EQUITY: THE PURPOSE OF THE WE LLSTAR CENTER FOR HEALTH EQUITY IS TO ACCELERATE OUR STRATEGIC EFFORTS TO ADDRESS THE PRIO RITY HEALTH NEEDS OF THE COMMUNITIES WE SERVE. WE WILL IMPLEMENT OUR STRATEGY THROUGH COMM UNITY ENGAGEMENT, PARTNERSHIP, INTERNAL TRANSFORMATION, CAPACITY BUILDING, HEALTH POLICY A ND SYSTEM ADVOCACY. THERE ARE SIX STRATEGIC DOMAINS FOR THE CENTER FOR HEALTH EQUITY: 1. A CCESS TO CARE 2. WOMEN'S HEALTH 3. SUBSTANCE ABUSE 4. SUICIDE 5. FOOD INSECURITY 6. CANCER WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE: WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE (WCHEC) IS A CROSS-FUNCTIONAL COMMITTEE THAT REPRESENTS MULTIPLE FACETS OF WELLSTAR HEALTH SYSTEM. - IN RESPONSE TO CHNA FINDINGS AND THE DIVERSITY OF WELLSTAR COMMUNITIES, WCHEC W AS EXPANDED TO INCREASE WELLSTAR'S CAPACITY TO SUPPORT THE CENTER FOR HEALTH EQUITY'S STRA TEGIES. - BY ENGAGING A MORE DIVERSE SELECTION OF WELLSTAR LEADERSHIP AND SUBJECT MATTER E XPERTS, THE CENTER'S PRIORITIES AND INITIATIVES CAN BEST REFLECT THE CAPACITY OF THE ORGAN IZATION TO IMPACT AND MEET THE COMMUNITY'S NEEDS. - THIS EXPANSION ALSO HELPS THE CENTER I NCREASE COORDINATION OF EFFORTS, LEVERAGE PARTNERSHIPS AND MAXIMIZE EFFICIENCY AND STRATEG IC ALIGNMENT, WITHIN AND ACROSS WELLSTAR HEALTH SYSTEM. - THIS IS DONE BY WCHEC MEMBERS GU IDING AND INFORMING THE STRATEGIC PLANNING AND IMPLEMENTATION PROCESS FOR GREATER INSTITUT IONAL ALIGNMENT AND IMPACT. THE CENTER FOR HEALTH EQUITY'S IMPLEMENTATION STRATEGY FOCUSES ON SIX STRATEGIC DOMAINS: 1. FOOD INSECURITY - CONTEXT: FOOD INSECURITY IS AN IMPORTANT B UT OFTEN OVERLOOKED FACTOR AFFECTING THE HEALTH OF A SIGNIFICANT SEGMENT OF GEORGIA RESIDE NTS. 16.2% OF THE PEOPLE LIVING IN GEORGIA ARE FOOD INSECURE AND 23.2% OF GEORGIA CHILDREN LIVE IN FOOD INSECURE HOUSEHO</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>LDS. THIS IS ONE IN EVERY FOUR GEORGIA CHILDREN. - EXAMPLE WELLSTAR INTERVENTIONS: - WELLS TAR DAY OF SERVICE: CREATES VOLUNTEER OPPORTUNITIES FOR WELLSTAR EMPLOYEES TO SUPPORT GEORGIA'S FOOD SUPPORT SYSTEM FOR VULNERABLE AND UNDERSERVED POPULATIONS. - FOOD AS MEDICINE PROGRAM: INTEGRATES HEALTH AND NUTRITION EDUCATION INTO THE COMMUNITY SETTING, WHILE ALSO PROVIDING ACCESS TO HEALTHY FOODS AND MEDICALLY TAILORED COOKING CLASSES. - FOOD INSECURITY SCREENING: IMPLEMENTING THE PROCESS TO SCREEN PATIENTS FOR FOOD INSECURITY AND CONNECTING PATIENTS TO AVAILABLE RESOURCES AND INTERVENTIONS. 2. OPIOIDS - CONTEXT: DEVASTATING CONSEQUENCES OF THE OPIOID EPIDEMIC INCLUDE INCREASES IN OPIOID MISUSE AND RELATED OVERDOSES, AS WELL AS THE RISING INCIDENCE OF NEWBORNS EXPERIENCING WITHDRAWAL SYNDROME DUE TO OPIOID USE AND MISUSE DURING PREGNANCY. - EXAMPLE WELLSTAR INTERVENTIONS: - GEORGIA SUPREME COURT PARTNERSHIP: PROVIDES ACCESS TO SUBSTANCE USE TREATMENT, PEER SUPPORT, MEDICAL TREATMENT AND OTHER SERVICES THROUGH COLLABORATIVE COMMUNITY PARTNERSHIPS FOR FAMILIES TO ASSURE HEALTHY PREGNANCIES AND HEALTHY DEVELOPMENT FOR YOUNG CHILDREN WITH SUBSTANCE USE EXPOSURE. THESE PARTNERS INCLUDE WELLSTAR WOMEN'S HEALTH SERVICE NETWORK, GEORGIA DEPARTMENT OF PUBLIC HEALTH, GEORGIA DEPARTMENT OF HUMAN SERVICES AND SUPREME COURT OF GEORGIA. - OPIOID TASKFORCE: THREE PHYSICIAN-LED WORK GROUPS COMMITTED TO PREVENTION, TREATMENT AND RECOVERY, TARGET VARIOUS POPULATIONS INTERNALLY (TEAM-BASED) AND EXTERNALLY (COMMUNITY-BASED): (1) PROVIDER AND PATIENT EDUCATION, (2) CLINICAL INITIATIVES AND (3) COMMUNITY AWARENESS AND ENGAGEMENT. 3. WOMEN'S HEALTH - CONTEXT: THE PREGNANCY-RELATED MATERNAL MORTALITY RATIO IN GEORGIA WAS 40.8 PER 100,000 LIVE BIRTHS. THE MATERNAL DEATH RATE FOR BLACK WOMEN IN GEORGIA IS TWICE THAT FOR WHITE WOMEN IN GEORGIA AND 6 TIMES THE RATE FOR WHITE WOMEN, NATIONALLY. - EXAMPLE WELLSTAR INTERVENTIONS: - CLINICAL PRACTICE STANDARDS: SYSTEM-LEVEL COUNCILS MONITOR CLINICAL PRACTICES THROUGHOUT WELLSTAR HEALTH SYSTEM AND IMPLEMENT CARE MODELS WITH EVIDENCE-BASED POLICIES, PROCEDURES, PROTOCOLS AND PATHWAYS, WHILE LOCAL INTERDISCIPLINARY COUNCILS MONITOR WOMEN'S HEALTH PRACTICES ON-SITE IN INDIVIDUAL WELLSTAR HOSPITALS. - WOMEN AND CHILDREN RESOURCE CENTER: OFFERS PERINATAL EDUCATION AND SUPPORT SERVICES THROUGH THE WOMEN AND CHILDREN RESOURCE CENTER TO REACH MORE THAN 15,000 FAMILIES ANNUALLY - GME COMMUNITY CLINIC &amp; BABIES BORN HEALTHY (BBH): PROVIDES PRENATAL SERVICES AT A REDUCED RATE FOR VULNERABLE AND UNDERSERVED WOMEN. BBH SERVICES ARE LIMITED AND COVER ROUTINE PRENATAL VISITS AND SOME LAB WORK. 4. CANCER - CONTEXT: LUNG, COLORECTAL, BREAST, AND PROSTATE CANCER ACCOUNT FOR 51 PERCENT OF ALL CANCER DEATHS IN GEORGIA. - EXAMPLE WELLSTAR INTERVENTIONS: - CANCER PREVENTION SCREENING PROGRAM: PROACTIVE, PREVENTATIVE CANCER SCREENING PROGRAM TO SUPPORT THE COMMUNITIES WELLSTAR SERVES: - ESTABLISHED A NEW PROGRAM THAT SUPPORTS THE PATIENTS AND PHYSICIANS THROU</p>



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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	FAP ELIGIBILITY CRITERIA - OTHER CRITERIA: OTHER SPECIAL CIRCUMSTANCES MAY QUALIFY A PATIENT FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS. SPECIAL CIRCUMSTANCES MAY INCLUDE BUT NOT LIMITED TO: - PATIENT DECEASED, WITH VERIFICATION THAT THERE IS NO ESTATE. - UNABLE TO CONTACT PATIENT BUT PROPENSITY TO PAY SOFTWARE RETURNS A LOW ABILITY/LOW PROPENSITY DESIGNATION.

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	THE WELLSTAR HEALTH SYSTEM COMMUNITY FINANCIAL ASSISTANCE POLICY CAN BE FOUND ON ITS WEBSITE: <a href="https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx">HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-PROCEDURES/PAGES/ COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX</a>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ITS WEBSITE: <a href="https://www.wellstar.org/community/community-health-needs-assessment">HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> AND CLICKING APPLICATION IN THE RIGHT NAVIGATION BOX TITLED RELATED DOCUMENTS. A WINDOW WILL APPEAR THAT ALLOW YOU TO SCROLL TO THE APPROPRIATE WELLSTAR HOSPITAL AND CLICK FOR A PDF VERSION OF THE APPLICATION TO PRINT OR DOWNLOAD.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	THE PLAIN LANGUAGE SUMMARY OF THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE: <a href="https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy">HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL- ASSISTANCE-PROGRAM-POLICY</a>

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E	ADDITIONAL EFFORTS MADE BEFORE COLLECTIONS ACTION INITIATED: THE HOSPITAL FACILITY ALSO NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY ONLINE AT: <a href="http://www.wellstar.org/pages/online-bill-pay.aspx">HTTP://WWW.WELLSTAR.ORG/PAGES/ONLINE-BILL-PAY.ASPX</a> FURTHERMORE, THE HOSPITAL FACILITY UTILIZES A PROPENSITY TO PAY SOFTWARE. INDIVIDUALS WITH A LOW ABILITY/LOW PROPENSITY DESIGNATION MAY QUALIFY FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS.



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
WELLSTAR ATLANTA MEDICAL CENTER INC

Employer identification number  
81-0837031

**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(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				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	<p>THE ITEMS, AS INDICATED IN LINE 1A, WERE PROVIDED, IN SOME INSTANCES, TO BOARD MEMBERS AND TO CERTAIN EMPLOYED INDIVIDUALS LISTED IN FORM 990, PART VII BY THE ORGANIZATION. THE ORGANIZATION FOLLOWS IRS GUIDELINES AND THESE ITEMS WERE ADDED AS TAXABLE INCOME AS APPROPRIATE. SCHEDULE J, PART I, LINE 1B REIMBURSEMENT POLICY: WHILE WELLSTAR HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF THE ITEMS LISTED IN SCHEDULE J, PART I, LINE 1A, THE ORGANIZATION FOLLOWS IRS GUIDELINES IN THE PAYMENT OF ANY OF THESE ITEMS TO INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A. THESE ITEMS ARE ADDED AS TAXABLE WAGES ON THE INDIVIDUAL'S FORM W-2 AS APPROPRIATE. SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS: PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING GROUPS OF OFFICERS ARE ENTITLED TO SEVERANCE PAYMENTS BASED ON THEIR COMPENSATION AT THAT TIME IN THE EVENT OF CERTAIN IDENTIFIED CIRCUMSTANCES. THE SEVERANCE PAYMENT PERIODS ARE 24 MONTHS FOR EXECUTIVE VICE PRESIDENTS, 18 MONTHS FOR SENIOR VICE PRESIDENTS, AND 12 MONTHS FOR VICE PRESIDENTS. THE FOLLOWING OFFICERS RECEIVED SEVERANCE PAY DURING THE 2019 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION: DANIEL JACKSON 282,736 DAVID W. ANDERSON 96,194 DOUGLAS ARVIN, CPA, MBA 28,771 ELLEN LANGFORD 236,783 KEITH BOWERMASTER 223,420 KIMBERLY W. MENEFEE 275,126 TIMOTHY HANEY 40,702 SCHEDULE J, PART I, LINE 4B PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: DURING THE YEAR, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS AND CERTAIN PHYSICIANS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC. THE AMOUNTS RELATED TO THIS PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN SCHEDULE J, PART II, COLUMN (B): ANTHONY J. BUDZINSKI 388,946 CANDICE L. SAUNDERS 350,539 DANIEL JACKSON 101,772 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 30,449 ROBERT J. DECOUX 26,883 SNEHAL H. DOSHI 30,664 STEPHEN L. BADGER 41,750 SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS TO OFFICERS: AS PART OF THE WELLSTAR EXECUTIVE COMPENSATION PHILOSOPHY A PERFORMANCE PAY PLAN WAS INSTITUTED SEVERAL YEARS AGO WHEREBY THE WELLSTAR BOARD OF TRUSTEES APPROVES AN ANNUAL INCENTIVE PLAN WHICH CONSISTS OF SEVERAL PERFORMANCE GOALS OR FACTORS THAT UPON ATTAINMENT WILL RESULT IN PAYOUTS TO ELIGIBLE PLAN PARTICIPANTS. THOSE FACTORS ARE: (1) PEOPLE &amp; CUSTOMER SERVICE GOAL FOR EMPLOYEE "TRUST INDEX (2) QUALITY &amp; SAFETY GOAL FOR CLINICAL EXCELLENCE AND PATIENT SATISFACTION; AND (3) FINANCIAL GOAL FOR ATTAINING A POSITIVE OPERATING MARGIN. CONFIRMATION OF ACHIEVING THESE GOALS IS TYPICALLY RECEIVED THROUGH THE ANNUAL EXTERNAL AUDIT PROCESS AND APPROVED BY THE BOARD OF TRUSTEES AT THAT TIME.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 81-0837031  
**Name:** WELLSTAR ATLANTA MEDICAL CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ALAN R MUSTER MD SVP SPECIALTY DIVISION WMG	(i)	0	0	0	0	0	0	0
	(ii)	492,176	153,371	22,475	48,600	36,299	752,921	0
1ANDREW LEE VP CHIEF DIVERSITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,534	69,143	36,677	16,250	29,251	451,855	0
2ANDREW S ALBERRY VP INFO TECH OPS. (END. 11/19)	(i)	0	0	0	0	0	0	0
	(ii)	211,694	30,192	9,759	0	23,900	275,545	0
3ANDREW W COX VP CHIEF OF STAFF&LEADER. DEV.	(i)	0	0	0	0	0	0	0
	(ii)	239,175	30,725	12,160	13,988	26,645	322,693	0
4ANTHONY J BUDZINSKI EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	711,281	189,614	415,918	49,600	31,125	1,397,538	388,946
5AVIRAL SINGH VP BRAND & MARKET STRATEGY	(i)	0	0	0	0	0	0	0
	(ii)	176,928	62,139	6,755	11,654	19,490	276,966	0
6AVRIL P BECKFORD MD TRUSTEE & CHIEF PEDIATRIC OFF.	(i)	0	0	0	0	0	0	0
	(ii)	194,006	277,267	10,712	27,825	3,622	513,432	0
7BARBARA B COREY SVP MANAGED CARE	(i)	0	0	0	0	0	0	0
	(ii)	383,148	77,716	16,717	21,125	24,049	522,755	0
8BETH KOST SVP, CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	376,783	98,784	16,686	30,600	26,887	549,740	0
9BHANMATTIE MOTEE RN PATIENT FLOW	(i)	235,801	549	430	29,727	12,987	279,494	0
	(ii)	0	0	0	0	0	0	0
10BRADFORD B NEWTON VP INFO. TECHNOLOGY ADMIN.	(i)	0	0	0	0	0	0	0
	(ii)	236,842	43,177	9,247	21,775	29,650	340,691	0
11CANDICE L SAUNDERS PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,380,165	719,400	370,962	49,600	31,734	2,551,861	350,539
12CAROL TODD VP ASST. GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	196,522	41,362	9,938	20,517	20,587	288,926	0
13CARRIE O PLIETZ EVP & COO HOSPITAL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	714,553	228,715	14,772	40,650	31,633	1,030,323	0
14CASSANDRA C LEAKE VP CNO PATIENT CARE SERVICES	(i)	157,597	0	7,339	19,514	1,726	186,176	0
	(ii)	0	0	0	0	0	0	0
15DANIEL ABAD VP TOTAL REWARDS	(i)	0	0	0	0	0	0	0
	(ii)	193,663	56,883	6,415	15,103	9,357	281,421	0
16DANIEL JACKSON FORMER VP HOSPITAL ADMIN.	(i)	0	0	384,508	0	0	384,508	101,772
	(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 HAFNER FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	20,311	0	0	0	0	20,311	0
19DAVID JONES EVP CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	453,078	224,378	23,823	1,924	26,547	729,750	0

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 ANDERSON FORMER EVP/HR/OL/CCO	(i)	0	0	0	0	0	0	0
	(ii)	0	76,387	100,094	47,492	3,488	227,461	0
1 DAVID W PRESTON SVP BRAND EXP. & COMMUNICATION	(i)	0	0	0	0	0	0	0
	(ii)	363,301	53,327	14,724	23,750	20,657	475,759	0
2 DETRA BICKERSTAFF VP HUMAN RESOURCES (END. 7/19)	(i)	177,040	36,671	10,264	24,557	29,166	277,698	0
	(ii)	0	0	0	0	0	0	0
3 DOUGLAS ARVIN CPA MBA SVP FINANCE (END. 2/20)	(i)	0	0	0	0	0	0	0
	(ii)	344,734	85,091	41,881	16,038	19,760	507,504	0
4 ELIZABETH H LOUDERMILK VP FINANCIAL PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	275,849	48,400	95,145	25,750	28,883	474,027	81,056
5 ELIZABETH H PAPETTI VP OPS. HOSPITAL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	226,303	49,996	8,700	23,750	29,545	338,294	0
6 ELLEN LANGFORD FORMER SVP WMG AMB. TRANS.	(i)	0	0	0	0	0	0	0
	(ii)	0	0	236,783	0	0	236,783	0
7 ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	0	0	0	0	0	0	0
	(ii)	193,600	31,419	9,351	17,529	21,039	272,938	0
8 EVANGELINE DENNIS EXEC. DIR. - SURGICAL SVCS	(i)	194,626	19,994	10,764	28,316	18,409	272,109	0
	(ii)	0	0	0	0	0	0	0
9 FRED A LYON VP SYSTEM EMERGENCY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	217,078	39,545	43,936	26,604	30,154	357,317	28,914
10 IVY SPENCER VP CNO	(i)	0	0	0	0	0	0	0
	(ii)	199,800	44,029	10,549	23,750	17,827	295,955	0
11 JAMES L HORNSBY JR MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	258,750	113,904	1,260	42,750	31,300	447,964	0
12 JAMES M SWARTZ VP ACCOUNTING	(i)	0	0	0	0	0	0	0
	(ii)	156,679	42,634	77,714	12,917	19,131	309,075	69,963
13 JASON D STEVENS SVP DEPUTY GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	300,025	80,584	11,811	42,750	24,622	459,792	0
14 JASON L KELSEY VP REHAB. & SPORTS MED. SRVCS.	(i)	0	0	0	0	0	0	0
	(ii)	196,700	29,897	14,243	23,721	34,068	298,629	0
15 JASON LIMBAUGH VP FIN.&HOSP. CFO (END.11/2020)	(i)	231,022	47,364	8,380	40,143	11,270	338,179	0
	(ii)	0	0	0	0	0	0	0
16 JENNIFER J GIUSTI VP CLINICAL OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	328,682	58,258	11,579	30,600	22,540	451,659	0
17 JILL M CASE-WIRTH SVP NURSING SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	378,036	83,757	121,503	49,600	12,794	645,690	98,356
18 JOHN A BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	858,700	273,803	19,697	49,600	36,058	1,237,858	0
19 JONATHAN D MAURER VP INFORMATION SECURITY & CISO	(i)	0	0	0	0	0	0	0
	(ii)	230,006	33,886	9,493	42,750	12,237	328,372	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>41</b> JOSEPH L BRYWCZYNSKI SVP HEALTH PARKS DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	325,276	70,050	97,517	47,600	26,640	567,083	65,163
<b>1</b> JUDITH WHITE VP LABORATORY SERVICES SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	159,235	50,004	6,615	15,690	14,053	245,597	0
<b>2</b> KEITH BOWERMASTER FORMER VP COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	8,937	0	271,682	0	1,267	281,886	48,214
<b>3</b> KEM M MULLINS EVP AMBULATORY & BUS. DEV.	(i)	0	0	0	0	0	0	0
	(ii)	554,656	152,604	14,852	22,750	34,978	779,840	0
<b>4</b> KIMBERLY J RYAN SENIOR VICE PRESIDENT	(i)	233,806	0	7,715	17,972	12,400	271,893	0
	(ii)	200,754	0	6,630	12,628	9,987	229,999	0
<b>5</b> KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	214,863	48,147	8,700	23,750	23,897	319,357	0
<b>6</b> KIMBERLY W MENEFFEE FORMER SVP STRATEGIC COMM. DEV	(i)	0	0	0	0	0	0	0
	(ii)	0	0	275,126	0	0	275,126	0
<b>7</b> KRISTEN S TRICE VP DIAGNOSTIC OUTREACH	(i)	0	0	0	0	0	0	0
	(ii)	194,173	35,398	9,050	14,914	28,968	282,503	0
<b>8</b> LAURA DANNELS VP & CHIEF LEARNING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	98,080	79,817	14,408	22,625	3,819	218,749	0
<b>9</b> LEANNE COOK VP CONSUMER ENGAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	156,705	10,263	6,985	17,026	23,388	214,367	0
<b>10</b> LEO E REICHERT EVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	621,870	187,493	18,442	40,624	37,860	906,289	0
<b>11</b> LYNNE SCROGGINS VP ASSOCIATE ADMINISTRATOR	(i)	212,225	36,574	10,079	22,750	10,814	292,442	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> MARCUS P CHARLSON MD VP SURGERY	(i)	0	0	0	0	0	0	0
	(ii)	214,819	40,665	8,957	16,511	25,733	306,685	0
<b>13</b> MARY L TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	275,898	63,460	11,549	30,600	25,508	407,015	0
<b>14</b> MAXWELL S KAGAN VP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	259,036	57,927	10,614	23,750	17,550	368,877	0
<b>15</b> MICHAEL T MCCULLOUGH SVP SUPPLY CHAIN	(i)	0	0	0	0	0	0	0
	(ii)	313,000	57,012	39,510	30,600	21,485	461,607	0
<b>16</b> PAUL D MURPHREE VP MEDICAL OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	370,120	61,879	16,945	49,600	33,048	531,592	0
<b>17</b> PAUL DOUGLASS MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	435,988	251,171	-25,981	30,600	12,997	704,775	0
<b>18</b> PENELOPE MONTGOMERY EXEC. DIR. - WOMEN'S NURSING	(i)	186,139	19,043	970	24,902	9,671	240,725	0
	(ii)	0	0	0	0	0	0	0
<b>19</b> PETER R JUNGBLUT MD MBA FORMER SVP & MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	295,768	151,439	3,406	49,320	32,130	532,063	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				
61REBECCA L RUHL VP FACILITY COMPLIANCE OPS.	(i)	0	0	0	0	0	0	0
	(ii)	168,824	30,777	9,668	3,250	27,325	239,844	0
1RICHARD S SIEGEL VP CARDIO.&CVM ADMN (END. 1/20)	(i)	0	0	0	0	0	0	0
	(ii)	318,274	63,363	14,585	47,090	34,191	477,503	0
2ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	0	0	0	0	0	0	0
	(ii)	563,080	164,713	16,606	30,600	9,697	784,696	0
3ROBERT J DECOUX VP CORPORATE MED. STAFF SVCS.	(i)	0	0	0	0	0	0	0
	(ii)	190,573	32,513	36,757	30,173	27,275	317,291	26,883
4SANDRA LUCIUS VP INFO. TECHNOLOGY APPS	(i)	0	0	0	0	0	0	0
	(ii)	246,746	44,982	14,509	47,460	2,349	356,046	0
5SEAN P TURNER VP REVENUE CYCLE MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	322,181	58,719	9,911	8,776	29,153	428,740	0
6SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	(i)	0	0	0	0	0	0	0
	(ii)	342,698	110,000	7,578	14,830	16,466	491,572	0
7SHYROLL MORRIS VP ONC.&DIG. HEALTH (BEG. 9/19)	(i)	0	0	0	0	0	0	0
	(ii)	79,425	60,807	21,521	3,566	1,924	167,243	0
8SNEHAL H DOSHI VP SYSTEM PHARMACIST	(i)	0	0	0	0	0	0	0
	(ii)	210,792	38,860	46,831	26,030	32,956	355,469	30,664
9SONYA E ALDY VP TALENT ACQUISITION	(i)	0	0	0	0	0	0	0
	(ii)	224,227	40,866	10,307	9,750	23,468	308,618	0
10SOPHIA MARSHALL VP ORGANIZATION COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	188,464	61,051	6,692	23,750	4,323	284,280	0
11STACEY HANCOCK FORMER VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	183,027	46,155	8,886	23,750	31,292	293,110	0
12STEPHEN L BADGER FORMER VP STRATEGIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	433,162	93,913	61,594	49,600	36,470	674,739	41,750
13STEPHEN VAULT VP STRATEGIC COMMUNITY DEV.	(i)	0	0	0	0	0	0	0
	(ii)	192,564	35,095	10,447	23,636	11,204	272,946	0
14STEVEN OWEIDA MD FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	49,802	0	0	0	0	49,802	0
15STEVEN HUNT VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	194,384	29,809	7,475	18,589	31,096	281,353	0
16STUART DOWNS VP OPERATIONS & COO	(i)	307,220	91,700	9,215	42,664	31,356	482,155	0
	(ii)	0	0	0	0	0	0	0
17TE RUSTY DURHAM FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	15,319	0	0	0	0	15,319	0
18THOMAS M MORRIS AVP OPERATIONS	(i)	167,253	18,461	1,712	25,841	795	214,062	0
	(ii)	0	0	0	0	0	0	0
19TIMOTHY HANEY SVP RE FAC&DVLP SVC (END.1/20)	(i)	0	0	0	0	0	0	0
	(ii)	312,049	-88,138	62,303	29,610	27,516	343,340	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>81</b> TONYA L GIFFORD DIRECTOR - PHARMACY	(i)	177,798	13,139	3,788	28,003	16,001	238,729	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> TORRY ROBINSON VP MEDICAL AFFAIRS (BEG. 3/20)	(i)	165,006	32,559	1,436	17,320	11,574	227,895	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> VALERY A AKOPOV MD SVP HOSPITAL DIVISION WMG	(i)	0	0	0	0	0	0	0
	(ii)	488,724	132,489	25,261	30,600	28,263	705,337	0
<b>3</b> VARMA RAMESWAR MD VP PEDIATRIC OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	203,785	36,120	11,599	47,260	13,318	312,082	0
<b>4</b> WILLIAM HOLUBEK MD VP MED. AFFAIRS (END. 3/2020)	(i)	328,500	70,557	9,494	23,750	13,039	445,340	0
	(ii)	0	0	0	0	0	0	0



**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](http://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 ATLANTA MEDICAL CENTER INC

Employer identification number

81-0837031

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I LINE 1 & PART III LINE 1	<p>Vision: Deliver world-class healthcare to every person, every time. Mission: To enhance the health and well-being of every person we serve. Values: We serve with compassion. We pursue excellence. We honor every voice. FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS WELLSTAR HEALTH SYSTEM IS A VERTICALLY INTEGRATED HEALTH CARE DELIVERY SYSTEM WHICH PROVIDES THROUGH AFFILIATED BUSINESS ORGANIZATIONS A FULL SPECTRUM OF HEALTH SERVICES, INCLUDING WELLNESS PROGRAMS, PHYSICIAN OFFICE VISITS, OUTPATIENT CARE, INPATIENT CARE, AND POST-ACUTE SERVICES SUCH AS HOME HEALTH, HOSPICE AND LONG-TERM NURSING CARE. THE SYSTEM THROUGH ITS AFFILIATED BUSINESS ORGANIZATIONS OPERATES 11 HOSPITALS (KENNESTONE, COBB, PAULDING MEDICAL CENTER, DOUGLAS, WINDY HILL, ATLANTA MEDICAL CENTER DOWNTOWN AND SOUTH, NORTH FULTON, SPALDING, SYLVAN GROVE AND WEST GEORGIA), MULTIPLE PHYSICIAN OFFICES, PRIMARY CARE CENTERS, OUTPATIENT CARE FACILITIES, A NURSING HOME AND OTHER HEALTH RELATED SERVICES INCLUDING TWO INPATIENT HOSPICE FACILITIES. THE SYSTEM IS SUPPORTED FINANCIALLY BY A FUNDRAISING ORGANIZATION, WELLSTAR FOUNDATION, INC. THE SERVICE AREA FOR THE SYSTEM ENCOMPASSES PARTS OF THE NORTHWESTERN, CENTRAL AND WESTERN SECTIONS OF THE STATE OF GEORGIA - THE PRIMARY AREA BEING IN BARTOW, CHEROKEE, COBB, DOUGLAS, PAULDING, FULTON, BUTTS, SPALDING AND TROUP COUNTIES. APPROXIMATELY MORE THAN 90% OF INPATIENT DISCHARGES AND OUTPATIENTS SERVED ARE FROM THE AFOREMENTIONED COUNTIES. THE WELLSTAR VISION IS TO DELIVER WORLD CLASS HEALTHCARE. OUR MISSION IS TO CREATE AND DELIVER HIGH QUALITY HOSPITAL, PHYSICIAN AND OTHER HEALTHCARE RELATED SERVICES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE. HISTORY IN 1993, WHAT WAS THEN KNOWN AS THE COBB HEALTH SYSTEM, THE KENNESTONE REGIONAL HEALTH CARE SYSTEM, AND THE DOUGLAS GENERAL HOSPITAL AFFILIATED TO FORM THE NORTHWEST GEORGIA HEALTH SYSTEM. PAULDING MEMORIAL MEDICAL CENTER AFFILIATED WITH NORTHWEST GEORGIA HEALTH SYSTEM IN 1994. IN 1994, THE NORTHWEST GEORGIA HEALTH SYSTEM HELPED FORM THE PROMINA HEALTH SYSTEM AND CHANGED ITS NAME TO PROMINA NORTHWEST HEALTH SYSTEM. IN 1998, PROMINA NORTHWEST HEALTH SYSTEM CHANGED ITS NAME TO WELLSTAR HEALTH SYSTEM. WELLSTAR DISSOCIATED 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>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
SERVICES	<p>WELLSTAR HEALTH SYSTEM IS ABLE TO OFFER A FULL RANGE OF HEALTHCARE SERVICES THROUGH ITS AFFILIATES. THE SERVICES OFFERED INCLUDE BUT ARE NOT LIMITED TO: - MOST MAJOR INPATIENT CLINICAL SERVICES, - OUTPATIENT SERVICES, - DIAGNOSTIC AND THERAPEUTIC SERVICES, - ANCILLARY AND SUPPORT SERVICES, - URGENT CARE SERVICES, - HOME HEALTH SERVICES, - SKILLED NURSING SERVICES AND - HOSPICE SERVICES. THE 11 HOSPITAL LOCATIONS ARE ACUTE CARE FACILITIES WITH INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES. THE SYSTEM INCLUDES A RESIDENTIAL FACILITY ON THE KENNESTONE HOSPITAL CAMPUS, CALLED ATHERTON PLACE. ATHERTON PLACE ALSO HOUSES AN ASSISTED LIVING UNIT AS AN ADDITIONAL LEVEL OF CARE. PAULDING MEDICAL CENTER IS HOME TO A FULL CARE NURSING HOME, PAULDING NURSING CENTER AND WEST GEORGIA MEDICAL CENTER IS ALSO HOME TO TWO FULL CARE NURSING HOMES. VERNON WOODS RETIREMENT COMMUNITY IS AN ASSISTED LIVING FACILITY. COBB HOSPITAL IS HOME TO A HOME HEALTH AGENCY AND A RESIDENTIAL HOSPICE FACILITY CALLED TRANQUILITY FOR THOSE PATIENTS IN THE END STAGES OF LIFE. KENNESTONE HOSPITAL ALSO OPERATES A RESIDENTIAL HOSPICE FACILITY NOT FAR FROM ITS MAIN CAMPUS. THE SYSTEM IS COMPLIMENTED WITH APPROXIMATELY 322 PHYSICIAN PRACTICES AND SEVERAL URGENT CARE CENTERS. THE SYSTEM IS THUS ABLE TO PROVIDE A COMPLETE CONTINUUM OF CARE FOR THE COMMUNITY IT SERVES. THE FOLLOWING STATEMENTS OF COMMUNITY BENEFIT AND PROGRAM SERVICE ACCOMPLISHMENTS REPRESENT SYSTEM-WIDE ACTIVITY FOR WELLSTAR HEALTH SYSTEM, INC. (THE "SYSTEM") - EIN 58-1649541. ALL AFFILIATED ENTITIES OF THE SYSTEM EXCEPT THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) OPERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. THE FOLLOWING EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS IDENTIFIES A BROAD OVERVIEW OF THE CHARITABLE PURPOSE FOR THE SYSTEM. THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THROUGH ITS AFFILIATES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS COMMUNITY FINANCIAL AID POLICY. IN FISCAL YEAR 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>

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FINANCIAL & DATA STATISTICS	<p>SERVICES PROVIDED SYSTEM-WIDE: LICENSED BEDS - 2,775 ADULT DISCHARGES - 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 GILAB PROCEDURES - 9,418 RADIOLOGY ONCOLOGY PROCEDURES - 37,856 COMMUNITY BENEFITS - WELLSTAR'S COMMUNITY EDUCATION &amp; 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 &amp; 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>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 &amp; 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 &amp; 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&amp;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 &amp; INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 329,120,000 MEDICAID SHORTFALLS (UNCOMPENSATED CA</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>AWARDS, RECOGNITION AND ACCOMPLISHMENTS</p>	<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 NSTEMI 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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART I, LINES 7A & 7B	UNRELATED BUSINESS INCOME WELLSTAR ATLANTA MEDICAL CENTER, INC. GENERATED NO UNRELATED BUSINESS INCOME ("UBI") FOR THE REPORTING PERIOD. AS A RESULT THE FILED 990-T SHOWS NO ACTIVITY. IF SUBSEQUENT REVIEW OF THE BOOKS REVEALS ANY UNREPORTED UBI WE WILL FILE AN AMENDED RETURN FOR THE TAX PERIOD ENDED JUNE 30, 2020. FORM 990, PART IV, LINE 12B AUDITED FINANCIAL STATEMENTS WELLSTAR HEALTH SYSTEM, INC., AND ITS CONTROLLED AFFILIATES ARE AUDITED ON AN ANNUAL BASIS BY AN OUTSIDE AUDITING FIRM, KPMG, AND AS PART OF THAT AUDIT A CONSOLIDATED FINANCIAL STATEMENT IS ISSUED. THE INDEPENDENT AUDITORS REPORT INCLUDES THE ACCOUNTS OF WELLSTAR AND ITS CONTROLLED AFFILIATES INCLUDING COBB HOSPITAL, INC., DOUGLAS HOSPITAL INC., KENNESTONE HOSPITAL, INC., PAULDING MEDICAL CENTER, INC., WELLSTAR ATLANTA MEDICAL CENTER, INC., WELLSTAR NORTH FULTON HOSPITAL, INC., WELLSTAR SPALDING REGIONAL MEDICAL CENTER, INC., WELLSTAR SYLVAN GROVE HOSPITAL, INC., WELLSTAR WEST GEORGIA MEDICAL CENTER, INC., WINDY HILL HOSPITAL, WELLSTAR MEDICAL GROUP, LLC AND VARIOUS OTHER OWNED ENTITES AS LISTED IN SCHEDULE R. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IV, LINE 24A	TAX EXEMPT BOND REPORTING FOR PURPOSES OF THE FORM 990 REPORTING, WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541) WILL LIST ALL TAX-EXEMPT BONDS ISSUED SINCE JANUARY 1, 2003 ON SCHEDULE K AS IT TYPICALLY ALLOCATES THE PROCEEDS OF THE BONDS TO MEMBERS OF THE OBLIGATED GROUP (INCLUDING THE HOSPITALS AND MEDICAL GROUP). WELLSTAR ATLANTA MEDICAL CENTER, INC. REPORTS ITS SPECIFIC SHARE OF THE TAX EXEMPT BOND LIABILITY ALLOCATION ON FORM 990, PART X, LINE 25 OTHER LIABILITIES DUE TO WHS, INC. FORM 990, PART VI, SECTION A, LINE 6 THE SOLE CORPORATE MEMBER IS WELLSTAR HEALTH SYSTEM, INC.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

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

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

<b>Return Reference</b>	<b>Explanation</b>
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 <a href="http://EMMA.MSRB.ORG">EMMA.MSRB.ORG</a> 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**

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

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS FOR THE REPORTING PERIOD WELLSTAR ATLANTA MEDICAL CENTER, INC. HAD A CHANGE IN NET ASSETS OF \$(42,251,541) RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 41050343

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:4734656

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WELLSTAR ATLANTA MEDICAL CENTER INC

**Employer identification number**

81-0837031

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> COBB SOUTH PARKING DECK  793 SAWYER ROAD MARIETTA, GA 300622222 75-2999669	PARKING	GA	NA	N/A					0			
<b>(2)</b> KENNESTONE EAST PARKING DECK LLC  793 SAWYER ROAD MARIETTA, GA 300622222 20-0537100	PARKING	GA	NA	N/A								
<b>(3)</b> GRIFFIN IMAGING LLC  793 SAWYER ROAD MARIETTA, GA 300622222	IMAGING CENTER	GA	NA	N/A								
<b>(4)</b> WELLSTAR SPALDING EMSSPALDING 911 LLC  793 SAWYER ROAD MARIETTA, GA 300622222	OFF. BLDG/EMS CTR	GA	NA	N/A								
<b>(5)</b> NORTH FULTON PARKING DECK LP  793 SAWYER ROAD MARIETTA, GA 300622222	PARKING	GA	NA	N/A								
<b>(6)</b> WELLSTAR COBB HOSPITAL CANCER CENTER LL  793 SAWYER ROAD MARIETTA, GA 300622222 46-4323565	HEALTH SERVICES	GA	NA	N/A								
<b>(7)</b> SPALDING HEALTH SYSTEM LLC  793 SAWYER ROAD MARIETTA, GA 300622222 58-2148398	PHYS. HOSP. ORG.	GA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> COMMUNITY ASSURANCE CO  3RD FL BARCLAYS HSE SHEDDEN RD GEORGE TOWN CJ 58-1649541	INSURANCE	CJ	WHS INC	C CORP					
<b>(2)</b> WEST GEORGIA HEALTH PHYSICIANS INC  793 SAWYER ROAD MARIETTA, GA 300622222 27-5125341	PHYSICIAN PRAC.	GA	WHS INC	C CORP					
<b>(3)</b> WELLSTAR HEALTH PLAN INC  793 SAWYER ROAD MARIETTA, GA 300622222 46-1922499	HEALTH INSURANCE	GA	WHS INC	C CORP					

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

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

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

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

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

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	



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

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 81-0837031  
**Name:** WELLSTAR ATLANTA MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
793 SAWYER ROAD MARIETTA, GA 30062 58-2026750	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-2032904	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-2095884	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-1627413	FOUNDATION	GA	501(C)(3)	12 II	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-1649541	HEALTHCARE	GA	501(C)(3)	12 II	NA		No
793 SAWYER ROAD MARIETTA, GA 30062 81-0851756	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0864789	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 81-0875069	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 20-5497622	HEALTHCARE	GA	501(C)(3)	12 II	WHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-2575049	HEALTHCARE	GA	501(C)(3)	10	WGHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 20-0936376	FOUNDATION	GA	501(C)(3)	12 II	WGHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 58-0968382	HEALTHCARE	GA	501(C)(3)	3	WHS INC	Yes	
1514 VERNON ROAD LAGRANGE, GA 30240 58-1303478	FOUNDATION	GA	501(C)(3)	7	WGHS INC	Yes	
793 SAWYER ROAD MARIETTA, GA 30062 20-5497506	HEALTHCARE	GA	501(C)(3)	3	WGHS INC	Yes	

