

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/2021 **and ending** 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DOUGLAS HOSPITAL, INC.			D Employer identification number 58-2026750
	Doing Business As			E Telephone number (770) 956-7827
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 209,829,900.
	793 SAWYER ROAD			
City or town, state or province, country, and ZIP or foreign postal code MARIETTA, GA 30062-2222			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: CANDICE L. SAUNDERS 793 SAWYER ROAD, MARIETTA, GA 30062-2222			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: WWW.WELLSTAR.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1992 M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,211
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,364,025.	2,556,730.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,164,878.	206,141,331.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,467.	-3,090.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	895,025.	1,134,929.
		215,428,395.	209,829,900.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	107,570,223.	124,329,917.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	NONE	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,283,984.	68,126,922.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	170,854,207.	192,456,839.	
19 Revenue less expenses. Subtract line 18 from line 12	44,574,188.	17,373,061.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	84,190,701.	89,968,175.
	22 Net assets or fund balances. Subtract line 21 from line 20	53,929,739.	42,791,240.
	30,260,962.	47,176,935.	

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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	05/11/2023		
	JAMES M. SWARTZ Type or print name and title	VP ACCOUNTING		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JOANNE KRUEGER		05/10/2023	P01235586
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶	13-4008324	
Firm's address ▶	2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103		Phone no.	267-330-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 157,503,493. including grants of \$ NONE) (Revenue \$ 206,141,331.)

SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 157,503,493.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable trusts.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 30062-2222

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 X

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) CANDICE SAUNDERS PRESIDENT & CEO	1.00 49.00			X				NONE	3,624,780.	111,032.
(2) JOHN BRENNAN EVP CHIEF CLIN INTEG OFFICER	1.00 49.00			X				NONE	2,651,304.	110,256.
(3) ROB SCHREINER EVP CHIEF PHYSICIAN EXECUTIVE	1.00 49.00			X				NONE	1,963,136.	60,405.
(4) KEM MULLINS EVP AMBULATORY & BUS DEV	1.00 49.00			X				NONE	1,758,042.	78,964.
(5) ANTHONY J. BUDZINSKI EVP & CFO	1.00 49.00			X				NONE	1,311,524.	110,899.
(6) LEO REICHERT EVP & GENERAL COUNSEL	1.00 49.00			X				NONE	1,160,035.	117,488.
(7) VALERY AKOPOV SVP HOSPITAL DIVISION WMG	1.00 49.00			X				NONE	1,060,084.	76,014.
(8) ALAN MUSTER SVP SPECIALTY DIVISION WMG	1.00 49.00			X				NONE	840,201.	140,491.
(9) DAVID JONES EVP CHIEF HUMAN RESOURCES OFCR	1.00 49.00			X				NONE	886,597.	72,851.
(10) RICHARD CAPPS EVP CHIEF INFO & DIGITAL OFFCR	1.00 49.00			X				NONE	849,070.	73,866.
(11) PAUL DOUGLASS, MD TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	785,281.	89,016.
(12) JILL CASE-WIRTH SVP NURSING SERVICES CNE	1.00 49.00			X				NONE	727,440.	80,991.
(13) ARIF AZIZ, MD TRUSTEE & SLL DIGESTIVE HEALTH	1.00 49.00	X						NONE	702,518.	87,370.
(14) JOSEPH REPERT SVP FINANCE	1.00 49.00			X				NONE	667,031.	81,700.

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

(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			
(15) BARBARA COREY SVP MANAGED CARE	1.00 49.00			X				NONE	652,028.	91,268.
(16) STEPHEN BADGER VP WMG STRATEGIC SERVICES	1.00 49.00			X				NONE	633,361.	104,894.
(17) BETH KOST SVP CHIEF COMPLIANCE OFFICER	1.00 49.00			X				NONE	640,389.	83,483.
(18) MICHAEL MCCULLOUGH SVP SUPPLY CHAIN	1.00 49.00			X				NONE	624,734.	72,862.
(19) JULIE TEER SVP & WELLSTAR FOUNDATION PRES	1.00 49.00			X				NONE	659,288.	35,012.
(20) CRAIG OWENS SVP & HOSPITAL PRESIDENT	48.00 2.00			X				593,548.	NONE	92,781.
(21) PAUL MURPHREE VP MEDICAL OUTCOMES	1.00 49.00			X				NONE	579,847.	90,862.
(22) JASON STEVENS SVP DEPUTY GENERAL COUNSEL	1.00 49.00			X				NONE	589,307.	80,362.
(23) DAVID PRESTON VP BRAND AND MARKETING	1.00 49.00			X				NONE	604,507.	59,977.
(24) PETER R. JUNGBLUT, MD, MBA FORMER SVP & MEDICAL DIRECTOR	NONE NONE						X	NONE	564,534.	99,158.
(25) SOPHIA MCINTYRE SVP WMG AMBULATORY CARE DIV	1.00 49.00			X				NONE	558,038.	51,890.
1b Sub-total								593,548.	25,093,076.	2,153,892.
c Total from continuation sheets to Part VII, Section A								1,909,512.	16,451,476.	3,087,880.
d Total (add lines 1b and 1c)								2,503,060.	41,544,552.	5,241,772.

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 **▶** 189

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

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.

(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 in compensation from the organization **▶**

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

(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			
(26) JENNIFER GIUSTI VP CLINICAL OUTCOMES	1.00 49.00			X				NONE	516,446.	87,308.
(27) JAMES L. HORNSBY TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	486,086.	90,712.
(28) AVRIL BECKFORD, MD TRUSTEE & SLL PEDIATRIC PHYS.	1.00 49.00	X						NONE	465,188.	80,511.
(29) DESPINA DEMESTIHAS DALTON VP MEDICAL AFFAIRS	50.00 NONE			X				438,819.	NONE	96,620.
(30) LINDA HUFFER VP POST ACUTE SERVICES	1.00 49.00			X				NONE	444,896.	72,765.
(31) DANIEL ABAD VP TOTAL RWRDS & CHF EGMT OFCR	1.00 49.00			X				NONE	454,424.	62,007.
(32) SNEHAL DOSHI SVP ANCILLARY AND SUPPORT SVC	1.00 49.00			X				NONE	436,930.	67,197.
(33) KATHARINE LEONARD VP REAL ESTATE & FACILITY DEV	1.00 49.00			X				NONE	420,076.	74,726.
(34) MARY TAVERNARO VP HUMAN RESOURCES OPERATIONS	1.00 49.00			X				NONE	388,458.	97,234.
(35) LAURA DANNELS VP & CHIEF TALENT OFFICER	1.00 49.00			X				NONE	426,432.	50,228.
(36) ELIZABETH LOUDERMILK VP FINANCIAL PLANNING	1.00 49.00			X				NONE	388,114.	86,210.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d 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 ▶

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

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.

(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 in compensation from the organization ▶

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

(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			
(37) ANDREW COX ----- VP CHIEF OF STAFF & LEADERSHIP	1.00 49.00			X				NONE	404,521.	64,972.
(38) KIMBERLY TAACA ----- VP WMG OPS SPECIALTY DIV	1.00 49.00			X				NONE	399,205.	65,561.
(39) MAXWELL KAGAN ----- VP FINANCE & CFO WMG	1.00 49.00			X				NONE	410,726.	51,929.
(40) SANDRA LUCIUS ----- VP HEAD OF CARE PLATFORMS	1.00 49.00			X				NONE	381,258.	68,645.
(41) ELIZABETH PAPETTI ----- VP WMG OPS HOSPITAL DIV	1.00 49.00			X				NONE	392,522.	54,980.
(42) JOSEPH BRAUD ----- VP INFO SECURITY & CISO	1.00 49.00			X				NONE	398,971.	47,213.
(43) NICKOLOS YAITSKY ----- VP HEAD OF DIGITAL PLATFORMS	1.00 49.00			X				NONE	365,638.	55,060.
(44) JAMES SWARTZ ----- VP ACCOUNTING	1.00 49.00			X				NONE	351,167.	57,502.
(45) VARMA RAMESWAR ----- VP PEDIATRIC OPS AND SVC LINE	1.00 49.00			X				NONE	325,474.	80,030.
(46) DANYALE ZIGLOR ----- VP HUMAN RESOURCE	1.00 49.00			X				NONE	325,057.	77,097.
(47) MELISSA BOX ----- VP CNO PATIENT CARE SERVICES	50.00 NONE			X				318,325.	NONE	81,739.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d 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 ▶

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

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.

(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 in compensation from the organization ▶

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

(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			
(48) THOMAS DRAPER ----- VP CARDIOVASCULAR SERVICE LINE	1.00 49.00			X				NONE	334,967.	62,525.
(49) FREDA LYON ----- VP SYSTEM EMERGENCY SERVICES	1.00 49.00			X				NONE	325,737.	65,883.
(50) JESSICA KOVALESKY ----- VP CARE COORD POPULATION HLTH	1.00 49.00			X				NONE	356,903.	34,639.
(51) PRANAV JAIN ----- VP & CHIEF MED INFO OFFICER	1.00 49.00			X				NONE	359,737.	31,223.
(52) LEANNE COOK ----- VP CONSUMER ENGAGEMENT	1.00 49.00			X				NONE	314,780.	62,413.
(53) CAROL TODD ----- VP ASST GENERAL COUNSEL	1.00 49.00			X				NONE	297,924.	79,251.
(54) STEVEN HUNT ----- VP HUMAN RESOURCES	1.00 49.00			X				NONE	305,045.	69,579.
(55) STEPHEN VAULT ----- VP STRATEGIC COMMUNITY DEV	1.00 49.00			X				NONE	328,137.	44,496.
(56) MARCUS CHARLSON ----- VP SURGERY & ORTHO SVC LINE	1.00 49.00			X				NONE	311,924.	50,825.
(57) ELLEN WRIGHT ----- VP HIM CDI & POLICIES	1.00 49.00			X				NONE	310,381.	46,057.
(58) KRISTEN TRICE ----- VP DIAGNOSTIC OUTREACH	1.00 49.00			X				NONE	288,210.	65,080.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d 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 ▶

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

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.

(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 in compensation from the organization ▶

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

(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			
(59) SONYA ALDY ----- VP TALENT ACQUISITION	1.00 49.00			X				NONE 302,784.	49,180.	
(60) SOPHIA MARSHALL ----- VP ORGANIZATION COMMUNICATION	1.00 49.00			X				NONE 308,372.	42,063.	
(61) IVY SPENCER ----- VP CNO WMG	1.00 49.00			X				NONE 298,656.	51,692.	
(62) SUSAN JACKSON ----- VP PHARMACY SVCS	1.00 49.00			X				NONE 274,766.	65,278.	
(63) ROBERT DECOUX ----- VP CORPORATE MED STAFF SVCS	1.00 49.00			X				NONE 255,374.	70,630.	
(64) JOSEPH WILLIAMS ----- AVP OPERATIONS	50.00 NONE					X		252,618. NONE	69,704.	
(65) REBECCA RUHL ----- VP COMPLIANCE CPO	1.00 49.00			X				NONE 270,758.	42,841.	
(66) JONATHAN MAURER ----- FORMER VP INFO SECURITY & CISO	NONE NONE						X	NONE 310,880.	921.	
(67) CHRISTOPHER GREENE ----- AVP FINANCE & HOSPITAL OPS DH	50.00 NONE					X		236,359. NONE	69,104.	
(68) MATTHEW TERRY ----- SVP CHIEF STRATEGY OFFICER	1.00 49.00			X				NONE 283,117.	17,783.	
(69) WINSOME SIBLEY-MIGHTY ----- RN CLIN NURSE PERIOP WKD III A	50.00 NONE					X		237,884. NONE	62,201.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d 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 ▶

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

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.

(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 in compensation from the organization ▶

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

(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			
(70) LINITRA MONTGOMERY RN CHARGE L&D	50.00 NONE					X	219,512.	NONE	68,577.	
(71) ERIC HILL EXEC DIR NURSING	50.00 NONE					X	205,995.	NONE	77,210.	
(72) SANA BRUNO VP LABORATORY SERVICES SYSTEM	1.00 49.00			X			NONE	240,706.	30,040.	
(73) LE JOYCE NAYLOR SVP & CHIEF DIRVS & INCLU OFCR	1.00 49.00			X			NONE	251,142.	5,740.	
(74) WILLIAM BELLANDO VP CHIEF TECHNOLOGY OFFICER	1.00 49.00			X			NONE	195,083.	17,438.	
(75) DONALD ZARKOU VP OF ONCOLOGY SERVICE LINE	1.00 49.00			X			NONE	178,990.	27,557.	
(76) TIMOTHY HANEY FMR SVP REAL EST FAC & DEV SVC	NONE NONE					X	NONE	200,797.	NONE	
(77) ANDREW LEE FORMER VP CHIEF DIVERSITY OFF.	NONE NONE					X	NONE	195,245.	2,188.	
(78) JOE CASTANON VP CONTRACT & VALUE ANALYSIS	1.00 49.00			X			NONE	180,488.	10,935.	
(79) ANDREW VON ESCHENBACH VP REVENUE CYCLE MANAGEMENT	1.00 49.00			X			NONE	166,945.	18,604.	
(80) AVIRAL SINGH VP BRAND & MARKETING STRATEGY	1.00 49.00			X			NONE	154,669.	30,296.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d 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 ▶

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

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.

(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 in compensation from the organization ▶

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

(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			
(81) JASON KELSEY ----- VP REHAB & SPORTS MED SERVICES	1.00 49.00			X				NONE 110,768.	39,607.	
(82) STUART DOWNS ----- VP NURSING OPERATIONS	1.00 49.00			X				NONE 117,644.	23,746.	
(83) JAMES LORIMER ----- SVP HR CONSULTING	1.00 49.00			X				NONE 128,445.	6,490.	
(84) MARK ROWE ----- VP TALENT ACQUISITION	1.00 49.00			X				NONE 72,978.	5,838.	
(85) OTIS A. BRUMBY, III ----- TRUSTEE	1.00 12.00	X						NONE 48,384.	NONE	
(86) T. FITZ JOHNSON ----- TRUSTEE	1.00 12.00	X						NONE 44,226.	NONE	
(87) RANDALL BENTLEY, SR. ----- FORMER DIRECTOR	NONE NONE					X		NONE 40,163.	NONE	
(88) CHARLES BROCK ----- TRUSTEE	1.00 12.00	X						NONE 39,679.	NONE	
(89) DAVID HAFNER ----- FORMER DIRECTOR	NONE NONE					X		NONE 24,610.	NONE	
(90) MITZI MOORE ----- TRUSTEE	1.00 12.00	X						NONE 7,406.	NONE	
(91) JAMES HOLMES ----- TRUSTEE	1.00 12.00	X						NONE 7,332.	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d 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 ▶

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

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.

(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 in compensation from the organization ▶

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

(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			
(92) AMBICA YADAV ----- TRUSTEE	1.00 12.00	X					NONE	5,307.	NONE	
(93) JAY CUNNINGHAM ----- TRUSTEE	1.00 12.00	X					NONE	5,000.	NONE	
(94) O. SCOTT SWAYZE, MD ----- TRUSTEE	1.00 12.00	X					NONE	4,690.	NONE	
(95) GREG MORGAN ----- TRUSTEE	1.00 12.00	X					NONE	2,530.	NONE	
(96) H. SPEER BURDETTE, III ----- TRUSTEE	1.00 12.00	X					NONE	2,421.	NONE	
(97) FRANK ROS ----- TRUSTEE	1.00 12.00	X					NONE	1,856.	NONE	
(98) JOHN MCKIBBEN ----- TRUSTEE	1.00 12.00	X					NONE	1,831.	NONE	
(99) ED RICHARDSON ----- TRUSTEE	1.00 12.00	X					NONE	1,532.	NONE	
(100) MARK BERRY ----- TRUSTEE	1.00 12.00	X					NONE	568.	NONE	
(101) JEREMY STEFFENS ----- VP ORGANIZATIONAL COMM	1.00 49.00			X			NONE	NONE	NONE	
(102) JESSICA ROSENBERG ----- VP PHILANTHROPY	1.00 49.00			X			NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d 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 ▶

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

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.

(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 in compensation from the organization ▶

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

Table with 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.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 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 in compensation from the organization

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	2,556,730.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f ▶			2,556,730.				
	Program Service Revenue				Business Code			
2a HOSPITAL PATIENT REVENUE				622110	206,141,331.	206,141,331.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				206,141,331.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				-3,090.		-3,090.	
	4 Income from investment of tax-exempt bond proceeds . ▶				NONE			
	5 Royalties ▶				NONE			
	6a Gross rents	6a	(i) Real	(ii) Personal				
				70,198.				
			b Less: rental expenses	6b				
	c Rental income or (loss)	6c	70,198.	NONE				
	d Net rental income or (loss) ▶				70,198.		70,198.	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b				
	c Gain or (loss)	7c						
	d Net gain or (loss) ▶				NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
			b Less: direct expenses	8b		NONE		
c Net income or (loss) from fundraising events ▶						NONE		
9a Gross income from gaming activities. See Part IV, line 19	9a		NONE					
		b Less: direct expenses	9b		NONE			
		c Net income or (loss) from gaming activities ▶				NONE		
10a Gross sales of inventory, less returns and allowances	10a		NONE					
		b Less: cost of goods sold	10b		NONE			
		c Net income or (loss) from sales of inventory ▶				NONE		
Miscellaneous Revenue				Business Code				
	11a CAFETERIA SALES			722514	685,538.		685,538.	
	b LAB OUTREACH			621511	106,902.		106,902.	
	c ALL OTHER REVENUE			622110	272,291.		272,291.	
	d All other revenue							
e Total. Add lines 11a-11d ▶				1,064,731.				
12 Total revenue. See instructions ▶				209,829,900.	206,141,331.		1,131,839.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,685,774.	1,348,619.	337,155.	NONE
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	99,033,778.	83,347,223.	15,686,555.	NONE
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,266,217.	1,266,217.	NONE	NONE
9 Other employee benefits	17,330,395.	13,224,719.	4,105,676.	NONE
10 Payroll taxes	5,013,753.	5,013,753.	NONE	NONE
11 Fees for services (nonemployees):				
a Management	1,431,314.	1,431,314.	NONE	NONE
b Legal	391.	391.	NONE	NONE
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	15,888,887.	5,760,708.	10,128,179.	NONE
12 Advertising and promotion	2,694.	2,694.	NONE	NONE
13 Office expenses	1,033,520.	1,033,520.	NONE	NONE
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,585,327.	1,584,616.	711.	NONE
17 Travel	429,742.	23,975.	405,767.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	851,662.	839,781.	11,881.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	10,479,828.	7,121,811.	3,358,017.	NONE
23 Insurance	2,597,830.	2,597,830.	NONE	NONE
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	27,897,614.	27,876,476.	21,138.	NONE
b REPAIRS & MAINTENANCE	1,808,673.	1,808,673.	NONE	NONE
c NON-MEDICAL SUPPLIES	2,965,967.	2,638,572.	327,395.	NONE
d PROFESSIONAL DEVELOPMENT	NONE	NONE	NONE	NONE
e All other expenses	1,153,473.	582,601.	570,872.	
25 Total functional expenses. Add lines 1 through 24e	192,456,839.	157,503,493.	34,953,346.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) with checkboxes for FASB ASC 958 compliance.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	209,829,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,456,839.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,373,061.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,260,962.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-457,088.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,176,935.

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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

DOUGLAS HOSPITAL, INC.

Employer identification number

58-2026750

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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

DOUGLAS HOSPITAL, INC.

58-2026750

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">DOUGLAS HOSPITAL, INC.</p>	Employer identification number <p style="text-align: center;">58-2026750</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 1,043,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 2,192,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DOUGLAS HOSPITAL, INC.

Employer identification number

58-2026750

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align:center;">DOUGLAS HOSPITAL, INC.</p>	Employer identification number <p style="text-align:center;">58-2026750</p>
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

DOUGLAS HOSPITAL, INC.

58-2026750

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 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 Term endowment ▶ _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		778,076.		778,076.
b Buildings		74,856,390.	38,812,009.	36,044,381.
c Leasehold improvements		3,554,042.	1,087,171.	2,466,871.
d Equipment		62,064,144.	54,603,467.	7,460,677.
e Other		21,750,171.	11,686,025.	10,064,146.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				56,814,151.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAX EXEMPT BOND LIAB. DUE TO WHS	30,018,153.
(3) OTHER LONG-TERM LIABILITIES	2,082,493.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE FOLLOWING FOOTNOTE IS RELATED TO THE ORGANIZATION'S APPLICATION OF FASB ASC 740 (PREVIOUSLY FIN 48):

"WELLSTAR AND ITS AFFILIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), AND THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES.

WELLSTAR APPLIES FASB ASC 740, INCOME TAXES, WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS. IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS NO IMPACT ON WELLSTAR'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF THE APPLICATION OF ASC 740.

WELLSTAR HAS EVALUATED ITS TAX POSITIONS AND DOES NOT BELIEVE THERE ARE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2022, OR 2021."

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Employer identification number

58-2026750

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125.0000</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,306,173.		20,306,173.	10.55
b Medicaid (from Worksheet 3, column a)			25,833,439.	19,563,157.	6,270,282.	3.26
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			46,139,612.	19,563,157.	26,576,455.	13.81
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			151,812.		151,812.	0.08
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			151,812.		151,812.	0.08
k Total. Add lines 7d and 7j			46,291,424.	19,563,157.	26,728,267.	13.89

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

Schedule H (Form 990) 2021

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						
10 Total						

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?	X	
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.		
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		
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)	72,814,764.
6 Enter Medicare allowable costs of care relating to payments on line 5	86,082,935.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-13,268,171.
8 Describe in Part VI the extent to which any shortfall reported on 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?	X	
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	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(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)

1 DOUGLAS HOSPITAL
 8954 HOSPITAL DRIVE
 DOUGLASVILLE GA 30134
 WWW.WELLSTAR.ORG

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
X	X					X			

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)

Name of hospital facility or letter of facility reporting group DOUGLAS HOSPITAL

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

		Yes	No
Community Health Needs Assessment			
1	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?		X
2	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		X
3	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):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	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	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	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		X
7	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):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	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.		
12a	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)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to 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)

Name of hospital facility or letter of facility reporting group DOUGLAS HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	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:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	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):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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 Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group DOUGLAS HOSPITAL

		Yes	No
17	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?	X	
18	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:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	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:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	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):		
a	<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	<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)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	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:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group DOUGLAS HOSPITAL

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.		X
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.		X

Schedule H (Form 990) 2021

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.

SCHEDULE H, PART V, SECTION B, LINE 3J

THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED A LITANY OF MULTI-SECTOR CHNA COLLABORATORS INCLUDING INDIVIDUALS, ORGANIZATIONS, AND GOVERNMENTAL AGENCIES THAT WERE CONSULTED AND CONTRIBUTED SPECIAL KNOWLEDGE OF MEDICALLY UNDERSERVED AND LOW-INCOME POPULATIONS AND/OR EXPERTISE IN PUBLIC HEALTH.

THIS HOSPITAL IS PROUD TO BE PART OF WELLSTAR, THE LARGEST INTEGRATED 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, 367 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS INPATIENT HOSPITALS: WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA MEDICAL CENTER SOUTH, WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR NORTH FULTON, WELLSTAR PAULDING, WELLSTAR SPALDING REGIONAL, WELLSTAR SYLVAN GROVE, WELLSTAR WEST GEORGIA, AND WELLSTAR WINDY HILL HOSPITALS.

WELLSTAR DOUGLAS HOSPITAL

WELLSTAR DOUGLAS HOSPITAL IS A 108-BED FACILITY SERVING DOUGLAS COUNTY WITH WORLD-CLASS INPATIENT AND OUTPATIENT SERVICES, EARNING RECOGNITION AS ONE OF THE TOP-RANKED COMMUNITY VALUE HOSPITALS IN THE NATION. KNOWN FOR PROVIDING A CONTINUUM OF SERVICES THROUGH ITS CENTERS AND PROGRAMS, INCLUDING PANEUROSCIENCES, PAIN MANAGEMENT, CARDIOLOGY, WOMEN'S SERVICES, REHABILITATION, SURGICAL SERVICES, AND ONCOLOGY, THE HOSPITAL CATERS ITS SERVICES TO THE UNIQUE HEALTHCARE NEEDS OF ALL PATIENTS IN THE DOUGLAS AREA.

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. 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:
[HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.wellstar.org/community/community-health-needs-assessment)

SCHEDULE H, PART V, SECTION B, LINE 5

GEORGIA HEALTH POLICY CENTER (GHPC) PARTNERED WITH WELLSTAR TO IMPLEMENT A COLLABORATIVE AND COMPREHENSIVE CHNA PROCESS. GHPC, HOUSED WITHIN GEORGIA STATE UNIVERSITY'S ANDREW YOUNG SCHOOL OF POLICY STUDIES, PROVIDES EVIDENCE-BASED RESEARCH, PROGRAM DEVELOPMENT, AND POLICY GUIDANCE LOCALLY, STATEWIDE, AND NATIONALLY TO IMPROVE COMMUNITIES'

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.

HEALTH STATUS. WITH MORE THAN 25 YEARS OF SERVICE, GHPC FOCUSES ON SOLUTIONS TO THE TOUGHEST ISSUES FACING HEALTHCARE TODAY, INCLUDING INSURANCE COVERAGE, LONG-TERM CARE, CHILDREN'S HEALTH, AND THE DEVELOPMENT OF RURAL AND URBAN HEALTH SYSTEMS. GHPC HAS BEEN SUPPORTING HOSPITAL PARTNERS IN MEETING THE CHNA COMPONENTS OF IRS REGULATIONS SINCE THEIR INCEPTION IN 2010.

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 DOUGLAS HOSPITAL. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO:

- COUNTY HEALTH RANKINGS AND ROADMAPS
- EMORY UNIVERSITY'S ROLLINS SCHOOL OF PUBLIC HEALTH'S AIDSVU
- GEORGIA BUREAU OF INVESTIGATION
- GEORGIA DEPARTMENT OF PUBLIC HEALTH'S ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM (OASIS)
- GEORGIA RURAL HEALTH INNOVATION CENTER'S GEORGIA HEALTH DATA HUB
- HEALTH RESOURCES SERVICES ADMINISTRATION'S HEALTH PROFESSIONAL SHORTAGE AREAS DATABASE
- KAISER PERMANENTE'S COMMUNITY HEALTH NEEDS DASHBOARD
- TRUVEN HEALTH ANALYTICS' COMMUNITY NEEDS INDEX
- U.S. CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY

SECONDARY DATA WERE ANALYZED AT THE ZIP CODE AND COUNTY LEVEL. MOST PUBLICLY AVAILABLE DATA ARE NOT AVAILABLE AT A SUB-COUNTY LEVEL. WHERE SMALLER DATA POINTS WERE AVAILABLE (I.E. FOR CENSUS TRACTS OR ZIP CODES), THEY WERE INCLUDED.

TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITAL, SEVERAL TYPES OF PRIMARY DATA WERE COLLECTED. PRIMARY DATA COLLECTION INCLUDED:

QUALITATIVE DATA INCLUDED:

1. COVID-19 LOCAL IMPACT SURVEY

- GHPC USED A COMPREHENSIVE REVIEW OF LITERATURE PUBLISHED DURING THE COVID-19 PANDEMIC TO CREATE A 20-QUESTION SURVEY TO BETTER UNDERSTAND HOW THE PANDEMIC INFLUENCED THE HEALTH OF COMMUNITIES SERVED BY WELLSTAR HEALTH SYSTEM. NEARLY 1,000 STAKEHOLDERS WERE INVITED TO COMPLETE THE SURVEY. OF THE 204 RESPONSES RECEIVED FOR THE HEALTH SYSTEM, 25 RESPONDENTS REPRESENTED CARROLL AND DOUGLAS COUNTIES.

2. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED ONE FOCUS GROUP AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR DOUGLAS HOSPITAL. 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

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.

SOCIOECONOMIC STATUS. THE FOCUS GROUP 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.

3. ONE-ON-ONE INTERVIEWS WITH COMMUNITY LEADERS

- 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. QUALITATIVE DATA WERE GATHERED FROM 27 COMMUNITY LEADERS IN THE AREA SERVED BY WELLSTAR DOUGLAS HOSPITAL. COMMUNITY LEADERS REPRESENTED ORGANIZATIONS SUCH AS COBB AND DOUGLAS PUBLIC HEALTH, DOUGLAS COUNTY SCHOOL SYSTEM, LIVE HEALTHY DOUGLAS, AMONG OTHERS. 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 COMMUNITY LEADERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITIES SERVED BY THE HOSPITAL, AS WELL AS WAYS TO ADDRESS CITED CONCERNS.

THE WELLSTAR COMMUNITY HEALTH COUNCIL PROVIDED OVERSIGHT AND GUIDANCE TO THE CHNA TEAM BY REVIEWING AND PROVIDING FEEDBACK ON THE ASSESSMENT PROCESS AND INPUTS THROUGHOUT THE ASSESSMENT PROCESS. WELLSTAR DOUGLAS HOSPITAL LEADERSHIP, INCLUDING THE REGIONAL HEALTH BOARD, WERE ALSO ENGAGED TO INFORM THE SERVICE AREA DEFINITION, THE LIST COMMUNITY LEADERS FOR STAKEHOLDER INTERVIEWS, AND FINAL COMMUNITY HEALTH NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 7A

WELLSTAR DOUGLAS HOSPITAL CONDUCTED A CHNA AND IMPLEMENTATION STRATEGY TO MEET 501(R) REQUIREMENTS BY FISCAL YEAR ENDING JUNE 30, 2022.

THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS:
[HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.wellstar.org/community/community-health-needs-assessment) AND CLICKING ON "WELLSTAR DOUGLAS HOSPITAL". A THREE-YEAR REVIEW CAN BE FOUND AT THE SAME ADDRESS.

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.

SCHEDULE H, PART V, SECTION B, LINE 10A

WELLSTAR DOUGLAS HOSPITAL CONDUCTED A CHNA AND IMPLEMENTATION STRATEGY TO MEET 501(R) REQUIREMENTS BY FISCAL YEAR ENDING JUNE 30, 2022.

THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS:

[HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.wellstar.org/community/community-health-needs-assessment) AND CLICKING ON "WELLSTAR DOUGLAS HOSPITAL". A THREE-YEAR REVIEW CAN BE FOUND AT THE SAME ADDRESS.

SCHEDULE H, PART V, SECTION B, LINE 11

PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY:

THE FOLLOWING IS A SUMMARY OF THE WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS HEALTH SUMMIT HELD ON DECEMBER 6, 2018, AT THE WELLSTAR DEVELOPMENT CENTER. THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR AND LASTED APPROXIMATELY THREE HOURS. THE 25 PARTICIPANTS INCLUDED WELLSTAR TEAM MEMBERS AND COMMUNITY STAKEHOLDERS.

THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED:

- AUSTELL COMMUNITY TASK FORCE
- BETHESDA COMMUNITY CLINIC
- CHEROKEE COUNTY CHAMBER OF COMMERCE
- COBB & DOUGLAS COMMUNITY SERVICES BOARD
- COBB & DOUGLAS PUBLIC HEALTH
- COBB CHAMBER OF COMMERCE
- COBB COUNTY FIRE AND EMERGENCY SERVICES
- COBB MOMS HELPING COBB
- COBB SENIOR SERVICES
- CONNECTING GENERATIONS
- DOUGLAS COUNTY CHAMBER OF COMMERCE
- GOOD SAMARITAN HEALTH CENTER
- METRO ATLANTA AMBULANCE SERVICE
- MOPDOG
- MOREHOUSE SCHOOL OF MEDICINE
- MUST MINISTRIES
- PAULDING QUICK BAIL
- PROFESSIONAL MOJO MARKETING
- PUCKETT EMS
- SOCIAL SECURITY ADMINISTRATION
- THE CAREPLACE
- WELLSTAR COBB SENIOR SERVICES

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.

-WELLSTAR HEALTH SYSTEM

-ZION BAPTIST CHURCH

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 COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS.

GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS. 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:

- WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS SERVICE AREA RESIDENTS - MARIETTA, GA (OCTOBER 2, 2018)

- RESIDENTS FROM BARTOW, CARROLL, COBB, CHEROKEE, DOUGLAS AND PAULDING COUNTIES - AUSTELL, GA (OCTOBER 17, 2018)

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 HEALTH SYSTEM THROUGH THE PRIORITIZATION PROCESS AT THE HEALTH SUMMIT. FROM THE SIGNIFICANT HEALTH NEEDS IDENTIFIED BY CHNA RESEARCH CONDUCTED, THE FOLLOWING HEALTH NEEDS WERE VALUATED AS PRIORITY FOR THE COMMUNITY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS SERVE:

1. ACCESS TO APPROPRIATE CARE
2. CHRONIC DISEASE
3. BEHAVIORAL HEALTH
4. SUBSTANCE ABUSE
5. MATERNAL AND CHILD HEALTH

IMPLEMENTATION STRATEGIES FOR EACH NEED WERE RECOMMENDED DURING GROUP

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.

EXERCISES. THE STRATEGIES WERE LATER REVIEWED BY THE WELLSTAR POPULATION HEALTH AND COMMUNITY EDUCATION AND OUTREACH TEAM AND VETTED BY THE WELLSTAR BOARD OF TRUSTEES' COMMUNITY ADVOCACY AND ENGAGEMENT COMMITTEE AND THE WCHC TASK FORCE, THE CONDUITS FOR SYSTEMWIDE DELIVERY OF COMMUNITY HEALTH IMPROVEMENT SERVICES AND EDUCATION.

ACTION AREAS FOR IMPLEMENTATION TO IMPROVE COMMUNITY HEALTH ARE INFLUENCED BY THE FULL SPECTRUM OF THE PUBLIC HEALTH SYSTEM, IN WHICH WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS PLAY A VITAL ROLE.

WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS ARE DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY WE SERVE. WITH THE UNIQUE NEEDS IDENTIFIED BY OUR COMMUNITY PARTNERS, WELLSTAR CREATED THE CENTER FOR HEALTH EQUITY IN 2019.

THE WELLSTAR CENTER FOR HEALTH EQUITY:

THE PURPOSE OF THE WELLSTAR CENTER FOR HEALTH EQUITY IS TO ACCELERATE OUR STRATEGIC EFFORTS TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITIES WE SERVE. WE WILL IMPLEMENT OUR STRATEGY THROUGH COMMUNITY ENGAGEMENT, PARTNERSHIP, INTERNAL TRANSFORMATION, CAPACITY BUILDING, HEALTH POLICY AND SYSTEM ADVOCACY.

THERE ARE SIX STRATEGIC DOMAINS FOR THE CENTER FOR HEALTH EQUITY:

1. ACCESS TO CARE
2. WOMEN'S HEALTH
3. SUBSTANCE ABUSE
4. SUICIDE
5. FOOD INSECURITY
6. CANCER

WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE:

WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE (WCHEC) IS A CROSS-FUNCTIONAL COMMITTEE THAT REPRESENTS MULTIPLE FACETS OF WELLSTAR HEALTH SYSTEM.

- IN RESPONSE TO CHNA FINDINGS AND THE DIVERSITY OF WELLSTAR COMMUNITIES, WCHEC WAS EXPANDED TO INCREASE WELLSTAR'S CAPACITY TO SUPPORT THE CENTER FOR HEALTH EQUITY'S STRATEGIES.

- BY ENGAGING A MORE DIVERSE SELECTION OF WELLSTAR LEADERSHIP AND SUBJECT MATTER EXPERTS, THE CENTER'S PRIORITIES AND INITIATIVES CAN BEST REFLECT THE CAPACITY OF THE ORGANIZATION TO IMPACT AND MEET THE COMMUNITY'S NEEDS.

- THIS EXPANSION ALSO HELPS THE CENTER INCREASE COORDINATION OF EFFORTS, LEVERAGE PARTNERSHIPS AND MAXIMIZE EFFICIENCY AND STRATEGIC ALIGNMENT, WITHIN AND ACROSS WELLSTAR HEALTH SYSTEM.

- THIS IS DONE BY WCHEC MEMBERS GUIDING AND INFORMING THE STRATEGIC PLANNING AND IMPLEMENTATION PROCESS FOR GREATER INSTITUTIONAL ALIGNMENT AND IMPACT.

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.

THE CENTER FOR HEALTH EQUITY'S IMPLEMENTATION STRATEGY FOCUSES ON SIX STRATEGIC DOMAINS:

1. FOOD INSECURITY

- CONTEXT: FOOD INSECURITY IS AN IMPORTANT BUT OFTEN OVERLOOKED FACTOR AFFECTING THE HEALTH OF A SIGNIFICANT SEGMENT OF GEORGIA RESIDENTS. 16.2% OF THE PEOPLE LIVING IN GEORGIA ARE FOOD INSECURE AND 23.2% OF GEORGIA CHILDREN LIVE IN FOOD INSECURE HOUSEHOLDS. THIS IS ONE IN EVERY FOUR GEORGIA CHILDREN. THE WELLSTAR FOOD INSECURITY STRATEGY FRAMEWORK IS BASED ON THE FEEDING AMERICA ADDRESSING FOOD INSECURITY IN HEALTH CARE SETTINGS FRAMEWORK AND ADVISEMENT WITH COMMUNITY LEADERS LIKE THE ATLANTA COMMUNITY FOOD BANK. THIS FRAMEWORK EMPHASIZES A MULTI-PRONG APPROACH WHICH IS REFLECTIVE OF THE NEED FOR A DIVERSIFIED APPROACH TO ADDRESS FOOD INSECURITY AND HUNGER IN GEORGIA.

- EXAMPLE WELLSTAR INTERVENTIONS:

- IN 2020, WELLSTAR LAUNCHED A MOBILE MARKET PROGRAM TO FEED MORE THAN 2800 AT-RISK FAMILIES ACROSS SIX GEORGIA COUNTIES. IN COLLABORATION WITH GOODR, THE JOINT INITIATIVE ADDRESSES FOOD ACCESS FOR VULNERABLE COMMUNITIES IN WELLSTAR'S SERVICE AREAS. THE SPRING-SUMMER MOBILE MARKET PROGRAM INCLUDES SEVEN COMMUNITY-BASED LOCATIONS THAT WILL PROVIDE FREE, FRESH AND HEALTHY FOOD OPTIONS MONTHLY TO 100 FAMILIES IN NEED AT EACH LOCATION. THROUGH WELLSTAR FOUNDATION AND VITAL COMMUNITY FUNDING, GOODR WILL PROVIDE FOOD AND STAFFING SUPPORT FOR THIS PROGRAM, REGISTER PARTICIPANTS AND PROVIDE IMPACT REPORTING EACH MONTH. WELLSTAR WILL PROVIDE PROGRAM LOGISTICAL SUPPORT, PARTICIPANT INCENTIVES AND NUTRITION EDUCATION. NEW COMMUNITY PARTNERS HELPED RECRUIT VOLUNTEERS AND SET UP FOOD DISTRIBUTION SITES IN KEY SERVICE AREAS, INCLUDING COBB, TROUP, FULTON, SPALDING, PAULDING AND DOUGLAS COUNTIES.

- WELLSTAR SELECTED 2021 MOBILE MARKET COMMUNITY PARTNERS WITH THE DESIGNATED SERVICE AREA INCLUDED:

- MCEACHERN MEMORIAL UNITED METHODIST CHURCH (COBB)
- CALUMET PARK NEIGHBORHOOD ASSOCIATION (TROUP)
- CARELINK OF NORTHWEST GEORGIA, INC. (PAULDING)
- CENTER FOR HELPING OBESITY IN CHILDREN END SUCCESSFULLY INC.

(FULTON)

- FIRST PRESBYTERIAN CHURCH OF DOUGLASVILLE (DOUGLAS)
- NEW MERCY PARTNER SERVICES (SPALDING)
- ROSWELL ORGANIZATION FOR COMMUNITY DEVELOPMENT (FULTON)

- IN 2021, WELLSTAR ALSO LAUNCHED THE FOOD RESCUE PROGRAM. WELLSTAR PARTNERS WITH TWO ORGANIZATIONS: SECOND HELPINGS ATLANTA AND GOODR TO REROUTE HIGH-QUALITY AND NUTRITIOUS MEALS TO NONPROFITS IN THE COMMUNITY. THESE ORGANIZATIONS THEN DELIVER/SERVE THESE MEALS TO COMMUNITY MEMBERS IN NEED.

- WELLSTAR DAY OF SERVICE: CREATES VOLUNTEER OPPORTUNITIES FOR WELLSTAR EMPLOYEES TO SUPPORT GEORGIA'S FOOD SUPPORT SYSTEM FOR VULNERABLE AND UNDERSERVED POPULATIONS. DUE TO COVID-19 RESTRICTIONS AND LIMITING LARGE

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.

GROUP EVENTS-DAY OF SERVICE WAS POSTPONED IN 2021. HOWEVER, DURING THAT SAME YEAR WELLSTAR DID LAUNCH THE COMMUNITYCARE PROGRAM AS AN OPPORTUNITY FOR WELLSTAR TEAM MEMBERS TO VOLUNTEER WITH COMMUNITY PARTNERS THAT PROVIDE FOOD AND HOUSING SUPPORT SERVICES FOR AT-RISK COMMUNITY MEMBERS. THE ORGANIZATIONS THAT WERE SUPPORTED BY COMMUNITYCARE IN 2021 INCLUDE:

- ATLANTA COMMUNITY FOOD BANK
- COVENANT HOUSE
- THE DRAKE HOUSE
- FEEDING THE VALLEY
- FIVE LOAVES AND TWO FISH FOOD PANTRY
- FOODWELL ALLIANCE
- MUST MINISTRIES
- NEVER ALONE FOOD PANTRY
- NORTH FULTON COMMUNITY CHARITIES
- OPEN HAND ATLANTA
- OUR GIVING GARDEN
- THE SALVATION ARMY
- SWEETWATER MISSION
- WELLSTAR FOUNDATION
- WAREHOUSE OF HOPE FOOD BANK

- FOOD INSECURITY SCREENING: IMPLEMENTING THE PROCESS TO SCREEN PATIENTS FOR FOOD INSECURITY AND CONNECTING PATIENTS TO AVAILABLE RESOURCES AND INTERVENTIONS.

- IN 2021, WELLSTAR ESTABLISHED A NEW PARTNERSHIP WITH WHOLESOME WAVE GEORGIA AND THE WELLSTAR FOUNDATION. THROUGH THIS PARTNERSHIP WELLSTAR WILL INCREASE THE CAPACITY TO PROVIDE ON-SITE, REAL TIME REFERRALS AND REGISTRATION FOR SNAP/EBT AND OTHER FOOD RESOURCES AT THIN CONJUNCTION WITH PROGRAMS AT THE MOBILE MARKET, COMMUNITY CLINIC NETWORK AND CONGREGATIONAL HEALTH NETWORK. IN ADDITION, WHOLESOME WAVE WILL OFFER A TRAIN THE TRAINER PROGRAM THAT EDUCATES WELLSTAR TEAM MEMBERS TO ASSIST PATIENTS THAT HAVE FOOD ACCESS NEEDS.

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

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.

(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. WELLSTAR'S WOMEN'S ALLIANCE FOR HEALTHIER OUTCOMES (WAHOO) TEAM HAS BEEN HARD AT WORK THROUGHOUT THE YEAR, ENSURING OUR CONTINUED DEDICATION TO ENSURING HEALTHIER OUTCOMES FOR EVERY WOMAN, EVERY TIME, THROUGHOUT WELLSTAR AND GEORGIA.

THE ALLIANCE'S STRATEGIC PLAN FOCUSES ON IMPROVING OUTCOMES RELATED TO ONE OR TWO HIGH-RISK CLINICAL AREAS EACH FISCAL YEAR UTILIZING A PROCESS IMPROVEMENT CYCLE-BASED FRAMEWORK. ONCE WE REACH THE HARDWIRING PHASE OF THE ANNUAL CYCLE, WE WORK TO SUSTAIN AND DRIVE CONTINUAL IMPROVEMENTS IN THE FOCUS AREA, WHILE SIMULTANEOUSLY BEGINNING TO WORK ON THE NEXT YEAR'S CLINICAL FOCUS AREA.

- 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 & 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.

- BLACK MATERNAL HEALTH EQUITY LAB:

- WELLSTAR HEALTH SYSTEM JOINED A COLLABORATIVE OF ATLANTA ORGANIZATIONS PARTICIPATING IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S BETTER MATERNAL OUTCOMES BIRTH EQUITY LAB: "REDESIGNING SYSTEMS WITH BLACK WOMEN PROJECT." THIS IMPORTANT WORK WAS HOUSED AT THE CENTER FOR BLACK WOMEN'S WELLNESS IN ATLANTA. OTHER KEY STAKEHOLDERS INCLUDED THE CENTER FOR REPRODUCTIVE RIGHTS, EMORY UNIVERSITY'S ROLLINS SCHOOL OF PUBLIC HEALTH, FIRST TEAM AMERICA, GEORGIA DEPARTMENT OF PUBLIC HEALTH, GRADY MEMORIAL HOSPITAL, HEALTHCARE GEORGIA FOUNDATION, MARCH OF DIMES, MOREHOUSE SCHOOL OF MEDICINE, GA OBGYN SOCIETY AND THE UNITED WAY OF GREATER ATLANTA.

- THIS 3-YEAR INITIATIVE AIMED TO IMPROVE OUTCOMES AND REDUCE RACIAL DISPARITIES FOR BLACK BIRTH GIVERS THROUGH FACILITATING LOCALLY DRIVEN IMPROVEMENT PROJECTS IN FOUR MAJOR CITIES - ATLANTA, DETROIT, NEW ORLEANS AND WASHINGTON, DC. THE PROJECT TARGETED HEALTH CARE DELIVERY, EXPERIENCES OF BLACK BIRTH GIVERS AND COMMUNITY SUPPORT SYSTEMS USING AN EQUITY ACTION LAB MODEL.

- HEALTH INEQUITIES AND COGNITIVE BLIND SPOTS TRAINING: THERE ARE

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.

LARGE NUMBER OF FACTORS THAT CONTRIBUTE TO HEALTH INEQUITIES ACROSS THE GLOBE. ONE THAT HAS RECEIVED A LOT OF ATTENTION IS INDIVIDUAL DECISION-MAKING. IT IS WIDELY ACKNOWLEDGED THAT ALL OF US ARE IMPACTED BY THE COGNITIVE BLIND SPOTS THAT EXIST IN OUR THOUGHT PROCESSES AND OFTEN WITHOUT OUR AWARENESS OF THEM. AT THE REQUEST OF NUMEROUS STAKEHOLDERS, THE ETHICS TEAM DESIGNED A COGNITIVE BLINDSPOTS EDUCATION WHICH HAS BEEN PROVIDED TO OVER 100+ TEAM MEMBERS AT WELLSTAR. THIS INTERACTIVE AND DYNAMIC TRAINING FOCUSED ON THE CONSCIOUS AND UNCONSCIOUS COGNITIVE PROCESSES USED BY OUR BRAINS IN DECISION-MAKING. THE GOAL OF THIS EDUCATION WAS TO BRING AWARENESS OF THESE COGNITIVE BLINDSPOTS TO TEAM MEMBERS AND TO PROVIDE THEM WITH RESOURCES FOR OVERCOMING BOTH THE AUTOMATIC AND REFLECTIVE CHALLENGES OUR BRAINS ENCOUNTER DURING DECISION MAKING. THE TRAINING USED A VARIETY OF LEARNING METHODS TO ENGAGE TEAM MEMBERS, INCLUDING DIDACTIC SESSIONS OVER TEAMS, BOOK CLUBS DISCUSSIONS, MOVIE EVENTS, PODCASTS AND MANY OTHERS.

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:

- WELLSTAR CENTER FOR HEALTH EQUITY HAS ESTABLISHED A NEW PARTNERSHIP WITH BLKHLTH, A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO REDUCE THE IMPACT OF RACISM THROUGH EDUCATION AND ACTION. ONE OF THEIR CURRENT INITIATIVES IS A COLLABORATION WITH COTTONELLE ON THE #GOODDOWNTHERE CAMPAIGN. THIS NATIONAL PROGRAM IS DESIGNED TO REDUCE STIGMA SURROUNDING COLORECTAL CARE BY PROVIDING EQUITY-CENTRIC ACCESS FOR COLORECTAL CANCER TO BLACK AMERICANS. COLORECTAL CANCER, ALSO CALLED COLON OR RECTAL CANCER, IS THE THIRD MOST COMMON CANCER IN THE UNITED STATES, AND THE SECOND MOST COMMON CANCER-RELATED DEATH. THROUGH THEIR COLLABORATION WITH COTTONELLE, BLKHLTH HAS PROVIDED WELLSTAR WITH 500 COMPLIMENTARY COLORECTAL CANCER SCREENING KITS TO BE DISTRIBUTED ACROSS OUR SERVICE AREA FROM OCTOBER-DECEMBER 2021. MEMBERS OF WELLSTAR'S CONGREGATIONAL HEALTH NETWORK HAVE BEEN ASKED TO SERVE AS AMBASSADORS TO DISTRIBUTE THE SCREENING KITS WITHIN THEIR COMMUNITIES. OUR GOAL IS TO BRING EDUCATION AND ACCESS TO INDIVIDUALS WHO HAVE NOT BEEN SCREENED DUE TO FEAR, LACK OF HEALTH INSURANCE, OR LACK OF KNOWLEDGE.

- ESTABLISHED A NEW PROGRAM THAT SUPPORTS THE PATIENTS AND PHYSICIANS THROUGH THE SCREENING AND NAVIGATION PROCESS WITH AN EXTENDED CARE MODEL THAT ENSURES THAT CARE IS CONTINUOUS AND WELL-COORDINATED.

- FOR THE PAST TEN YEARS, WELLSTAR HAS PROVIDED BREAST SCREENING AND DIAGNOSTIC SERVICES TO INDIVIDUALS WHO LACK ACCESS TO OR ARE UNABLE TO AFFORD THESE LIFE-SAVING SERVICES WITHIN WELLSTAR'S SERVICE AREAS. BY PROVIDING THESE SERVICES AT NO COST TO THOSE IN NEED, WE SEEK TO ELIMINATE EXISTING BREAST CANCER DISPARITIES AND DECREASE THE NUMBER OF LATE-STAGE BREAST CANCER DIAGNOSES BY PROVIDING ACCESS TO HEALTHCARE WITHIN THE COMMUNITIES WE SERVE. THIS PROGRAM INCREASES THE NUMBER OF

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.

REGULAR MAMMOGRAM SCREENINGS AND DIAGNOSTIC SERVICES PROVIDED, PARTICULARLY WITHIN HIGH-RISK COMMUNITIES, ENABLING WELLSTAR HEALTHCARE PROVIDERS TO DETECT BREAST CANCER AT AN EARLIER STAGE AND RESULTING IN BETTER TREATMENT OPTIONS AND IMPROVED OUTCOMES FOR OUR COMMUNITY MEMBERS.

- TO IDENTIFY PATIENTS WHO NEED ACCESS TO THESE SERVICES MOST, WE PARTNER WITH LOCAL HEALTH DEPARTMENTS, COMMUNITY CLINICS, A CONGREGATIONAL NURSE NETWORK AND A ROBUST LIST OF OTHER TRUSTED COMMUNITY ORGANIZATIONS. THE WELLSTAR PHYSICIAN LIAISON TEAM AND WELLSTAR CLINICAL PARTNERS TEAM ALSO WORKS WITH 3,000+ WELLSTAR MEDICAL GROUP PHYSICIANS AND PARTNER PHYSICIANS THROUGHOUT OUR SERVICE AREA TO GENERATE REFERRALS TO THE PROGRAM.

- MANY OF OUR COMMUNITY MEMBERS RELY ON THIS PROGRAM FOR THEIR ANNUAL MAMMOGRAM, AND WE CONTINUE TO REACH NEW PATIENTS THROUGH NEW METHODS OF OUTREACH AND COMMUNITY AND PHYSICIAN PARTNERSHIPS. LAST YEAR, THIS PROGRAM FUNDED 1,371 SCREENING MAMMOGRAMS AND DIAGNOSTIC PROCEDURES SYSTEM WIDE.

- THIS PROGRAM IS FULLY FUNDED BY COMMUNITY PARTNERS AND INDIVIDUAL DONORS, INCLUDING IT'S THE JOURNEY, NATIONAL BREAST CANCER FOUNDATION, SUSAN G. KOMEN AND WELLSTAR TEAM MEMBER GIVING DONORS.

- CONGREGATIONAL HEALTH NETWORK: SERVES AS A BRIDGE BETWEEN OUR HEALTHCARE SYSTEM AND FAITH COMMUNITIES, OFFERING HELP WITH LIFESTYLE CHANGES, PERSONAL HABITS, ATTITUDES, FAITH AND WELL-BEING.

5. SUICIDE

- CONTEXT: SUICIDE IS A PUBLIC HEALTH ISSUE THAT AFFECTS PEOPLE OF ALL AGES, RACES AND ETHNICITIES. SUICIDE RATES IN THE GENERAL POPULATION CLIMBED 21% FROM 2005 TO 2016.

- EXAMPLE WELLSTAR INTERVENTIONS:

- TO ADDRESS THE BEHAVIORAL NEEDS OF COMMUNITY MEMBERS AND MITIGATE THE ROLE OF MENTAL HEALTH STIGMA, WELLSTAR LAUNCHED AN INITIATIVE CALLED SOUL SUPPORT, WHICH INCLUDES THREE EVIDENCE-BASED PROGRAMS TO PROVIDE MENTAL HEALTH EDUCATION AND SUPPORT. WELLSTAR PARTNERED WITH CONGREGATIONS TO PROVIDE THESE WORKSHOPS

- WELLSTAR ZERO SUICIDES INITIATIVE: EQUIPS MENTAL HEALTH PROFESSIONALS AND DIRECT CARE STAFF WITH KNOWLEDGE OF SUICIDALITY SIGNS AND THE NECESSARY NEXT STEPS, IN THE EVENT OF AN UNEXPECTED MENTAL HEALTH EPISODE TO ENSURE PATIENTS ARE SAFE AND PROPERLY SUPPORTED IN CARE AND COMMUNITY.

6. ACCESS TO PRIMARY CARE

- CONTEXT: ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE SERVICES IS IMPORTANT FOR PROMOTING AND MAINTAINING HEALTH, PREVENTING AND MANAGING DISEASE, REDUCING UNNECESSARY DISABILITY AND PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY.

- EXAMPLE WELLSTAR INTERVENTIONS:

- WELLSTAR COMMUNITY SAFETY-NET CLINICS: PROVIDES WELLSTAR'S MOST UNDER-RESOURCED AND VULNERABLE COMMUNITY MEMBERS WITH MEDICAL SERVICES LIKE CHRONIC DISEASE MANAGEMENT, WELLNESS EXAMS, VACCINATIONS AND MEDICATION COUNSELING. THESE SERVICES ARE PROVIDED IN PARTNERSHIP WITH

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.

PHYSICIAN LEADERSHIP AND GRADUATE MEDICAL EDUCATION (GME) RESIDENTS.

- WELLSTAR COMMUNITY CLINIC NETWORK: INCREASE ACCESS TO CARE AND THE CAPACITY OF PARTNERING COMMUNITY CLINICS BY PROVIDING REDUCED-COST OUTPATIENT MEDICAL SERVICES.

- THE COMMUNITY TRANSFORMATION GRANTS PROGRAM IS AN ANNUAL COMPETITIVE GRANT PROGRAM THAT SUPPORTS COMMUNITY BASED ORGANIZATIONS THAT INCREASE ACCESS TO CARE AND SOCIAL SUPPORT. IN 2021 THE ORGANIZATIONS THAT PARTICIPATED IN THIS PROGRAM INCLUDE:

- EMPOWERMENT RESOURCE CENTER
- HEALTHY MOTHERS, HEALTHY BABIES COALITION OF GEORGIA
- GOOD SAMARITAN HEALTH CENTER OF COBB
- BETHESDA COMMUNITY CLINIC
- MUST MINISTRIES

- AT THE END OF 12 MONTHS, PARTNERS ARE EXPECTED TO DEMONSTRATE IMPROVEMENTS IN:

- ACCESS TO HEALTH CARE SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY, AND CULTURALLY-APPROPRIATE MEDICAL CARE WHEN THEY NEED IT;
OR,

- ACCESS TO SOCIAL DETERMINANTS OF HEALTH SUPPORT SERVICES SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY FOOD, EMPLOYMENT, HOUSING, TRANSPORTATION, EDUCATION, AND LEGAL RESOURCES TO IMPROVE DAILY LIVING WHEN THEY NEED IT.

HOSPITAL ROLE AND RESPONSIBILITIES:

ALTHOUGH THE MAJORITY OF WELLSTAR'S COMMUNITY BENEFIT SERVICES ARE DELIVERED SYSTEMWIDE, EACH OF WELLSTAR'S 11 NOT-FOR-PROFIT HOSPITALS PLAY A ROLE IN ADDRESSING THE PRIORITY HEALTH NEEDS IDENTIFIED FROM ITS CHNA. HOSPITAL PRESIDENTS AND COMMUNITY BENEFIT LIAISONS ARE VITAL TO TRACKING AND ASSISTING IN THE IMPLEMENTATION OF WELLSTAR'S COMMUNITY BENEFIT PROGRAMS, MOST NOTABLY FOR THE CLINICAL ENGAGEMENT AND CARE COORDINATION NEEDED TO OPTIMIZE COMMUNITY PARTNERSHIPS AND IDENTIFYING POPULATIONS FOR LIVE WELL COMMUNITY-BASED PREVENTIVE EDUCATION AND SCREENINGS. TO ACCOMPLISH THIS, WELLSTAR HEALTH SYSTEM HOSPITALS WILL BUILD A SUSTAINABLE AND OUTCOMES-DRIVEN COMMUNITY BENEFIT PROGRAM THAT DEMONSTRATES COMMITMENT TO COMMUNITY HEALTH IMPROVEMENT AND HEALTH EQUITY. THROUGH DEDICATED LEADERSHIP, ACCOUNTABILITY, COLLABORATIVE PARTNERSHIPS, AND STEWARDSHIP OF FISCAL AND HUMAN RESOURCES, WE WILL CREATE A MORE HEALTHY COMMUNITY THROUGH OUTREACH, EDUCATION AND ADVOCACY FOCUSED ON PRIORITY HEALTH NEEDS.

AS OUTLINED IN THE JOINT 2018 CHNA, HEALTH NEEDS NOT IDENTIFIED AS PRIORITY TO THE HOSPITALS FALL INTO ONE OF THREE CATEGORIES:

1. BEYOND THE SCOPE OF WELLSTAR SERVICES
2. NEEDS FURTHER INTERVENTION, BUT NO PLANS FOR EXPANDING CURRENT COMMUNITY BENEFIT SERVICES AT THIS TIME
3. RELYING ON COMMUNITY PARTNERS TO LEAD EFFORTS WITH EXPERTISE IN THESE AREAS WITH WELLSTAR IN A SUPPORTIVE ROLE.

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.

SUCCESS IS MEASURED BY THE HOSPITALS' ABILITY TO:

1. REDUCE HEALTH DISPARITIES BY INCREASING CARE ACCESS AND SUPPORT SERVICES TO UNDER-RESOURCED, AT-RISK COMMUNITY MEMBERS
2. STRENGTHEN COMMUNITY CAPACITY AND COLLABORATION FOR SHARED RESPONSIBILITY TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITY THE HOSPITALS SERVES

IN ADDITION, DID THE PROGRAM:

1. IMPROVE THE OVERALL HEALTH OF THE COMMUNITY THROUGH IMPROVED ACCESS TO CARE AND A REDUCTION OF THE INCIDENCE AND PREVALENCE OF CHRONIC DISEASE?
2. SERVE AND ADVOCATE FOR THE MEDICALLY UNDERSERVED AND UNDER-RESOURCED POPULATIONS WITH THE GOAL OF PROVIDING THE RIGHT CARE AT THE RIGHT PLACE?
3. IMPROVE THE DELIVERY AND REPORTING OF COMMUNITY BENEFIT SERVICES TO BETTER DEMONSTRATE WELLSTAR HEALTH SYSTEM HOSPITALS' COMMITMENT TO IMPROVE OVERALL COMMUNITY HEALTH?
4. IMPLEMENT IMPROVED FINANCIAL ASSISTANCE, BILLING AND COLLECTION POLICIES THAT PROTECT PATIENTS AND REDUCE THE NUMBER OF PATIENTS RELYING ON CHARITY CARE?
5. COLLABORATE WITH MULTI-SECTOR COMMUNITY PARTNERS TO RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT?

COVID-19 RESPONSE

MANY OF THE WELLSTAR COMMUNITY-BASED EFFORTS HAD TO BE PLACED ON HOLD BECAUSE OF COVID-19 RESTRICTIONS. HOWEVER, WELLSTAR HEALTH SYSTEM DID IDENTIFY MECHANISMS TO SUPPORT OUR COMMUNITY PARTNERS.

LONG-STANDING SYSTEMIC HEALTH AND SOCIAL INEQUITIES HAVE PUT MANY PEOPLE FROM RACIAL AND ETHNIC MINORITY GROUPS AT INCREASED RISK OF GETTING SICK AND DYING FROM COVID-19. THE TERM "RACIAL AND ETHNIC MINORITY GROUPS" INCLUDES PEOPLE OF COLOR WITH A WIDE VARIETY OF BACKGROUNDS AND EXPERIENCES. BUT SOME EXPERIENCES ARE COMMON TO MANY PEOPLE WITHIN THESE GROUPS, AND SOCIAL DETERMINANTS OF HEALTH HAVE HISTORICALLY PREVENTED THEM FROM HAVING FAIR OPPORTUNITIES FOR ECONOMIC, PHYSICAL, AND EMOTIONAL HEALTH. FROM THE START, WELLSTAR WAS CONSIDERING HEALTH EQUITY IN COVID-19 RESPONSE AND RELIEF EFFORTS AND HEALTH CARE MORE BROADLY, AND, IN PARTICULAR, IMPROVING ACCESS TO TESTING BEFORE INDIVIDUALS DEVELOP SEVERE ILLNESS IN ORDER TO SLOW THE SPREAD OF INFECTIONS. FOR INSTANCE, WITH THE SUPPORT OF COMMUNITY PARTNERS, WELLSTAR CONDUCTED FREE WALK-UP, POP-UP FAMILY TESTING AT CHURCHES AND SCHOOL LUNCH PICK-UP SITES, AND DISTRIBUTED SAFETY KITS IN ENGLISH AND SPANISH. TO DATE, WCHE HAS ORCHESTRATED 29 POP-UP TESTING SITES, ADMINISTERED MORE THAN 3,600 COVID TESTS AND DISTRIBUTED MORE THAN 51,000 WELLNESS KITS WITH CULTURALLY AND LINGUISTICALLY APPROPRIATE SAFETY INFORMATION. WELLSTAR ALSO PARTNERED WITH SER FAMILIA TO LAUNCH A PROMOTORA PROGRAM TO LEVERAGE THE USE OF LATINX COMMUNITY MEMBERS WHO RECEIVED SPECIALIZED TRAINING TO PROVIDE BASIC HEALTH EDUCATION IN THE COMMUNITY.

ONCE AVAILABLE, THE COMMUNITY HEALTH TEAM PIVOTED TO INCREASE COVID

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.

VACCINATION ACCESSIBILITY IN BLACK, LATINX AND/OR RURAL COMMUNITIES. THROUGH PARTNERSHIPS WITH COBB/DOUGLAS PUBLIC HEALTH, DISTRICT 4 PUBLIC HEALTH, WELLSTAR CONGREGATIONAL HEALTH NETWORK (CHN) AND WELLSTAR PHARMACY DEPARTMENT-- PROVIDE POP-UP VACCINE CLINICS SUPPORTED UNDER SERVED COMMUNITIES. THESE VACCINE CLINICS WERE HOSTED AT TRUSTED NEIGHBORHOOD-BASED SITES WERE COMMUNITY MEMBERS SAFE.

WELLSTAR ALSO CONSIDERED A WIDE ARRAY OF FACTORS BOTH WITHIN AND BEYOND THE HEALTH CARE SYSTEM AS ROOT CAUSES AS PART OF EFFORTS TO ADDRESS HEALTH DISPARITIES. THESE EFFORTS WILL BE KEY FOR NARROWING THE DISPARATE EFFECTS OF COVID-19, ENSURING EQUITABLE DISTRIBUTION OF TREATMENTS AND A VACCINE AS THEY ARE DEVELOPED, AND PREVENTING WIDENING DISPARITIES IN HEALTH CARE MORE BROADLY LOOKING FORWARD. HEALTH CARE MORE BROADLY LOOKING FORWARD.

SCHEDULE H, PART V, SECTION B, LINE 13B

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

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.

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.

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.

SCHEDULE H, PART V, SECTION B, LINE 16A

THE WELLSTAR HEALTH SYSTEM COMMUNITY FINANCIAL ASSISTANCE POLICY CAN BE FOUND ON ITS WEBSITE:
[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)

SCHEDULE H, PART V, SECTION B, LINE 16B

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.

THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE:

[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) AND CLICKING "APPLICATION" IN THE RIGHT NAVIGATION BOX TITLED "RESOURCES". A WINDOW WILL APPEAR CONTAINING THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM APPLICATION IN ITS ENTIRETY.

SCHEDULE H, PART V, SECTION B, LINE 16C

A PLAIN LANGUAGE SUMMARY OF THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE:

[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)

SCHEDULE H, PART V, SECTION B, LINE 16J

PUBLICATION OF THE FINANCIAL ASSISTANCE POLICY (FAP):

IN ADDITION TO THE OTHER METHODS OF POSTING THE FINANCIAL ASSISTANCE POLICY, THE HOSPITAL MAKES AVAILABLE FOR PATIENTS IN ADMISSIONS AND OUTPATIENT REGISTRATION AREAS A PROMINENTLY DISPLAYED SIGN STATING FINANCIAL ASSISTANCE IS AVAILABLE AND A BROCHURE INCLUDING FREQUENTLY ASKED QUESTIONS.

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:

[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)

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.

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)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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.

SCHEDULE H, PART I, LINE 6A

PUBLICATION OF COMMUNITY BENEFIT REPORT:

WELLSTAR COBB HOSPITAL, INC. IS AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC. WHICH ON AN ANNUAL BASIS ISSUES A COMMUNITY BENEFIT REPORT. THIS REPORT IS SUBSEQUENTLY DISTRIBUTED IN AND AROUND THE 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.

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.

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 DOUGLAS HOSPITAL) HAVE ESTIMATED THE CURRENT YEAR COST TO CHARGE RATIO FOR EACH HOSPITAL AS IT IS REPORTED IN THE ANNUAL COMMUNITY BENEFIT REPORT AND AS IT WILL BE REPORTED IN THE STATE'S ANNUAL HOSPITAL FINANCIAL SURVEY.

SCHEDULE H, PART III, SECTION A, LINE 2

METHODOLOGY USED TO ESTIMATE BAD DEBT:

THE REPORTED BAD DEBT CHARGES IS DERIVED FROM THE UNPAID BALANCES OF PATIENT ACCOUNTS THAT ARE DEEMED UNCOLLECTIBLE AFTER 120 DAYS OF COLLECTION EFFORT BY THE HOSPITAL'S PATIENT FINANCIAL SERVICES STAFF. THE UNPAID PATIENT ACCOUNTS ARE THEN SENT TO COLLECTION AGENCIES AND ANY COLLECTED AMOUNT IS DEEMED AS BAD DEBT RECOVERY. THE SOURCE OF THIS DATA IS THE HOSPITAL'S DETAILED FINANCIAL TRIAL BALANCE. THE NET REPORTED BAD

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.

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 DOUGLAS HOSPITAL IS A PROVIDER OF INPATIENT AND OUTPATIENT
SERVICES TO MEDICARE PROGRAM BENEFICIARIES AT DETERMINED RATES. WITHOUT
THE PARTICIPATION IN THE MEDICARE PROGRAM THESE PATIENTS MAY NOT HAVE HAD
CONVENIENT ACCESS TO THOSE SERVICES.

THE MEDICARE SHORTFALL ON SCHEDULE H, PART III, SECTION B, LINE 7
REPRESENTS THE UNCOMPENSATED DIFFERENCE BETWEEN THE EXPECTED
REIMBURSEMENT AND THE MEDICARE CHARGES FOR THOSE SERVICES STATED AT COST.

WE DETERMINE A COST TO CHARGE RATIO FOR MEDICARE PATIENTS AS PART OF THE
ANNUAL FILING OF THE MEDICARE COST REPORT.

Part VI Supplemental Information

Provide the following information.

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- 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.
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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.

Part VI Supplemental Information

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- 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.
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SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

GEORGIA HEALTH POLICY CENTER (GHPC) PARTNERED WITH WELLSTAR TO IMPLEMENT A COLLABORATIVE AND COMPREHENSIVE CHNA PROCESS. GHPC, HOUSED WITHIN GEORGIA STATE UNIVERSITY'S ANDREW YOUNG SCHOOL OF POLICY STUDIES, PROVIDES EVIDENCE-BASED RESEARCH, PROGRAM DEVELOPMENT, AND POLICY GUIDANCE LOCALLY, STATEWIDE, AND NATIONALLY TO IMPROVE COMMUNITIES' HEALTH STATUS. WITH MORE THAN 25 YEARS OF SERVICE, GHPC FOCUSES ON SOLUTIONS TO THE TOUGHEST ISSUES FACING HEALTHCARE TODAY, INCLUDING INSURANCE COVERAGE, LONG-TERM CARE, CHILDREN'S HEALTH, AND THE DEVELOPMENT OF RURAL AND URBAN HEALTH SYSTEMS. GHPC HAS BEEN SUPPORTING HOSPITAL PARTNERS IN MEETING THE CHNA COMPONENTS OF IRS REGULATIONS SINCE THEIR INCEPTION IN 2010.

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 DOUGLAS HOSPITAL. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO:

Part VI Supplemental Information

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- COUNTY HEALTH RANKINGS AND ROADMAPS

- EMORY UNIVERSITY'S ROLLINS SCHOOL OF PUBLIC HEALTH'S AIDSVU

- GEORGIA BUREAU OF INVESTIGATION

- GEORGIA DEPARTMENT OF PUBLIC HEALTH'S ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM (OASIS)

- GEORGIA RURAL HEALTH INNOVATION CENTER'S GEORGIA HEALTH DATA HUB

- HEALTH RESOURCES SERVICES ADMINISTRATION'S HEALTH PROFESSIONAL SHORTAGE AREAS DATABASE

- KAISER PERMANENTE'S COMMUNITY HEALTH NEEDS DASHBOARD

- TRUVEN HEALTH ANALYTICS' COMMUNITY NEEDS INDEX

- U.S. CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY

SECONDARY DATA WERE ANALYZED AT THE ZIP CODE AND COUNTY LEVEL. MOST PUBLICLY AVAILABLE DATA ARE NOT AVAILABLE AT A SUB-COUNTY LEVEL. WHERE SMALLER DATA POINTS WERE AVAILABLE (I.E. FOR CENSUS TRACTS OR ZIP CODES), THEY WERE INCLUDED.

TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITALS, SEVERAL TYPES OF PRIMARY DATA WERE COLLECTED. PRIMARY DATA COLLECTION INCLUDED:

Part VI Supplemental Information

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QUALITATIVE DATA INCLUDED:

1. COVID-19 LOCAL IMPACT SURVEY

- GHPC USED A COMPREHENSIVE REVIEW OF LITERATURE PUBLISHED DURING THE COVID-19 PANDEMIC TO CREATE A 20-QUESTION SURVEY TO BETTER UNDERSTAND HOW THE PANDEMIC INFLUENCED THE HEALTH OF COMMUNITIES SERVED BY WELLSTAR HEALTH SYSTEM. NEARLY 1,000 STAKEHOLDERS WERE INVITED TO COMPLETE THE SURVEY. OF THE 204 RESPONSES RECEIVED FOR THE HEALTH SYSTEM, 25 RESPONDENTS REPRESENTED CARROLL AND DOUGLAS COUNTIES.

2. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED ONE FOCUS GROUP AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR DOUGLAS HOSPITAL. 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. THE FOCUS GROUP 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

Part VI Supplemental Information

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AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS.

3. ONE-ON-ONE INTERVIEWS WITH COMMUNITY LEADERS

- 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. QUALITATIVE DATA WERE GATHERED FROM 27 COMMUNITY LEADERS IN THE AREA SERVED BY WELLSTAR DOUGLAS HOSPITAL. COMMUNITY LEADERS REPRESENTED ORGANIZATIONS SUCH AS COBB AND DOUGLAS PUBLIC HEALTH, DOUGLAS COUNTY SCHOOL SYSTEM, LIVE HEALTHY DOUGLAS, AMONG OTHERS. 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 COMMUNITY LEADERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITIES SERVED BY THE HOSPITALS, AS WELL AS WAYS TO ADDRESS CITED

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CONCERNS.

THE WELLSTAR COMMUNITY HEALTH COUNCIL PROVIDED OVERSIGHT AND GUIDANCE TO THE CHNA TEAM BY REVIEWING AND PROVIDING FEEDBACK ON THE ASSESSMENT PROCESS AND INPUTS THROUGHOUT THE ASSESSMENT PROCESS. WELLSTAR DOUGLAS HOSPITAL LEADERSHIP, INCLUDING THE REGIONAL HEALTH BOARD, WERE ALSO ENGAGED TO INFORM THE SERVICE AREA DEFINITION, THE LIST COMMUNITY LEADERS FOR STAKEHOLDER INTERVIEWS, AND FINAL COMMUNITY HEALTH NEEDS.

SCHEDULE H, PART VI, LINE 3

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:

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[HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL-](https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy)

[ASSISTANCE-PROGRAM-POLICY](https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy)

WELLSTAR DOUGLAS HOSPITAL 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.

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SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

WELLSTAR DOUGLAS HOSPITAL IS IN DOUGLASVILLE, GEORGIA, APPROXIMATELY 30 MILES WEST OF ATLANTA. FOR THE PURPOSES OF THE CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITAL IS DEFINED AS THE FIVE ZIP CODES FROM WHICH 75% OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR. CARROLL AND DOUGLAS COUNTIES CONSTITUTE THIS SERVICE AREA. THE BULK OF THE ZIP CODES ARE FROM DOUGLAS COUNTY, WITH CARROLL COUNTY ROUNDING OUT THE HOSPITAL SERVICE AREA. THE AREA DEFINITION WAS VERIFIED BY THE WELLSTAR COMMUNITY HEALTH COUNCIL MEMBERS.

THE CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE 5 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 WHO ARE MEDICALLY UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES. THE REFERENCED ZIP CODES ARE AS FOLLOWS: 30135, 30134, 30122, 30180, 30187.

THIS HOSPITAL SERVICE REGION HAS A HIGHER POPULATION DENSITY (PER SQUARE

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MILES) THAN THE STATE AND NATIONAL BENCHMARKS. WHEN COMPARED TO GEORGIA, THIS REGION HAS YOUNGER RESIDENTS, AVERAGE AGE DISTRIBUTION, LESS DIVERSITY, AND MORE LANGUAGE BARRIERS. CARROLL COUNTY IS YOUNGER, LESS DIVERSE, AND LOWER-INCOME EARNING WHEN COMPARED TO DOUGLAS COUNTY AND STATE AVERAGES. IN COMPARISON, DOUGLAS COUNTY IS MORE DIVERSE, HIGHER-INCOME EARNING, WITH A SLIGHTLY LARGER POPULATION WITH LIMITED ENGLISH-SPEAKING SKILLS WHEN COMPARED TO STATE AVERAGES.

TOTAL POPULATION:

- CARROLL: 117,183
- DOUGLAS: 143,316

MEDIAN HOUSEHOLD INCOME (2015-19):

- CARROLL: \$53,737
- DOUGLAS: \$63,835

MEDIAN AGE:

- CARROLL: 34.4

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- DOUGLAS: 36.3

RACE/ETHNIC DISTRIBUTION:

- CARROLL:

BLACK: 19.0%

ASIAN: 0.8%

HISPANIC: 6.9%

NON-HISPANIC WHITE: 70.3%

LIMITED ENGLISH: 3.1%

- DOUGLAS:

BLACK: 45.9%

ASIAN: 1.6%

HISPANIC: 9.7%

NON-HISPANIC WHITE: 40.5%

LIMITED ENGLISH 4.5%

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

WELLSTAR DOUGLAS HOSPITAL (AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC.) OPERATES AS A CHARITABLE ORGANIZATION 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; DOUGLAS HOSPITAL OPERATES A FULL-TIME EMERGENCY ROOM OPEN TO ALL REGARDLESS OF ABILITY TO PAY; DOUGLAS 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,

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RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE. DOUGLAS HOSPITAL, INC. COMMITTED APPROXIMATELY \$7 MILLION IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET THOSE NEEDS.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEMS:

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, 367 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

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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.

WITH NEW TECHNOLOGIES AND TREATMENTS. FOR MORE INFORMATION, VISIT:

[HTTPS://WWW.WELLSTAR.ORG](https://www.wellstar.org)

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

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 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		X
2	X	
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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 aren't 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 and/or 1099-NEC 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				
ALAN MUSTER 1 SVP SPECIALTY DIVISION WMG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	524,112.	301,654.	14,435.	52,993.	87,498.	980,692.	NONE
ANDREW COX 2 VP CHIEF OF STAFF & LEADERSHIP	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	309,982.	83,695.	10,844.	23,938.	41,034.	469,493.	NONE
ANDREW LEE 3 FORMER VP CHIEF DIVERSITY OFF.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	195,245.	NONE	2,188.	197,433.	153,124.
ANDREW VON ESCHENBACH 4 VP REVENUE CYCLE MANAGEMENT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	94,231.	50,000.	22,714.	13,252.	5,352.	185,549.	NONE
ANTHONY J. BUDZINSKI 5 EVP & CFO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	770,794.	518,859.	21,871.	52,207.	58,692.	1,422,423.	NONE
ARIF AZIZ, MD 6 TRUSTEE & SLL DIGESTIVE HEALTH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	490,385.	205,142.	6,991.	54,105.	33,265.	789,888.	NONE
AVIRAL SINGH 7 VP BRAND & MARKETING STRATEGY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	148,749.	500.	5,420.	1,125.	29,171.	184,965.	NONE
AVRIL BECKFORD, MD 8 TRUSTEE & SLL PEDIATRIC PHYS.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	123,922.	332,156.	9,110.	28,965.	51,546.	545,699.	NONE
BARBARA COREY 9 SVP MANAGED CARE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	413,112.	222,048.	16,868.	23,050.	68,218.	743,296.	NONE
BETH KOST 10 SVP CHIEF COMPLIANCE OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	406,236.	218,502.	15,651.	33,081.	50,402.	723,872.	NONE
CANDICE SAUNDERS 11 PRESIDENT & CEO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,565,088.	1,621,788.	437,904.	54,200.	56,832.	3,735,812.	419,245.
CAROL TODD 12 VP ASST GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	226,518.	61,160.	10,246.	29,643.	49,608.	377,175.	NONE
CHRISTOPHER GREENE 13 AVP FINANCE & HOSPITAL OPS DH	(i)	195,478.	37,374.	3,507.	42,900.	26,204.	305,463.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CRAIG OWENS 14 SVP & HOSPITAL PRESIDENT	(i)	347,047.	228,812.	17,689.	50,922.	41,859.	686,329.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANIEL ABAD 15 VP TOTAL RWRDS & CHF EGMT OFCR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	347,127.	97,589.	9,708.	40,573.	21,434.	516,431.	NONE
DANYALE ZIGLOR 16 VP HUMAN RESOURCE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	248,296.	67,040.	9,721.	43,443.	33,654.	402,154.	NONE

Schedule J (Form 990) 2021

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 aren't 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 and/or 1099-NEC 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				
1 DAVID HAFNER FORMER DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	24,610.	NONE	NONE	NONE	NONE	24,610.	NONE
2 DAVID JONES EVP CHIEF HUMAN RESOURCES OFCR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	517,493.	348,014.	21,090.	43,041.	29,810.	959,448.	NONE
3 DAVID PRESTON VP BRAND AND MARKETING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	384,018.	206,410.	14,079.	22,895.	37,082.	664,484.	NONE
4 DESPINA DEMESTIHAS DAL VP MEDICAL AFFAIRS	(i)	340,346.	87,401.	11,072.	50,280.	46,340.	535,439.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 DONALD ZARKOU VP OF ONCOLOGY SERVICE LINE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	101,543.	25,000.	52,447.	16,720.	10,837.	206,547.	NONE
6 ELIZABETH LOUDERMILK VP FINANCIAL PLANNING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	297,418.	80,303.	10,393.	37,921.	48,289.	474,324.	NONE
7 ELIZABETH PAPETTI VP WMG OPS HOSPITAL DIV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	269,843.	77,728.	44,951.	24,742.	30,238.	447,502.	35,648.
8 ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	209,773.	57,139.	43,469.	17,317.	28,740.	356,438.	32,238.
9 ERIC HILL EXEC DIR NURSING	(i)	182,229.	23,098.	668.	29,175.	48,035.	283,205.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 FREDA LYON VP SYSTEM EMERGENCY SERVICES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	246,524.	67,062.	12,151.	32,306.	33,577.	391,620.	NONE
11 IVY SPENCER VP CNO WMG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	215,472.	72,741.	10,443.	23,767.	27,925.	350,348.	NONE
12 JAMES L. HORNSBY TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	319,596.	160,969.	5,521.	45,528.	45,184.	576,798.	NONE
13 JAMES SWARTZ VP ACCOUNTING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	269,519.	72,770.	8,878.	24,573.	32,929.	408,669.	NONE
14 JASON KELSEY VP REHAB & SPORTS MED SERVICES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	104,913.	500.	5,355.	13,273.	26,334.	150,375.	NONE
15 JASON STEVENS SVP DEPUTY GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	328,266.	168,918.	92,123.	44,046.	36,316.	669,669.	77,976.
16 JENNIFER GIUSTI VP CLINICAL OUTCOMES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	354,286.	96,157.	66,003.	52,035.	35,273.	603,754.	54,554.

Schedule J (Form 990) 2021

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

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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 and/or 1099-NEC 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				
JESSICA KOVALESKY 1 VP CARE COORD POPULATION HLTH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	271,781.	75,381.	9,741.	24,650.	9,989.	391,542.	NONE
JILL CASE-WIRTH 2 SVP NURSING SERVICES CNE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	407,474.	219,017.	100,949.	49,459.	31,532.	808,431.	81,495.
JOE CASTANON 3 VP CONTRACT & VALUE ANALYSIS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	115,392.	30,000.	35,096.	1,195.	9,740.	191,423.	NONE
JOHN BRENNAN 4 EVP CHIEF CLIN INTEG OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	909,257.	590,801.	1,151,246.	54,200.	56,056.	2,761,560.	1,133,479.
JONATHAN MAURER 5 FORMER VP INFO SECURITY & CISO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	310,880.	NONE	921.	311,801.	81,940.
JOSEPH BRAUD 6 VP INFO SECURITY & CISO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	290,472.	96,927.	11,572.	5,943.	41,270.	446,184.	NONE
JOSEPH REPERT 7 SVP FINANCE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	450,008.	138,646.	78,377.	48,400.	33,300.	748,731.	NONE
JOSEPH WILLIAMS 8 AVP OPERATIONS	(i)	217,422.	33,071.	2,125.	45,500.	24,204.	322,322.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIE TEER 9 SVP & WELLSTAR FOUNDATION PRES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	525,000.	118,449.	15,839.	9,869.	25,143.	694,300.	NONE
KATHARINE LEONARD 10 VP REAL ESTATE & FACILITY DEV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	323,074.	87,730.	9,272.	46,046.	28,680.	494,802.	NONE
KEM MULLINS 11 EVP AMBULATORY & BUS DEV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	740,400.	557,919.	459,723.	25,650.	53,314.	1,837,006.	445,660.
KIMBERLY TAACA 12 VP WMG OPS SPECIALTY DIV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	273,078.	79,667.	46,460.	43,345.	22,216.	464,766.	37,026.
KRISTEN TRICE 13 VP DIAGNOSTIC OUTREACH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	210,366.	68,299.	9,545.	22,164.	42,916.	353,290.	NONE
LAURA DANNELS 14 VP & CHIEF TALENT OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	311,683.	103,846.	10,903.	27,516.	22,712.	476,660.	NONE
LE JOYCE NAYLOR 15 SVP & CHIEF DIVRS & INCLU OFCR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	141,347.	57,500.	52,295.	1,362.	4,378.	256,882.	NONE
LEANNE COOK 16 VP CONSUMER ENGAGEMENT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	239,005.	64,531.	11,244.	18,791.	43,622.	377,193.	NONE

Schedule J (Form 990) 2021

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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 and/or 1099-NEC 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				
LEO REICHERT 1 EVP & GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	676,982.	455,370.	27,683.	51,030.	66,458.	1,277,523.	NONE
LINDA HUFFER 2 VP POST ACUTE SERVICES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	311,314.	84,555.	49,027.	49,877.	22,888.	517,661.	31,131.
LINITRA MONTGOMERY 3 RN CHARGE L&D	(i)	192,702.	26,231.	579.	20,518.	48,059.	288,089.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARCUS CHARLSON 4 VP SURGERY & ORTHO SVC LINE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	238,183.	64,809.	8,932.	12,854.	37,971.	362,749.	NONE
MARY TAVERNARO 5 VP HUMAN RESOURCES OPERATIONS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	296,126.	80,454.	11,878.	31,480.	65,754.	485,692.	NONE
MATTHEW TERRY 6 SVP CHIEF STRATEGY OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	217,059.	50,000.	16,058.	5,238.	12,545.	300,900.	NONE
MAXWELL KAGAN 7 VP FINANCE & CFO WMG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	276,515.	80,824.	53,387.	23,020.	28,909.	462,655.	43,657.
MELISSA BOX 8 VP CNO PATIENT CARE SERVICES	(i)	238,412.	68,724.	11,189.	18,953.	62,786.	400,064.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL MCCULLOUGH 9 SVP SUPPLY CHAIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	397,097.	213,940.	13,697.	31,096.	41,766.	697,596.	NONE
NICKOLOS YAITSKY 10 VP HEAD OF DIGITAL PLATFORMS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	280,010.	76,103.	9,525.	10,969.	44,091.	420,698.	NONE
PAUL DOUGLASS, MD 11 TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	407,740.	369,949.	7,592.	34,096.	54,920.	874,297.	NONE
PAUL MURPHREE 12 VP MEDICAL OUTCOMES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	396,906.	107,665.	75,276.	52,084.	38,778.	670,709.	60,466.
PRANAV JAIN 13 VP & CHIEF MED INFO OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	274,231.	80,000.	5,506.	28,614.	2,609.	390,960.	NONE
RANDALL BENTLEY, SR. 14 FORMER DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	40,163.	NONE	NONE	NONE	NONE	40,163.	NONE
REBECCA RUHL 15 VP COMPLIANCE CPO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	184,744.	73,381.	12,633.	6,450.	36,391.	313,599.	NONE
RICHARD CAPPS 16 EVP CHIEF INFO & DIGITAL OFFCR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	566,170.	263,206.	19,694.	36,186.	37,680.	922,936.	NONE

Schedule J (Form 990) 2021

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROB SCHREINER 1 EVP CHIEF PHYSICIAN EXECUTIVE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	600,814.	404,548.	957,774.	28,900.	31,505.	2,023,541.	934,146.
ROBERT DECOUX 2 VP CORPORATE MED STAFF SVCS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	191,030.	52,228.	12,116.	36,012.	34,618.	326,004.	NONE
SANA BRUNO 3 VP LABORATORY SERVICES SYSTEM	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	149,134.	50,000.	41,572.	14,853.	15,187.	270,746.	NONE
SANDRA LUCIUS 4 VP HEAD OF CARE PLATFORMS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	267,311.	72,174.	41,773.	49,489.	19,156.	449,903.	26,731.
SNEHAL DOSHI 5 SVP ANCILLARY AND SUPPORT SVC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	327,600.	96,041.	13,289.	25,045.	42,152.	504,127.	NONE
SONYA ALDY 6 VP TALENT ACQUISITION	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	224,453.	69,007.	9,324.	10,350.	38,830.	351,964.	NONE
SOPHIA MARSHALL 7 VP ORGANIZATION COMMUNICATION	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	231,259.	69,082.	8,031.	23,450.	18,613.	350,435.	NONE
SOPHIA MCINTYRE 8 SVP WMG AMBULATORY CARE DIV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	400,005.	145,886.	12,147.	43,164.	8,726.	609,928.	NONE
STEPHEN BADGER 9 VP WMG STRATEGIC SERVICES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	442,983.	128,079.	62,299.	52,595.	52,299.	738,255.	44,298.
STEPHEN VAULT 10 VP STRATEGIC COMMUNITY DEV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	250,242.	68,753.	9,142.	23,494.	21,002.	372,633.	NONE
STEVEN HUNT 11 VP HUMAN RESOURCES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	229,694.	66,152.	9,199.	24,674.	44,905.	374,624.	NONE
SUSAN JACKSON 12 VP PHARMACY SVCS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	232,928.	35,440.	6,398.	30,133.	35,145.	340,044.	NONE
THOMAS DRAPER 13 VP CARDIOVASCULAR SERVICE LINE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	260,000.	64,353.	10,614.	24,912.	37,613.	397,492.	NONE
TIMOTHY HANEY 14 FMR SVP REAL EST FAC & DEV SVC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	200,797.	NONE	NONE	200,797.	NONE
VALERY AKOPOV 15 SVP HOSPITAL DIVISION WMG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	516,227.	289,587.	254,270.	32,358.	43,656.	1,136,098.	233,626.
VARMA RAMESWAR 16 VP PEDIATRIC OPS AND SVC LINE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	240,266.	74,372.	10,836.	50,030.	30,000.	405,504.	NONE

Schedule J (Form 990) 2021

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 aren't 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 and/or 1099-NEC 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				
WILLIAM BELLANDO 1 VP CHIEF TECHNOLOGY OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	132,701.	50,000.	12,382.	6,416.	11,022.	212,521.	NONE
WINSOME SIBLEY-MIGHTY 2 RN CLIN NURSE PERIOP WKD III A	(i)	198,761.	38,576.	547.	26,000.	36,201.	300,085.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER R. JUNGBLUT, MD, 3 FORMER SVP & MEDICAL DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	366,558.	191,060.	6,916.	53,359.	45,799.	663,692.	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I, LINE 1A

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:

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.

PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING GROUPS OF OFFICERS ARE ENTITLED TO SEVERANCE PAYMENTS BASED ON THEIR COMPENSATION AT THAT TIME IN THE EVENT OF CERTAIN IDENTIFIED CIRCUMSTANCES.

THE SEVERANCE PAYMENT PERIODS ARE 24 MONTHS FOR EXECUTIVE VICE PRESIDENTS, 18 MONTHS FOR SENIOR VICE PRESIDENTS, AND 12 MONTHS FOR VICE PRESIDENTS.

THE FOLLOWING OFFICER RECEIVED SEVERANCE PAY DURING THE 2021 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION:

ANDREW LEE	41,930
JONATHAN MAURER	228,940
TIMOTHY HANEY	200,797

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.

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.

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):

ANDREW LEE	153,124
CANDICE L. SAUNDERS	419,245
ELIZABETH PAPETTI	35,648
ELLEN WRIGHT	32,238
JASON STEVENS	77,976
JENNIFER GIUSTI	54,554
JILL CASE-WIRTH	81,495
JOHN BRENNAN	1,133,479
JONATHAN MAURER	81,940
KEM MULLINS	445,660
KIMBERLY TAACA	37,026
LINDA HUFFER	31,131
MAXWELL KAGAN	43,657
PAUL MURPHREE	60,466

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.

ROB SCHREINER	934,146
SANDRA LUCIUS	26,731
STEPHEN BADGER	44,298
VALERY AKOPOV	233,626

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS TO OFFICERS:

AS PART OF THE WELLSTAR EXECUTIVE COMPENSATION PHILOSOPHY A PERFORMANCE PAY PLAN WAS INSTITUTED SEVERAL YEARS AGO WHEREBY THE WELLSTAR BOARD OF TRUSTEES APPROVES AN ANNUAL INCENTIVE PLAN WHICH CONSISTS OF SEVERAL PERFORMANCE GOALS OR FACTORS THAT UPON ATTAINMENT WILL RESULT IN PAYOUTS TO ELIGIBLE PLAN PARTICIPANTS. THOSE FACTORS ARE:

- (1) PEOPLE & CUSTOMER SERVICE GOAL FOR EMPLOYEE "TRUST INDEX";
- (2) QUALITY & SAFETY GOAL FOR CLINICAL EXCELLENCE AND PATIENT SATISFACTION; AND
- (3) FINANCIAL GOAL FOR ATTAINING A POSITIVE OPERATING MARGIN.

CONFIRMATION OF ACHIEVING THESE GOALS IS TYPICALLY RECEIVED THROUGH THE ANNUAL EXTERNAL AUDIT PROCESS AND APPROVED BY THE BOARD OF TRUSTEES AT

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.

THAT TIME.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1

VISION: DELIVER WORLD-CLASS HEALTHCARE TO EVERY PERSON, EVERY TIME.

MISSION: TO ENHANCE THE HEALTH AND WELL-BEING OF EVERY PERSON WE SERVE.

VALUES: WE SERVE WITH COMPASSION. WE PURSUE EXCELLENCE. WE HONOR EVERY

VOICE.

FORM 990, PART I, LINES 7A & 7B

UNRELATED BUSINESS INCOME

WELLSTAR DOUGLAS HOSPITAL, 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, 2022.

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

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

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2021

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58-2026750

RELATED SERVICES INCLUDING TWO INPATIENT HOSPICE FACILITIES.

THE SYSTEM IS SUPPORTED FINANCIALLY BY A FUNDRAISING ORGANIZATION,
WELLSTAR FOUNDATION, INC. THE SERVICE AREA FOR THE SYSTEM ENCOMPASSES
PARTS OF THE NORTHWESTERN, CENTRAL AND WESTERN SECTIONS OF THE STATE OF
GEORGIA - THE PRIMARY AREA BEING IN BARTOW, CHEROKEE, COBB, DOUGLAS,
PAULDING, FULTON, BUTTS, SPALDING, AND TROUP COUNTIES. APPROXIMATELY MORE
THAN 90% OF INPATIENT DISCHARGES AND OUTPATIENTS SERVED ARE FROM THE
AFOREMENTIONED COUNTIES. THE WELLSTAR VISION IS TO DELIVER WORLD CLASS
HEALTHCARE. OUR MISSION IS TO CREATE AND DELIVER HIGH QUALITY HOSPITAL,
PHYSICIAN AND OTHER HEALTHCARE-RELATED SERVICES THAT IMPROVE THE HEALTH
AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE.

HISTORY

IN 1993, WHAT WAS THEN KNOWN AS THE COBB HEALTH SYSTEM, THE KENNESTONE
REGIONAL HEALTH CARE SYSTEM, AND THE DOUGLAS GENERAL HOSPITAL AFFILIATED
TO FORM THE NORTHWEST GEORGIA HEALTH SYSTEM. PAULDING MEMORIAL MEDICAL
CENTER AFFILIATED WITH NORTHWEST GEORGIA HEALTH SYSTEM IN 1994. IN 1994,
THE NORTHWEST GEORGIA HEALTH SYSTEM HELPED FORM THE PROMINA HEALTH SYSTEM
AND CHANGED ITS NAME TO PROMINA NORTHWEST HEALTH SYSTEM. IN 1998, PROMINA
NORTHWEST HEALTH SYSTEM CHANGED ITS NAME TO WELLSTAR HEALTH SYSTEM.
WELLSTAR DISASSOCIATED FROM AND BECAME TOTALLY INDEPENDENT OF PROMINA IN
1999. IN 2016 WELLSTAR ACQUIRED ATLANTA MEDICAL CENTER, NORTH FULTON
HOSPITAL, SPALDING HOSPITAL, SYLVAN GROVE HOSPITAL AND WEST GEORGIA
MEDICAL CENTER. WELLSTAR HEALTH SYSTEM IS A PARENT CORPORATION, WHICH

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

PROVIDES OVERALL COORDINATION INCLUDING GOVERNING BODY TO ITS 11

AFFILIATES:

- COBB HOSPITAL, INC.
- DOUGLAS HOSPITAL INC.
- KENNESTONE HOSPITAL, INC.
- PAULDING MEDICAL CENTER, INC.
- WELLSTAR FOUNDATION INC.
- WELLSTAR ATLANTA MEDICAL CENTER, INC. - TWO CAMPUSES
- WELLSTAR NORTH FULTON HOSPITAL, INC.
- WELLSTAR SPALDING REGIONAL HOSPITAL, INC.
- WELLSTAR SYLVAN GROVE HOSPITAL, INC.
- WELLSTAR WEST GEORGIA HEALTH SERVICES, INC.

SERVICES

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

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 OPENED A RESIDENTIAL HOSPICE FACILITY NOT FAR
FROM ITS MAIN CAMPUS.

THE SYSTEM IS COMPLIMENTED WITH APPROXIMATELY 367 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

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 2022 AND 2021, WELLSTAR AFFILIATE HOSPITALS MADE \$347.3 MILLION AND \$309.8 MILLION, RESPECTIVELY, IN PROVIDER PAYMENTS (CHARITY CARE COST) AND RECOGNIZED SUCH PAYMENTS AS A REDUCTION IN NET PATIENT SERVICE REVENUE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE SYSTEM ALSO PARTICIPATES IN CERTAIN GOVERNMENTAL INSURANCE PROGRAMS, INCLUDING MEDICARE AND MEDICAID. UNDER THESE PROGRAMS, THE SYSTEM PROVIDES CARE TO PATIENTS AT PAYMENT RATES WHICH ARE DETERMINED BY THE FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF THE SYSTEM'S ACTUAL CHARGES. IN MOST CASES, THESE PROGRAMS PAY THE SYSTEM AT AMOUNTS WHICH ARE LESS THAN ITS COST OF PROVIDING SERVICES. THE SYSTEM OFFERS MANY WELLNESS AND EDUCATIONAL SERVICES AT LITTLE OR NO COST TO THE COMMUNITY. HEALTH FAIRS ARE HELD THROUGHOUT THE YEAR AT CONVENIENT LOCATIONS, PROVIDING VARIOUS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

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.

FINANCIAL & DATA STATISTICS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

SERVICES PROVIDED SYSTEM-WIDE :

LICENSED BEDS - 2,775

ADULT DISCHARGES - 104,092

NEWBORN DISCHARGES -13,626

EMERGENCY ROOM VISITS - 558,476

SURGERIES - 61,254

CATH LAB/PACEMAKERS/EP - 17,401

NON-ED O/P RADIOLOGY PROCEDURES - 516,441

MED/SURG. SHORT STAY CASES - 321

GI LAB PROCEDURES - 12,132

RADIOLOGY ONCOLOGY PROCEDURES - 38,321

COMMUNITY PARTNERSHIPS AND ENGAGEMENT -

WELLSTAR IS COMMITTED TO REINVESTING IN OUR COMMUNITIES BY ENGAGING IN PARTNERSHIPS AND SUPPORTING SPONSORSHIP OPPORTUNITIES THAT ALIGN WITH OUR MISSION, VISION, AND VALUES TO IMPROVE THE HEALTH AND WELL-BEING OF ALL THE PEOPLE AND COMMUNITIES WE SERVE TO ACHIEVE POSITIVE COMMUNITY IMPACT. COMMUNITY BASED PARTNERSHIPS MAY INCLUDE MISSION ALIGNED PARTNERS SUCH AS THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN LUNG ASSOCIATION, IT'S THE JOURNEY, MARCH OF DIMES; OTHER NOT-FOR-PROFITS THAT FURTHER A SOCIAL CAUSE AND PROVIDE COMMUNITY BENEFIT SUCH AT THE ATLANTA COMMUNITY FOOD BANK, MUST MINISTRIES, TOMMY NOBIS CENTER; BUSINESS AND CIVIC ORGANIZATIONS SUCH AS CHAMBERS OF COMMERCE AND ROTARY, KIWANIS CLUBS; AND ACADEMIC AND WORKFORCE DEVELOPMENT PARTNERS INCLUDING LOCAL SCHOOL DISTRICTS AND OTHER SECONDARY EDUCATION INSTITUTIONS, AND PARTNERS

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

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Internal Revenue Service

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

FOCUSED ON CAREER EXPLORATION AND DEVELOPMENT AND CREATING PIPELINES FOR BOTH CLINICAL AND NON-CLINICAL HEALTHCARE CAREERS. MANY EMPLOYEES SUPPORT OUR COMMUNITY PARTNERS THROUGH VOLUNTEERISM OR OTHER SERVICES/ACTIVITIES SUCH AS ORGANIZING A COLLECTION OF GOODS FOR DONATION THROUGH WELLSTAR'S COMMUNITY CARE PROGRAM.

COMMUNITY ACTIVITIES -

RECOGNIZING THE CRITICAL NEED TO ADDRESS THE NURSING SHORTAGE IN GEORGIA AND INCREASE THE NUMBER OF QUALIFIED NURSES WHO CAN JOIN THE WORKFORCE, WELLSTAR IS COMMITTED TO PROACTIVELY ADDRESSING THE NURSING SHORTAGE. WITH QUALITY EDUCATION AND TRAINING, WELLSTAR HAS EXPANDED ITS CLINICAL AFFILIATION WITH MERCER UNIVERSITY'S SCHOOL OF NURSING TO CREATE A NEW ACCELERATED BACHELOR OF SCIENCE IN NURSING ("ABSN") PROGRAM WITH THE POTENTIAL TO GRADUATE AN ADDITIONAL 300 NURSES PER YEAR IN ADDITION TO THE TRADITIONAL BSN PROGRAM AT MERCER. THIS PROGRAM ACCEPTS INDIVIDUALS WITH A BACHELOR OF SCIENCE (BS) AND GRADUATES THEM WITH A BACHELOR OF NURSING (BSN) IN 12-MONTHS

WELLSTAR ALSO HAS A LONG-STANDING AFFILIATION WITH KENNESAW STATE UNIVERSITY ("KSU"), WHICH IS IN WELLSTAR'S SERVICE AREA. WELLSTAR IS ALSO WORKING IN PARTNERSHIP WITH KSU, TO ADDRESS THE SIGNIFICANT NURSING SHORTAGE IN GEORGIA. WELLSTAR HAS PROVIDED ENDOWMENTS AND GRANTS IN SUPPORT OF EDUCATIONAL PROGRAMS AT KSU. WELLSTAR HAS ALSO PARTICIPATED IN AND JOINTLY SPONSORED TEACHING AND TRAINING PROGRAMS AT KSU, INCLUDING A STRONG PARTNERSHIP WITH THE SCHOOL OF NURSING. THIS PARTNERSHIP INCLUDES AN ESTABLISHED TRANSFORMATIONAL GIFT FROM THE WELLSTAR BOARD OF DIRECTORS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

WHICH ESTABLISHED THE WELLSTAR SCHOOL OF NURSING (WSON). IT SUPPORTS THE ACADEMIC PREPARATION OF NURSING STUDENTS, THROUGH THEIR TRANSITION INTO PRACTICE, ASSURING THEY HAVE THE KNOWLEDGE, SKILL, AND EXPERIENCE TO BE "JOB READY" FOR SUCCESS AS A PROFESSIONAL GRADUATE NURSE. WELLSTAR PROVIDES 70% OF KSU STUDENT CLINICAL EXPERIENCES, WITH NEARLY 50% OF THE CLINICAL FACULTY AS WELLSTAR NURSES. WELLSTAR HAS ALSO CREATED AN ENDOWMENT THAT WILL FUND ANNUAL NURSING SCHOLARSHIPS FOR NEED-BASED STUDENTS. THE GRANT OF \$6.2 MILLION WILL SUPPORT THE HIRING ADDITIONAL FACULTY AND NEW STAFF POSITIONS BY 2025 TO SUPPORT THE INCREASE IN STUDENT ENROLLMENT.

WELLSTAR HEALTH SYSTEM ANNOUNCED ITS PARTICIPATION IN THE NURSING CAREER PATHWAY PROGRAM PILOT, AN INDUSTRY-DRIVEN INITIATIVE DESIGNED TO ADDRESS THE STATEWIDE NEED FOR NURSING ASSISTANTS, LICENSED PRACTICAL NURSES, REGISTERED NURSES, AND REGISTERED NURSES WITH A BACHELOR'S DEGREE IN NURSING. THE NURSING CAREER PATHWAY PROGRAM OF STUDY LINKS THE PROGRESSIVE ATTAINMENT OF ACADEMIC CREDENTIALS AND THE REQUIRED CERTIFICATION AND LICENSURE WHICH ARE ASSOCIATED WITH SELECT CAREERS AS A NURSING ASSISTANT, LICENSED NURSE, REGISTERED NURSE, AND REGISTERED NURSE WITH A BACHELOR'S DEGREE. THE HIGH SCHOOL EXPERIENCE FOR STUDENTS PARTICIPATING IN THE INCLUDES THE THREE-COURSE CTAE (CAREER, TECHNICAL, AND AGRICULTURAL EDUCATION) CURRICULUM OF INTRODUCTION TO HEALTHCARE, ESSENTIALS OF HEALTHCARE AND PATIENT CARE FUNDAMENTALS, WHICH INCLUDES THE REQUIRED ATTAINMENT OF CERTIFIED NURSING ASSISTANT CERTIFICATION (CNA IN SENIOR YEAR). THE CTAE CURRICULUM IS SUPPLEMENTED WITH A SPECIFIED NINE DUAL ENROLLMENT COURSES (26 COLLEGE CREDIT HOURS) CURRICULA OFFERED

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

THROUGH CHATTAHOOCHEE TECHNICAL COLLEGE. PATHWAY PROGRAMS ARE OFFERED AT
MCEACHERN IN COBB COUNTY, MARIETTA CITY HIGH SCHOOL AND HIRAM HIGH
SCHOOL.

WELLSTAR SPEAKERS BUREAU:

WELLSTAR'S SPEAKERS BUREAU PROVIDES OUR COMMUNITY WITH DIRECT ACCESS TO
OUR NETWORK OF HEALTHCARE PROFESSIONALS AND SUBJECT MATTER EXPERTS.
PROGRAMS MAY BE VIRTUAL OR IN-PERSON AND COVER HEALTH AND WELLNESS TOPICS
INCLUDING BUT NOT LIMITED TO HEART HEALTH, NUTRITION, MENTAL HEALTH,
CANCER PREVENTION AND TREATMENT, AND COVID-19 RELATED TOPICS.

WOMEN & CHILDREN RESOURCE CENTERS:

WOMEN'S HEALTH PATIENT EDUCATION AND SUPPORT SERVICES PROVIDES PATIENT
EDUCATION CLASSES AND EDUCATIONAL MATERIALS AND OVERSEES SERVICES RELATED
TO LACTATION AND BEREAVEMENT AT COBB, DOUGLAS, KENNESTONE, NORTH FULTON,
SPALDING, AND WEST GEORGIA HOSPITALS. THE SERVICES DELIVER MUCH NEEDED
SUPPORT FOR MOTHERS AND THEIR NEWBORNS THROUGH PATIENT EDUCATION
MATERIALS WHICH ARE PROVIDED TO EXPECTANT MOTHERS AT WMG OB OFFICES FOR
EACH OB VISIT INCLUDING POSTPARTUM. IN-PERSON, VIRTUAL AND E-CLASS
CHILDBIRTH; NEWBORN CARE, GRANDPARENTING, BREASTFEEDING AND FATHERHOOD
CLASSES ARE OFFERED TO THE COMMUNITY AT EACH OF THE HOSPITAL LOCATIONS.
FREE SUPPORT GROUPS ARE OFFERED FOR BREASTFEEDING, BEREAVEMENT, MOTHERS
SUPPORT CIRCLE, AND Q&A SESSIONS. FINALLY, INPATIENT AND OUTPATIENT
LACTATION CONSULTATIONS, LACTATION NICU CONSULTATIONS, PUMPS LOANED FOR
NICU MOTHERS, AND WARM LINE PHONE CALLS ARE ALSO OFFERED TO LACTATING

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

MOTHERS. THESE OFFERINGS DEMONSTRATE WELLSTAR'S COMMITMENT TO THE HEALTH AND WELL-BEING OF NEW MOTHERS AND THEIR BABIES IN OUR COMMUNITY. IN FY 2022, THE UNREIMBURSED COSTS ASSOCIATED WITH THESE OFFERINGS TOTALED MORE THAN \$ 824,000 WITH MORE THAN 73,822 PATIENT/FAMILY INTERACTIONS PARTICIPATING IN PRENATAL AND CHILDBIRTH PROGRAMS.

COMMUNITY BENEFIT PROGRAMS -

AT WELLSTAR, WE HAVE MOVED BEYOND IRS REQUIREMENTS - FROM COMPLIANCE TO STRATEGIC ALIGNMENT - WHICH ALLOWS THE SYSTEM TO IMPROVE COMMUNITY HEALTH AND DEMONSTRATE RETURN ON INVESTMENT FOR COMMUNITY BENEFIT ACTIVITIES. MAINTAINING EFFORTS BEYOND THE THREE-YEAR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLE HELPS WELLSTAR ADDRESS PERSISTENT COMMUNITY HEALTH ISSUES AND ENSURE CONTINUITY FROM ONE IMPLEMENTATION PLAN TO THE NEXT.

THE FOLLOWING PROGRAMS DESCRIBE HOW WELLSTAR HEALTH SYSTEM HAS CONTINUED BUILDING AND ALIGNING FOR HEALTH EQUITY.

CONGREGATIONAL HEALTH NETWORK

WELLSTAR'S CONGREGATIONAL HEALTH NETWORK (CHN) SERVES AS A BRIDGE BETWEEN OUR HEALTHCARE SYSTEM AND FAITH COMMUNITIES. COORDINATED BY A FULL-TIME REGISTERED NURSE WHO SPECIALIZES IN FAITH COMMUNITY NURSING, WELLSTAR'S PROGRAM IS DESIGNED TO ASSIST CONGREGATIONS OF ALL FAITHS TO DEVELOP OR SUPPORT VOLUNTEER OR PAID HEALTH MINISTRIES. WITH MORE THAN 100 CONGREGATIONS AND 1,500 SPIRITUAL CARE PARTNERS, CHN SERVES AS A KEY TO

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

WELLSTAR'S SUCCESSFUL IMPLEMENTATION OF EQUITY-CENTERED PROGRAMS. THROUGH THIS NETWORK, WELLSTAR CAN DIFFUSE INFORMATION, IMPLEMENT PROGRAMS AT TRUSTED NEIGHBORHOOD-BASED SITES AND STRENGTHEN THE ORGANIZATIONS TO PROVIDE WHOLE-PERSON SUPPORT.

COMMUNITY CLINIC NETWORK

ACCORDING TO THE CHNA ACCESS TO CARE INDICATORS, MANY MEMBERS OF WELLSTAR'S COMMUNITY HAVE CARE ACCESS CHALLENGES IN LARGE PART DUE TO INSURANCE CONSTRAINTS AND PROVIDER ACCESS SHORTAGES. ACCORDING TO HEALTHY PEOPLE 2020, "ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE SERVICES IS IMPORTANT FOR PROMOTING AND MAINTAINING HEALTH, PREVENTING AND MANAGING DISEASE, REDUCING UNNECESSARY DISABILITY AND PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY." WELLSTAR IS COMMITTED TO SERVING OUR COMMUNITY'S MOST VULNERABLE AND UNDER-RESOURCED POPULATIONS. IN 2016, WELLSTAR 4-1 CARE WAS CREATED TO INCREASE ACCESS TO CARE AND THE CAPACITY OF PARTNERING COMMUNITY CLINICS BY PROVIDING REDUCED-COST OUTPATIENT MEDICAL SERVICES. RESEARCH HAS SHOWN THAT WHEN HEALTHCARE SYSTEMS LIKE WELLSTAR PARTNER WITH COMMUNITY SAFETY-NET CLINICS, THE FOLLOWING CAN OCCUR.

- REDUCTION IN EMERGENCY DEPARTMENT VISITS
- REDUCTION IN AVOIDABLE READMISSIONS
- INCREASE IN PATIENT SATISFACTION SCORES PREVENT ILLNESS BY PROMOTING HEALTHY BEHAVIORS IN PEOPLE WITHOUT RISK FACTORS (E.G., DIET AND EXERCISE COUNSELING)
- PREVENT ILLNESS BY PROVIDING PROTECTION TO THOSE AT RISK (E.G.,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

CHILDHOOD VACCINATIONS)

- IDENTIFY AND TREAT PEOPLE WITH NO SYMPTOMS, BUT WHO HAVE RISK FACTORS,
BEFORE THE CLINICAL ILLNESS DEVELOPS (E.G., SCREENING FOR HYPERTENSION OR
DIABETES)

COMMUNITY CLINIC NETWORK (CONT.)

THE COMMUNITY CLINIC NETWORK HAS EVOLVED TO ADVANCE WELLSTAR'S ABILITY TO
SUPPORT COMMUNITY ACCESS TO CARE AND SOCIAL SUPPORT SERVICES. AS
WELLSTAR'S GEOGRAPHICAL FOOTPRINT HAS EXPANDED, WELLSTAR IS ALSO
COMMITTED TO FORGING NEW PARTNERSHIPS WITH COMMUNITY CLINICS (I.E.,
COMMUNITY SAFETY-NET CLINICS, COMMUNITY HEALTH CENTERS AND FEDERALLY
QUALIFIED HEALTH CENTERS) TO MORE COLLECTIVELY ACHIEVE OPTIMAL OUTCOMES
FOR MORE MEDICALLY UNDERSERVED AND UNINSURED RESIDENTS. IN ADDITION, THE
COMMUNITY CLINIC NETWORK EVOLVED TO INCLUDE COMMUNITY BENEFIT SUPPORT OF
WELLSTAR'S THREE COMMUNITY CLINICS-WELLSTAR AMC SHEFFIELD COMMUNITY
CLINIC, WELLSTAR KENNESTONE COMMUNITY CLINIC AND WELLSTAR WEST GEORGIA
COMMUNITY SERVICE CLINIC. IN ALIGNMENT WITH WELLSTAR'S FINANCIAL
ASSISTANCE PROGRAM (FAP), THESE COMMUNITY-BASED CLINICS PROVIDE
CHARITABLE DISCOUNTED OR FREE CARE BASED ON SOCIOECONOMIC FACTORS LIKE A
PATIENT'S HOUSEHOLD INCOME, INSURANCE STATUS AND/OR FAMILY SIZE. THESE
CLINICS HELP SOME OF WELLSTAR'S MOST UNDER-RESOURCED AND VULNERABLE
COMMUNITY MEMBERS RECEIVE MEDICAL SERVICES LIKE CHRONIC DISEASE
MANAGEMENT, WELLNESS EXAMS, VACCINATIONS AND MEDICATION COUNSELING. IN
PARTNERSHIP WITH PHYSICIAN LEADERSHIP, GRADUATE MEDICAL EDUCATION (GME)
RESIDENTS SERVE PATIENTS AT THE SHEFFIELD AND KENNESTONE CLINICS. TO
SUPPORT THESE WELLSTAR GME RESIDENTS, STRUCTURED EDUCATION HAS BEEN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

PROVIDED TO HELP RESIDENTS BETTER UNDERSTAND HEALTH DISPARITIES, HEALTH EQUITY AND COMMUNITY HEALTH PRIORITIES. THROUGH THE COMMUNITY CLINIC NETWORK, WELLSTAR WILL CONTINUE TO LEVERAGE THE FACT THAT COMMUNITY-BASED CLINICS ARE LONG RECOGNIZED FOR THEIR ABILITY TO EFFECTIVELY IMPROVE AND EXPAND PATIENT ACCESS TO MEDICAL, DENTAL AND MENTAL HEALTH SERVICES.

COMMUNITY TRANSFORMATION PROGRAM

ACCESS TO HEALTH CARE IMPACTS AN INDIVIDUAL'S ABILITY TO OBTAIN AND MAINTAIN ADEQUATE PHYSICAL, SOCIAL AND MENTAL HEALTH STATUS. WELLSTAR'S CHNA IDENTIFIED BOTH THE NEED FOR ACCESS TO HEALTH CARE AND SOCIAL SUPPORT AS LEADING HEALTH CONCERNS FOR DISPARATE AND UNDERSERVED COMMUNITIES. DURING THE COVID-19 PANDEMIC, UNDERSERVED COMMUNITIES INCREASINGLY EXPERIENCED HEALTH DISPARITIES AND GAPS IN SUPPORT; COMMUNITY-BASED ORGANIZATIONS EXPERIENCED NEED FOR RELIABLE AND SUSTAINABLE SOLUTIONS FOR OFFERING VIRTUAL CARE. WELLSTAR CENTER FOR HEALTH EQUITY'S COMMUNITY TRANSFORMATION PROGRAM PROVIDES A SCALABLE SOLUTION FOR IMPROVING ACCESS TO CARE IN PARTNERSHIP WITH TRUSTED COMMUNITY NON-PROFIT ORGANIZATIONS.

EACH YEAR, WELLSTAR FUNDS A COHORT OF INITIATIVES THAT LEVERAGE TECHNOLOGY TO PRODUCE LONG-TERM, SUSTAINABLE CHANGES IN THE COMMUNITIES WE SERVE. INITIATIVES ARE EXPECTED TO BE TAILORED TO A COMMUNITY NEED AND ALIGN WITH EACH PARTNER'S MISSION. AT THE END OF 12 MONTHS, PARTNERS ARE EXPECTED TO DEMONSTRATE IMPROVEMENTS IN:

- ACCESS TO HEALTH CARE SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY AND CULTURALLY APPROPRIATE MEDICAL CARE WHEN THEY NEED IT; OR,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

- ACCESS TO SOCIAL DETERMINANTS OF HEALTH SUPPORT SERVICES SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY FOOD, EMPLOYMENT, HOUSING, TRANSPORTATION, EDUCATION AND LEGAL RESOURCES TO IMPROVE DAILY LIVING WHEN THEY NEED IT.

SOUL SUPPORT

TO ADDRESS THE BEHAVIORAL NEEDS OF COMMUNITY MEMBERS AND MITIGATE THE ROLE OF MENTAL HEALTH STIGMA, WELLSTAR LAUNCHED AN INITIATIVE CALLED SOUL SUPPORT, WHICH INCLUDES THREE EVIDENCE-BASED PROGRAMS TO PROVIDE MENTAL HEALTH EDUCATION AND SUPPORT. THE FOLLOWING PROGRAMS ARE FACILITATED THROUGH WELLSTAR'S CONGREGATIONAL HEALTH NETWORK, WHEREBY PROGRAMS TAKE PLACE AT FAITH-BASED ORGANIZATIONS.

1. WELLSTAR PARTNERS WITH ATLANTA REGIONAL COMMISSION'S HEALTHY AGING DIVISION TO PROVIDE "POWERFUL TOOLS FOR CAREGIVERS" - A SIX-WEEK SERIES SPECIFICALLY DESIGNED TO HELP CAREGIVERS LEARN TO TAKE BETTER CARE OF THEMSELVES. POWERFUL TOOLS IS PRESENTED BY CERTIFIED LAY LEADERS. THE WORKSHOP USES AN EVIDENCE-BASED CURRICULUM THAT HAS BEEN FOUND TO HAVE SIGNIFICANT POSITIVE RESULTS FOR PARTICIPANTS.

2. QUESTION, PERSUADE AND REFER (QPR) INSTITUTE STARTED AS A JOINT EFFORT WITH A WASHINGTON STATE MENTAL HEALTH CENTER AND THEIR MISSION IS TO "SAVE LIVES AND REDUCE SUICIDAL BEHAVIORS BY PROVIDING INNOVATIVE, PRACTICAL AND PROVEN SUICIDE PREVENTION TRAINING." THE PRIMARY OBJECTIVES ARE TO TRAIN PARTICIPANTS TO UNDERSTAND THE NATURE AND RANGE OF SUICIDAL COMMUNICATIONS AND HOW TO INTERVENE ON BEHALF OF SUICIDAL AND IN-CRISIS PEOPLE, PROVIDING LOCAL MENTAL HEALTH RESOURCES AS WELL. QPR IS USED TO

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

HELP SAVE LIVES FROM SUICIDE BY TRAINING INDIVIDUALS HOW TO RECOGNIZE THE WARNING SIGNS OF A SUICIDE CRISIS AND HOW TO "QUESTION, PERSUADE AND REFER SOMEONE TO HELP."

3. MENTAL HEALTH FIRST AID IS A PUBLIC EDUCATION PROGRAM "THAT CAN HELP COMMUNITIES UNDERSTAND MENTAL ILLNESSES, SEEK TIMELY INTERVENTION, AND SAVE LIVES." BY PROVIDING EDUCATION SURROUNDING MENTAL ILLNESS AS WELL AS RESOURCES AVAILABLE IN THEIR AREA, FAITH-BASED LEADERS WILL BE MORE KNOWLEDGEABLE IN WAYS TO SUPPORT THEIR CONGREGANTS. IT WAS DEVELOPED IN 2001 WITH THE GOAL OF PROVIDING PARTICIPANTS WITH THE TOOLS NEEDED TO START A CONVERSATION ABOUT MENTAL HEALTH AND SUBSTANCE USE PROBLEMS AS WELL AS RESOURCES AVAILABLE.

COLORECTAL CANCER SCREENING IN PARTNERSHIP WITH BLKHLTH AND COTTONELLE WELLSTAR CENTER FOR HEALTH EQUITY ESTABLISHED A PARTNERSHIP WITH BLKHLTH, A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO REDUCE THE IMPACT OF RACISM THROUGH EDUCATION AND ACTION. ONE OF THEIR CURRENT INITIATIVES IS A COLLABORATION WITH COTTONELLE ON THE #GOODDOWNTHERE CAMPAIGN. THIS NATIONAL PROGRAM IS DESIGNED TO REDUCE STIGMA SURROUNDING COLORECTAL CARE BY PROVIDING EQUITY-CENTRIC ACCESS FOR COLORECTAL CANCER TO BLACK AMERICANS. COLORECTAL CANCER, ALSO CALLED COLON OR RECTAL CANCER, IS THE THIRD MOST COMMON CANCER IN THE UNITED STATES AND THE SECOND MOST COMMON CANCER-RELATED DEATH. THROUGH THEIR COLLABORATION WITH COTTONELLE, BLKHLTH PROVIDES WELLSTAR WITH COMPLIMENTARY COLORECTAL CANCER SCREENING KITS TO BE DISTRIBUTED ACROSS OUR SERVICE AREA. MEMBERS OF WELLSTAR'S CONGREGATIONAL HEALTH NETWORK SERVE AS AMBASSADORS TO DISTRIBUTE THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

SCREENING KITS WITHIN THEIR COMMUNITIES. OUR GOAL IS TO BRING EDUCATION
AND ACCESS TO INDIVIDUALS WHO HAVE NOT BEEN SCREENED DUE TO FEAR, LACK OF
HEALTH INSURANCE OR LACK OF KNOWLEDGE.

BREAST CANCER SCREENING

FOR THE PAST TEN YEARS, WELLSTAR HAS PROVIDED BREAST SCREENING AND
DIAGNOSTIC SERVICES TO INDIVIDUALS WHO LACK ACCESS TO OR ARE UNABLE TO
AFFORD THESE LIFE-SAVING SERVICES WITHIN WELLSTAR'S SERVICE AREAS. BY
PROVIDING THESE SERVICES AT NO COST TO THOSE IN NEED, WE SEEK TO
ELIMINATE EXISTING BREAST CANCER DISPARITIES AND DECREASE THE NUMBER OF
LATE-STAGE BREAST CANCER DIAGNOSES BY PROVIDING ACCESS TO HEALTHCARE
WITHIN THE COMMUNITIES WE SERVE. THIS PROGRAM INCREASES THE NUMBER OF
REGULAR MAMMOGRAM SCREENINGS AND DIAGNOSTIC SERVICES PROVIDED,
PARTICULARLY WITHIN HIGH-RISK COMMUNITIES, ENABLING WELLSTAR HEALTHCARE
PROVIDERS TO DETECT BREAST CANCER AT AN EARLIER STAGE AND RESULTING IN
BETTER TREATMENT OPTIONS AND IMPROVED OUTCOMES FOR OUR COMMUNITY MEMBERS.
TO IDENTIFY PATIENTS WHO NEED ACCESS TO THESE SERVICES MOST, WE PARTNER
WITH LOCAL HEALTH DEPARTMENTS, COMMUNITY CLINICS, A CONGREGATIONAL NURSE
NETWORK AND A ROBUST LIST OF OTHER TRUSTED COMMUNITY ORGANIZATIONS. THE
WELLSTAR PHYSICIAN LIAISON TEAM AND WELLSTAR CLINICAL PARTNERS TEAM ALSO
WORKS WITH 3,000+ WELLSTAR MEDICAL GROUP PHYSICIANS AND PARTNER
PHYSICIANS THROUGHOUT OUR SERVICE AREA TO GENERATE REFERRALS TO THE
PROGRAM.

MOBILE MARKET PROGRAM

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

IN 2020, WELLSTAR LAUNCHED A MOBILE MARKET PROGRAM TO FEED MORE THAN 700 METRO ATLANTA AT-RISK FAMILIES ACROSS SIX GEORGIA COUNTIES. IN COLLABORATION WITH GOODR, THE JOINT INITIATIVE ADDRESSES FOOD ACCESS FOR VULNERABLE COMMUNITIES IN WELLSTAR'S SERVICE AREAS. THE SPRING-SUMMER MOBILE MARKET PROGRAM INCLUDED SEVEN COMMUNITY-BASED LOCATIONS THAT PROVIDED FREE, FRESH AND HEALTHY FOOD OPTIONS MONTHLY TO 100 FAMILIES IN NEED AT EACH LOCATION. THROUGH WELLSTAR FOUNDATION AND VITAL COMMUNITY FUNDING, GOODR PROVIDED FOOD AND STAFFING SUPPORT FOR THIS PROGRAM, REGISTERED PARTICIPANTS AND PROVIDED IMPACT REPORTING EACH MONTH. WELLSTAR PROVIDED PROGRAM LOGISTICAL SUPPORT, PARTICIPANT INCENTIVES AND NUTRITION EDUCATION. NEW COMMUNITY PARTNERS HELPED RECRUIT VOLUNTEERS AND SET UP FOOD DISTRIBUTION SITES IN KEY SERVICE AREAS, INCLUDING COBB, TROUP, FULTON, SPALDING, PAULDING, AND DOUGLAS COUNTIES.

SINCE THEN, THE WELLSTAR MOBILE MARKET PROGRAM HAS EXPANDED TO INCLUDE:

- THE ADDITION OF BUTTS COUNTY AS A PRIORITY LOCATION,
- ON-SITE HEALTH EDUCATION IN ALIGNMENT WITH HEALTH AWARENESS MONTHS,

AND

- AVAILABILITY OF A BENEFITS SPECIALIST TO ASSIST FAMILIES WITH

ENROLLMENT INTO PUBLIC FOOD PROGRAMS.

FOOD RESCUE PROGRAM

IN GEORGIA, FOOD RESIDUALS MAKE UP 12% OF LANDFILL WASTE ANNUALLY. THAT'S NEARLY 151 POUNDS OF FOOD PER GEORGIAN EVERY YEAR, A TOTAL OF 1.6 BILLION POUNDS OF TRASH ANNUALLY IN GEORGIA. THIS AMOUNT OF FOOD WASTE ALSO WASTES \$1.92 BILLION EACH YEAR.

IN PARTNERSHIP WITH SECOND HELPINGS ATLANTA AND GOODR, WELLSTAR LAUNCHED

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

A FOOD RESCUE PROGRAM. THROUGH THIS PROGRAM, HIGH-QUALITY AND NUTRITIOUS FOOD FROM WELLSTAR EATERIES, INCLUDE SELECT HOSPITAL CAFETERIAS, IS PICKED UP AND REDISTRIBUTED TO NON-PROFIT ORGANIZATIONS THROUGHOUT WELLSTAR'S SERVICE AREA.

BY RECAPTURING FRESH FOOD THAT MIGHT OTHERWISE BE DISCARDED, WE REDUCE FOOD WASTE WHILE GUARANTEEING ACCESS TO FRESH PRODUCE AND HEALTHY MEALS FOR EMERGENCY FOOD PROGRAMS AND INDIVIDUALS IN NEED. THE GOAL IS TO BECOME A ZERO-FOOD WASTE HEALTHCARE SYSTEM IN THE NEXT TEN YEARS.

PERINATAL KIT PROGRAM WITH HEALTHY MOTHERS, HEALTHY BABIES - TO ADDRESS THE MATERNAL HEALTH CRISIS THROUGH AN EQUITY LENS, WELLSTAR COMMUNITY HEALTH AND WELLSTAR CENTER FOR HEALTH EQUITY HAS PARTNERED WITH HEALTHY MOTHERS, HEALTHY BABIES COALITION OF GEORGIA (HMHGCA). HMHGCA HAS IMPACTED THE HEALTH AND WELLBEING OF WOMEN, CHILDREN, AND FAMILIES FOR THE PAST 40 YEARS BY SUPPORTING THE COMMUNITY THROUGH DIRECT SERVICES, ADVOCACY, AND COMMUNITY EDUCATION. WELLSTAR'S PARTNERSHIP TO HELP EXPAND THE ORGANIZATION'S PERINATAL CARE PACKAGE PROJECT (PCP) PROVIDES SUPPORT TO PREGNANT AND POSTPARTUM BIRTH GIVERS AND ENCOURAGES POSITIVE MATERNAL HEALTH AND WELLNESS BY PROVIDING VITAL RESOURCES AND EDUCATION. THE PARTNERSHIP REACHES 150 BIRTH GIVERS PER MONTH WHO RESIDE IN GEORGIA'S MOST VULNERABLE COMMUNITIES.

WELLSTAR PARTNERS WITH MOREHOUSE SCHOOL OF MEDICINE TO SUPPORT AT-RISK POPULATIONS -

WELLSTAR HEALTH SYSTEM JOINED THE MOREHOUSE SCHOOL OF MEDICINE (MSM)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

NATIONAL COVID-19 RESILIENCY NETWORK (NCRN) OF PARTNERS TO FURTHER INFORM
COMMUNITY-DRIVEN RESPONSE, RECOVERY AND RESILIENCY STRATEGIES FOR
ADDRESSING THE IMPACT OF COVID-19 ON COMMUNITIES.

IN RESPONSE TO THE NEEDS OF AT-RISK COMMUNITIES ACROSS THE HEALTH
SYSTEM'S SERVICE AREAS, WELLSTAR HAS PARTNERED WITH THE MSM-NCRN AND ITS
40 NETWORK PARTNERS ACROSS THE U.S. TO COLLABORATE ON OFFERING
COVID-19-RELATED SERVICES TO DISPROPORTIONATELY IMPACTED COMMUNITIES.

WELLSTAR WAS THE FIRST GEORGIA-BASED HEALTH SYSTEM TO BECOME A NATIONAL
PARTNER IN THIS IMPORTANT NEW INITIATIVE.

THE MSM-NCRN COORDINATES A STRATEGIC AND STRUCTURED NATIONAL NETWORK OF
NATIONAL, STATE/TERRITORIAL/TRIBAL AND LOCAL PUBLIC AND COMMUNITY-BASED
ORGANIZATIONS THAT, TOGETHER, WORK TO MITIGATE THE IMPACT OF COVID-19 ON
RACIAL AND ETHNIC MINORITY AND RURAL POPULATIONS. THE NETWORK HELPS TO
PROVIDE AWARENESS OF CULTURALLY APPROPRIATE HEALTH EDUCATION INFORMATION
AND LINKAGE TO CARE, HELPING ORGANIZATIONS AND FAMILIES RECOVER FROM
PANDEMIC DIFFICULTIES. IN ADDITION TO EDUCATIONAL AND INFORMATIONAL
RESOURCES IN AT LEAST 10 LANGUAGES TO ACCOMMODATE CULTURAL COMPETENCY,
INITIATIVES WILL INCLUDE COVID-19 TESTING, VACCINATIONS FOLLOWING PHASES
DIRECTED BY DPH AND TRAINING OPPORTUNITIES FOR COMMUNITY LEADERS.

IN FY2022 THE TOTAL UNCOMPENSATED CARE, OTHER COMMUNITY BENEFITS AND
COMMUNITY INVESTMENTS PROVIDED BY WELLSTAR WAS OVER \$ 1.4 BILLION.

COMMITMENT TO THE COMMUNITY BREAKDOWN:

CHARITY & INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 347,351,000 MEDICAID1-

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2021

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Inspection**

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58-2026750

SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 213,474,000 MEDICARE SHORTFALLS
(UNCOMPENSATED CARE COSTS) - \$ 419,782,000 OTHER PATIENTS (UNCOMPENSATED
CARE COSTS) - \$ 184,238,000
TOTAL UNCOMPENSATED CARE - \$ 1,164,845,000

OTHER COMMUNITY PROGRAMS (PARTICIPATION IN COALITIONS) - \$ 629,000 OTHER
COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 809,000 OTHER
COMMUNITY PROGRAMS (HEALTH CARE SUPPORT) - \$ 12,659,000
TOTAL OTHER COMMUNITY PROGRAMS - \$ 14,097,000

COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 187,158,000
COMMUNITY INVESTMENTS (ALLIED HLTH/MEDICAL EDUCATION) - \$ 10,836,000
COMMUNITY INVESTMENTS (OPERATIONS - STAFF/SOFTWARE) - \$ 1,560,000
TOTAL COMMUNITY INVESTMENTS - \$ 199,554,000

WELLSTAR CONTINUES TO PARTICIPATE IN THE CENTER FOR MEDICARE AND MEDICAID
SERVICES (CMS) MEDICARE SAVINGS PROGRAM AS AN ACCOUNTABLE CARE
ORGANIZATION (ACO). WELLSTAR'S ACO IS THE LARGEST ACO IN GEORGIA AND
2,906 PHYSICIANS INCLUDING 43,004 MEMBERS. THE ACO HAS BEEN RECOGNIZED AS
ONE OF THE TOP 100 ACO'S IN THE COUNTRY. THE PROGRAM HAS BEEN SUCCESSFUL
THROUGH A FOCUS ON WELLNESS AND THE IMPROVED MANAGEMENT OF CHRONIC
ILLNESSES AND THE RELATED COORDINATION OF CARE, TO ENSURE PATIENTS,
ESPECIALLY CHRONICALLY ILL, GET THE RIGHT CARE AT THE RIGHT TIME TO
MAINTAIN THEIR OPTIMAL HEALTH AND AVOID THE NEED FOR HIGH-COST EMERGENCY
AND HOSPITAL CARE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

AWARDS, RECOGNITION AND ACCOMPLISHMENTS

WELLSTAR WAS INCLUDED IN THE 2021 SERAMOUNT BEST COMPANIES FOR MULTICULTURAL WOMEN. THIS LIST HIGHLIGHTS COMPANIES THAT HELP BLACK, HISPANIC, ASIAN, NATIVE AMERICAN AND PACIFIC ISLANDER WOMEN ADVANCE. THIS INCLUDES EVALUATION OF LEADERSHIP DEVELOPMENT, SPONSORSHIP, EMPLOYEE RESOURCE GROUPS AND MANAGEMENT ACCOUNTABILITY FOR PROMOTIONS. WELLSTAR WAS ALSO INCLUDED IN THE TOP COMPANIES FOR EXECUTIVE WOMEN. SINCE 1986, SERAMOUNT HAS SURVEYED ORGANIZATIONS THAT ARE COMMITTED TO WOMEN'S ADVANCEMENT, DIVERSITY AND INCLUSION AND FAMILY-FRIENDLY WORKPLACE CULTURE.

HEALTHGRADES RECOGNIZES HOSPITALS THAT DELIVER SUPERIOR PATIENT OUTCOMES WITHIN 17 SERVICE LINES AS RECIPIENTS OF HEALTHGRADES SPECIALTY EXCELLENCE AWARDS. HEALTHGRADES EVALUATES HOSPITAL QUALITY FOR CONDITIONS AND PROCEDURES BASED SOLELY ON CLINICAL OUTCOMES TO HELP CONSUMERS UNDERSTAND AND COMPARE HOSPITAL PERFORMANCE TO SUPPORT THEIR CARE CHOICES. IN 2022 WELLSTAR COBB MEDICAL CENTER RECEIVED EXCELLENCE AWARDS FOR VASCULAR SURGERY, STROKE CARE, JOINT REPLACEMENT AND PULMONARY CARE. HEALTHGRADES NAMED BOTH WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER AND WELLSTAR COBB MEDICAL CENTER IN THE TOP 5 PERCENT IN THE NATION FOR OVERALL CLINICAL EXCELLENCE AND RANKED BOTH IN THE 2021 "TOP 250 BEST HOSPITALS."

WELLSTAR PAULDING MEDICAL CENTER WAS A 2021 RECIPIENT OF THE EMERGENCY NURSES ASSOCIATION (ENA) LANTERN AWARD. THIS RECOGNITION AWARD IS GIVEN

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

TO EMERGENCY DEPARTMENTS THAT EXEMPLIFY EXCEPTIONAL PRACTICE AND
INNOVATIVE PERFORMANCE IN THE CORE AREAS OF LEADERSHIP, PRACTICE,
EDUCATION, ADVOCACY AND RESEARCH. THIS AWARD IS A VISIBLE SYMBOL OF AN
EMERGENCY DEPARTMENT'S COMMITMENT TO QUALITY AND SAFETY AND THE PRESENCE
OF A HEALTHY WORK ENVIRONMENT.

WELLSTAR HEALTH SYSTEM WAS RECOGNIZED AS A PEOPLE MAGAZINE COMPANIES THAT
CARE. THIS LIST HIGHLIGHTS THE TOP U.S. COMPANIES THAT HAVE SUCCEEDED IN
BUSINESS WHILE ALSO DEMONSTRATING OUTSTANDING RESPECT, CARE AND CONCERN
FOR THEIR EMPLOYEES, COMMUNITIES AND THE ENVIRONMENT. PEOPLE MAGAZINE
TEAMED UP WITH GREAT PLACE TO WORK® TO PRODUCE THE RANKING USING THE
WORKPLACE ANALYTIC FIRM'S EXTENSIVE DATABASE AND INSIDE KNOWLEDGE OF
OUTSTANDING WORKPLACES AROUND THE GLOBE.

JOHN KUEVEN, PRESIDENT OF WELLSTAR PAULDING MEDICAL CENTER, WAS AN
HONORED 2022 RECIPIENT OF THE BALDRIGE FOUNDATION AWARDS FOR LEADERSHIP
EXCELLENCE. THE BALDRIGE FOUNDATION INSPIRES ORGANIZATIONS TO ACHIEVE
EXCELLENCE IN ALL THEY DO WITH PRIDE AND SOCIETAL RESPONSIBILITY. THE
AWARDS FOR LEADERSHIP EXCELLENCE RECOGNIZE LEADERS IN MULTIPLE SECTORS
WHO PROVIDE OUTSTANDING SUPPORT TO BALDRIGE AND THE FOUNDATION'S MISSION
TO SUPPORT ORGANIZATIONAL PERFORMANCE EXCELLENCE IN THE UNITED STATES AND
THROUGHOUT THE WORLD.

WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER WAS THE FIRST IN METRO
ATLANTA TO BE ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR RECTAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

CANCER (NAPRC), A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS.
THIS IS THE MOST CHALLENGING RECOGNITION TO ACHIEVE IN RECTAL CANCER
TREATMENT, HIGHLIGHTING THE EXCEPTIONAL LEVEL OF RECTAL CANCER CARE
PEOPLE RECEIVE HERE. THE ACCREDITATION WAS GRANTED IN 2022. THE NAPRC IS
BASED ON SUCCESSFUL INTERNATIONAL MODELS THAT EMPHASIZE PROGRAM
STRUCTURE, PATIENT CARE PROCESSES, PERFORMANCE IMPROVEMENT AND
PERFORMANCE MEASURES.

AS A RESULT OF ITS COMMITMENT TO PATIENTS IN THEIR TIMES OF NEED,
WELLSTAR WEST GEORGIA MEDICAL CENTER WAS DESIGNATED A LEVEL IV TRAUMA
CENTER BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH). LEVEL IV TRAUMA
CENTERS DEMONSTRATE THE ABILITY TO PROVIDE TRAUMA LIFE SUPPORT PRIOR TO
TRANSFER OF PATIENTS TO A HIGHER-LEVEL TRAUMA CENTER WHEN NECESSARY. THE
DIFFERENT LEVEL NUMBERS INDICATE THE KINDS OF RESOURCES AVAILABLE IN A
TRAUMA CENTER AND THE NUMBER OF PATIENTS ADMITTED YEARLY.

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

HOSPITAL, INC., WELLSTAR WEST GEORGIA MEDICAL CENTER, INC., WINDY HILL
HOSPITAL, WELLSTAR MEDICAL GROUP, LLC AND VARIOUS OTHER OWNED ENTITIES AS
LISTED IN SCHEDULE R. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND
TRANSACTIONS HAVE BEEN ELIMINATED IN COMBINATION.

FORM 990, PART 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 DOUGLAS HOSPITAL, 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

FORM 990, PART VI, SECTION A, LINE 4

EFFECTIVE APRIL 2022, WELLSTAR HEALTH SYSTEM THROUGH BOARD RESOLUTION
CHANGED THE COMPOSITION OF THE OFFICERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 6

THE SOLE CORPORATE MEMBER IS WELLSTAR HEALTH SYSTEM, INC.

FORM 990, PART VI, SECTION A, LINES 7A & 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

MEMBER, WELLSTAR HEALTH SYSTEM, INC. HOLDS CERTAIN POWERS OF ELECTION AND APPROVAL IN CONNECTION WITH THE GOVERNING BODY OF THE ORGANIZATION. THESE POWERS ARE PRESENTED IN DETAIL IN THE GOVERNING DOCUMENTS WHICH THE COMPANY MAKES AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 11B

BOARD REVIEW OF FORM 990

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

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

OUR CONFLICT-OF-INTEREST POLICY REQUIRES ALL COVERED PERSONS TO ANNUALLY REVIEW THE POLICY AND THEN COMPLETE, SIGN AND RETURN THE CONFLICTS OF INTEREST SURVEY AND ATTESTATION TO THE COMPLIANCE OFFICE. THE POLICY REQUIRES AN 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

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

58-2026750

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.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

COMPENSATION OF OFFICERS

WELLSTAR HEALTH SYSTEM, INC. HAS ENGAGED SULLIVAN COTTER TO WORK WITH THE
GOVERNING BOARD AND COMPENSATION COMMITTEE TO REVIEW AND RECOMMEND
EXECUTIVE COMPENSATION. THE EXECUTIVE COMPENSATION PROCESS AT WELLSTAR IS
OVERSEEN BY A COMMITTEE OF INDEPENDENT TRUSTEES, WHICH FOLLOWS A
BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY. THE COMPENSATION
COMMITTEE CONSISTS OF FIVE TRUSTEES. THE CEO AND CHIEF HUMAN RESOURCES
OFFICERS PARTICIPATE IN AN ADVISORY ROLE, AND NOT AS VOTING MEMBERS.
FURTHER IN COMMITTEE DISCUSSIONS ABOUT THE COMPENSATION FOR THE CHIEF
EXECUTIVE OFFICER, THE CEO RECUSES HIM/HERSELF FROM THAT PROCESS. THE
EXECUTIVE COMPENSATION PHILOSOPHY EMPOWERS THE COMMITTEE TO OVERSEE THE
EXECUTIVE COMPENSATION PROCESS AND ADMINISTER THE EXECUTIVE COMPENSATION
PROGRAM ON BEHALF OF THE FULL BOARD OF TRUSTEES OF WELLSTAR; PROVIDED,
HOWEVER, THE FULL BOARD OF TRUSTEES EVALUATES AND APPROVES THE
COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE PHILOSOPHY REQUIRES

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

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.

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

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

INSPECT AND COPY ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AS MAY BE REQUESTED FROM TIME TO TIME. ADDITIONALLY, THE ORGANIZATION'S FORM 990 IS MADE READILY AVAILABLE ON THE GUIDESTAR WEBSITE. PERIODICALLY, THE ORGANIZATION PUBLISHES A COMMUNITY BENEFIT REPORT ONCE A YEAR FOR DISTRIBUTION TO THE PUBLIC. IN ACCORDANCE WITH O.C.G.A SECTION 31-7-22 AND THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH'S RULES AND REGULATIONS FOR HOSPITAL TRANSPARENCY CHAPTER 111-8-41 THE APPLICABLE DOCUMENTS ARE POSTED ON THE WELLSTAR.ORG WEBSITE IN THE WELLSTAR HOSPITAL TRANSPARENT INFORMATION SECTION. UNDER ITS CONTINUING DISCLOSURE AGREEMENTS FOR PUBLIC BONDS OUTSTANDING FINANCIAL AND STATISTICAL INFORMATION IS POSTED AND REPORTED ON EMMA.MSRB.ORG ON A QUARTERLY AND ANNUAL BASIS.

FORM 990, PART VII

OFFICERS HOURS WORKED

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

FORM 990, PART VII & 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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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2021

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

DOUGLAS HOSPITAL, INC.

58-2026750

RESPONSIBILITIES FOR THESE INDIVIDUALS (INCLUDING FEDERAL EMPLOYMENT TAX
REPORTING RESPONSIBILITIES) ARE HANDLED BY WELLSTAR HEALTH SYSTEM, INC.
(EIN 58-1649541).

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

FOR THE REPORTING PERIOD DOUGLAS HOSPITAL, INC. HAD A CHANGE IN NET
ASSETS OF (\$457,088) RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE
ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE
YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DOUGLAS HOSPITAL, INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-2026750

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.

(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
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COBB SOUTH PARKING DECK 75-299 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(2) KENNESTONE EAST PARKING DECK, 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(3) GRIFFIN IMAGING, LLC 793 SAWYER ROAD MARIETTA, GA 3	IMAGING CENTE	GA	N/A									
(4) WELLSTAR SPALDING EMS/SPALDING 793 SAWYER ROAD MARIETTA, GA 3	OFF. BLDG/EMS	GA	N/A									
(5) NORTH FULTON PARKING DECK, LP 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(6) SPALDING HEALTH SYSTEM, LLC 58 793 SAWYER ROAD MARIETTA, GA 3	PHYS. HOSP. O	GA	N/A									
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY ASSURANCE CO. 58-1649541 3RD FL BARCLAYS HSE, SHEDDEN ROAD GEORGE TOWN, CJ	INSURANCE	CJ	WHS, INC.	C CORP					
(2) WEST GEORGIA HEALTH PHYSICIANS, INC. 27-5125341 793 SAWYER ROAD MARIETTA, GA 30062-2222	PHYSICIAN PRA	GA	WGHS, INC.	C CORP					
(3) WELLSTAR HEALTH PLAN, INC. 46-1922499 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTH INSURA	GA	WHS, INC.	C CORP					
(4)									
(5)									
(6)									
(7)									

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

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

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

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
COBB HOSPITAL, INC. 793 SAWYER ROAD	58-0968382 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
KENNESTONE HOSPITAL, INC. 793 SAWYER ROAD	58-2032904 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
PAULDING MEDICAL CENTER, INC. 793 SAWYER ROAD	58-2095884 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WELLSTAR FOUNDATION, INC. 793 SAWYER ROAD	58-1627413 MARIETTA, GA 30062 FOUNDATION	GA	501(C)(3)	12 II	WHS, INC.		X
WELLSTAR HEALTH SYSTEM, INC. 793 SAWYER ROAD	58-1649541 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	12 II	N/A		X
WELLSTAR ATLANTA MEDICAL CENTER, INC. 793 SAWYER ROAD	81-0837031 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WELLSTAR NORTH FULTON HOSPITAL, INC. 793 SAWYER ROAD	81-0851756 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WELLSTAR SPALDING REGIONAL HOSPITAL, INC. 793 SAWYER ROAD	81-0864789 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WELLSTAR SYLVAN GROVE HOSPITAL, INC. 793 SAWYER ROAD	81-0875069 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WEST GEORGIA HEALTH SERVICES, INC. 793 SAWYER ROAD	20-5497622 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.		X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
WEST GEORGIA MEDICAL CENTER, INC. 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WGHS, INC.		X
VERNON WOODS RETIREMENT COMMUNITY, INC. 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	10	WGHS, INC.		X
WEST GEORGIA HEALTH FOUNDATION, INC. 793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	12 II	WGHS, INC.		X
MEDICAL PARK FOUNDATION, INC. 1514 VERNON ROAD LAGRANGE, GA 30240	FOUNDATION	GA	501(C)(3)	7	WGHS, INC.		X