

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](http://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>B</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	<b>C</b> Name of organization <u>KENNESTONE HOSPITAL, INC.</u>			<b>D</b> Employer identification number <u>58-2032904</u>
	Doing Business As			<b>E</b> Telephone number <u>(770) 956-7827</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ <u>1,624,859,981.</u>
	<u>793 SAWYER ROAD</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>MARIETTA, GA 30062-2222</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <u>CANDICE L. SAUNDERS</u> <u>793 SAWYER ROAD, MARIETTA, GA 30062-2222</u>			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	If "No," attach a list. (see instructions)
<b>J</b> Website:	<u>WWW.WELLSTAR.ORG</u>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
<b>L</b> Year of formation:	<u>1993</u>		<b>M</b> State of legal domicile:	<u>GA</u>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>18</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>14</u>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<u>7,031</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>182</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>94,416.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>NONE</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>54,045,974.</u>	<u>10,079,433.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,439,897,736.</u>	<u>1,554,816,914.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-107,410.</u>	<u>-36,073.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>56,155,955.</u>	<u>59,999,707.</u>
		<u>1,549,992,255.</u>	<u>1,624,859,981.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>NONE</u>	<u>NONE</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>606,124,813.</u>	<u>678,246,838.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>NONE</u>	<u>NONE</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>519,139,383.</u>	<u>551,107,068.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,125,264,196.</u>	<u>1,229,353,906.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>424,728,059.</u>	<u>395,506,075.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>1,027,393,345.</u>	<u>1,007,412,050.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>561,790,653.</u>	<u>671,024,000.</u>
	<u>465,602,692.</u>	<u>336,388,050.</u>	

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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.

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

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 \$ 1,026,626,922. including grants of \$ NONE ) (Revenue \$ 1,554,816,914. )

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 ▶ 1,026,626,922.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, 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 schedules.

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.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 7,031</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span> If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . <span style="float:right">17</span> If "Yes," complete Form 6069.		

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 (X).

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.
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) MARY CHATMAN EVP & PRESIDENT KENNESTONE	48.00 2.00			X				1,251,531.	NONE	94,817.
(7) LEO REICHERT EVP & GENERAL COUNSEL	1.00 49.00			X				NONE	1,160,035.	117,488.
(8) VALERY AKOPOV SVP HOSPITAL DIVISION WMG	1.00 49.00			X				NONE	1,060,084.	76,014.
(9) ALAN MUSTER SVP SPECIALTY DIVISION WMG	1.00 49.00			X				NONE	840,201.	140,491.
(10) DAVID JONES EVP CHIEF HUMAN RESOURCES OFCR	1.00 49.00			X				NONE	886,597.	72,851.
(11) RICHARD CAPPS EVP CHIEF INFO & DIGITAL OFFCR	1.00 49.00			X				NONE	849,070.	73,866.
(12) PAUL DOUGLASS, MD TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	785,281.	89,016.
(13) JILL CASE-WIRTH SVP NURSING SERVICES CNE	1.00 49.00			X				NONE	727,440.	80,991.
(14) ARIF AZIZ, MD TRUSTEE & SLL DIGESTIVE HEALTH	1.00 49.00	X						NONE	702,518.	87,370.

**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 ) JOSEPH REPERT SVP FINANCE	1.00 49.00			X			NONE	667,031.	81,700.	
( 16 ) CATHERINE ANDREWS SVP & COO KH (EFF 4/18/21)	50.00 NONE			X			547,246.	130,191.	68,952.	
( 17 ) BARBARA COREY SVP MANAGED CARE	1.00 49.00			X			NONE	652,028.	91,268.	
( 18 ) STEPHEN BADGER VP WMG STRATEGIC SERVICES	1.00 49.00			X			NONE	633,361.	104,894.	
( 19 ) VIKRAM REDDY VP AND CHIEF MEDICAL OFFICER	50.00 NONE			X			646,980.	NONE	85,328.	
( 20 ) BETH KOST SVP CHIEF COMPLIANCE OFFICER	1.00 49.00			X			NONE	640,389.	83,483.	
( 21 ) MICHAEL MCCULLOUGH SVP SUPPLY CHAIN	1.00 49.00			X			NONE	624,734.	72,862.	
( 22 ) JULIE TEER SVP & WELLSTAR FOUNDATION PRES	1.00 49.00			X			NONE	659,288.	35,012.	
( 23 ) PAUL MURPHREE VP MEDICAL OUTCOMES	1.00 49.00			X			NONE	579,847.	90,862.	
( 24 ) JASON STEVENS SVP DEPUTY GENERAL COUNSEL	1.00 49.00			X			NONE	589,307.	80,362.	
( 25 ) DAVID PRESTON VP BRAND AND MARKETING	1.00 49.00			X			NONE	604,507.	59,977.	
<b>1b Sub-total</b>							2,445,757.	24,100,695.	2,159,160.	
<b>c Total from continuation sheets to Part VII, Section A</b>							4,841,086.	17,992,280.	3,467,970.	
<b>d Total (add lines 1b and 1c)</b>							7,286,843.	42,092,975.	5,627,130.	

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 **1,011**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**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 ) PETER R. JUNGBLUT, MD, MBA FORMER SVP & MEDICAL DIRECTOR	NONE NONE						X	NONE	564,534.	99,158.
( 27 ) ZENOBIA JONES FOSTER ASSOC DIR - INTERNAL MED GME	50.00 NONE						X	315,184.	278,371.	68,727.
( 28 ) SOPHIA MCINTYRE SVP WMG AMBULATORY CARE DIV	1.00 49.00			X				NONE	558,038.	51,890.
( 29 ) JENNIFER GIUSTI VP CLINICAL OUTCOMES	1.00 49.00			X				NONE	516,446.	87,308.
( 30 ) JAMES L. HORNSBY TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	486,086.	90,712.
( 31 ) MARIANNE HATFIELD VP CNO PATIENT CARE SERVICES	50.00 NONE			X				499,314.	NONE	60,346.
( 32 ) AVRIL BECKFORD, MD TRUSTEE & SLL PEDIATRIC PHYS.	1.00 49.00	X						NONE	465,188.	80,511.
( 33 ) LINDA HUFFER VP POST ACUTE SERVICES	1.00 49.00			X				NONE	444,896.	72,765.
( 34 ) DANIEL ABAD VP TOTAL RWRDS & CHF EGMT OFCR	1.00 49.00			X				NONE	454,424.	62,007.
( 35 ) SNEHAL DOSHI SVP ANCILLARY AND SUPPORT SVC	1.00 49.00			X				NONE	436,930.	67,197.
( 36 ) KATHARINE LEONARD VP REAL ESTATE & FACILITY DEV	1.00 49.00			X				NONE	420,076.	74,726.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
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 ) JENNIFER GARBER VP HUMAN RESOURCE	50.00 NONE			X				426,911.	NONE	65,647.
( 38 ) MARY TAVERNARO VP HUMAN RESOURCES OPERATIONS	1.00 49.00			X				NONE	388,458.	97,234.
( 39 ) ROOPA BHUPATHI EXEC DIR MD PHYSICIAN ADVISOR	50.00 NONE					X		396,230.	NONE	87,575.
( 40 ) LAURA DANNELS VP & CHIEF TALENT OFFICER	1.00 49.00			X				NONE	426,432.	50,228.
( 41 ) MICHAEL PAUL VP FACILITIES ENG SUPPORT SVCS	50.00 NONE			X				443,890.	NONE	31,824.
( 42 ) ELIZABETH LOUDERMILK VP FINANCIAL PLANNING	1.00 49.00			X				NONE	388,114.	86,210.
( 43 ) SHALABH BANSAL DIR - MEDICAL QUALITY	50.00 NONE					X		439,895.	NONE	32,567.
( 44 ) ANDREW COX VP CHIEF OF STAFF & LEADERSHIP	1.00 49.00			X				NONE	404,521.	64,972.
( 45 ) MINH NGUYEN AVP MED AFFAIRS KHWH & MED DIR	50.00 NONE					X		394,920.	NONE	72,320.
( 46 ) KIMBERLY TAACA VP WMG OPS SPECIALTY DIV	1.00 49.00			X				NONE	399,205.	65,561.
( 47 ) MAXWELL KAGAN VP FINANCE & CFO WMG	1.00 49.00			X				NONE	410,726.	51,929.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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? If "Yes," complete Schedule J for such individual . . . . .		
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? If "Yes," complete Schedule J for such individual . . . . .		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		

**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 ) JEFFREY COOPER VP OPERATIONS KENNESTONE	50.00 NONE			X				424,774.	NONE	31,669.
( 49 ) SANDRA LUCIUS VP HEAD OF CARE PLATFORMS	1.00 49.00			X				NONE	381,258.	68,645.
( 50 ) ELIZABETH PAPETTI VP WMG OPS HOSPITAL DIV	1.00 49.00			X				NONE	392,522.	54,980.
( 51 ) JOSEPH BRAUD VP INFO SECURITY & CISO	1.00 49.00			X				NONE	398,971.	47,213.
( 52 ) MEREDITH BASS VP FINANCE & HOSPITAL CFO	50.00 NONE			X				357,616.	NONE	81,096.
( 53 ) NICKOLOS YAITSKY VP HEAD OF DIGITAL PLATFORMS	1.00 49.00			X				NONE	365,638.	55,060.
( 54 ) BETTY BRAKOVICH VP CNO PATIENT CARE SERVICES	50.00 NONE			X				336,363.	NONE	75,267.
( 55 ) JAMES SWARTZ VP ACCOUNTING	1.00 49.00			X				NONE	351,167.	57,502.
( 56 ) VARMA RAMESWAR VP PEDIATRIC OPS AND SVC LINE	1.00 49.00			X				NONE	325,474.	80,030.
( 57 ) DANYALE ZIGLOR VP HUMAN RESOURCE	1.00 49.00			X				NONE	325,057.	77,097.
( 58 ) THOMAS DRAPER VP CARDIOVASCULAR SERVICE LINE	1.00 49.00			X				NONE	334,967.	62,525.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
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 ) FRED A LYON VP SYSTEM EMERGENCY SERVICES	1.00 49.00			X				NONE	325,737.	65,883.
( 60 ) JESSICA KOVALESKY VP CARE COORD POPULATION HLTH	1.00 49.00			X				NONE	356,903.	34,639.
( 61 ) PRANAV JAIN VP & CHIEF MED INFO OFFICER	1.00 49.00			X				NONE	359,737.	31,223.
( 62 ) LEANNE COOK VP CONSUMER ENGAGEMENT	1.00 49.00			X				NONE	314,780.	62,413.
( 63 ) CAROL TODD VP ASST GENERAL COUNSEL	1.00 49.00			X				NONE	297,924.	79,251.
( 64 ) STEVEN HUNT VP HUMAN RESOURCES	1.00 49.00			X				NONE	305,045.	69,579.
( 65 ) STEPHEN VAULT VP STRATEGIC COMMUNITY DEV	1.00 49.00			X				NONE	328,137.	44,496.
( 66 ) SAMUEL ELEGEDE RN MS WK III A - KH CH AMCD NF	50.00 NONE					X		294,448.	NONE	70,854.
( 67 ) MARCUS CHARLSON VP SURGERY & ORTHO SVC LINE	1.00 49.00			X				NONE	311,924.	50,825.
( 68 ) ELLEN WRIGHT VP HIM CDI & POLICIES	1.00 49.00			X				NONE	310,381.	46,057.
( 69 ) KRISTEN TRICE VP DIAGNOSTIC OUTREACH	1.00 49.00			X				NONE	288,210.	65,080.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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? If "Yes," complete Schedule J for such individual . . . . .		
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? If "Yes," complete Schedule J for such individual . . . . .		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		

**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 ) <u>SONYA ALDY</u> ----- VP TALENT ACQUISITION	1.00 49.00			X				NONE 302,784.	49,180.	
( 71 ) <u>SOPHIA MARSHALL</u> ----- VP ORGANIZATION COMMUNICATION	1.00 49.00			X				NONE 308,372.	42,063.	
( 72 ) <u>IVY SPENCER</u> ----- VP CNO WMG	1.00 49.00			X				NONE 298,656.	51,692.	
( 73 ) <u>SUSAN JACKSON</u> ----- VP PHARMACY SVCS	1.00 49.00			X				NONE 274,766.	65,278.	
( 74 ) <u>ROBERT DECOUX</u> ----- VP CORPORATE MED STAFF SVCS	1.00 49.00			X				NONE 255,374.	70,630.	
( 75 ) <u>REBECCA RUHL</u> ----- VP COMPLIANCE CPO	1.00 49.00			X				NONE 270,758.	42,841.	
( 76 ) <u>JONATHAN MAURER</u> ----- FORMER VP INFO SECURITY & CISO	NONE NONE						X	NONE 310,880.	921.	
( 77 ) <u>MATTHEW TERRY</u> ----- SVP CHIEF STRATEGY OFFICER	1.00 49.00			X				NONE 283,117.	17,783.	
( 78 ) <u>CONSTANCE BRADLEY</u> ----- VP OPERATIONS & COO	50.00 NONE			X				269,548. NONE	28,108.	
( 79 ) <u>SANA BRUNO</u> ----- VP LABORATORY SERVICES SYSTEM	1.00 49.00			X				NONE 240,706.	30,040.	
( 80 ) <u>LE JOYCE NAYLOR</u> ----- SVP & CHIEF DIVRS & INCLU OFCR	1.00 49.00			X				NONE 251,142.	5,740.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
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) ROSEANN PENA ----- VP OPERATIONS KENNESTONE	50.00 ----- NONE			X				210,925.	NONE	12,638.
( 82) WILLIAM BELLANDO ----- VP CHIEF TECHNOLOGY OFFICER	1.00 ----- 49.00			X				NONE	195,083.	17,438.
( 83) DONALD ZARKOU ----- VP OF ONCOLOGY SERVICE LINE	1.00 ----- 49.00			X				NONE	178,990.	27,557.
( 84) JOHNNY SCARBROUGH ----- VP FACILITIES ENG SUPPORT SVCS	50.00 ----- NONE			X				31,068.	139,861.	35,559.
( 85) TIMOTHY HANEY ----- FMR SVP REAL EST FAC & DEV SVC	NONE ----- NONE						X	NONE	200,797.	NONE
( 86) ANDREW LEE ----- FORMER VP CHIEF DIVERSITY OFF.	NONE ----- NONE						X	NONE	195,245.	2,188.
( 87) JOE CASTANON ----- VP CONTRACT & VALUE ANALYSIS	1.00 ----- 49.00			X				NONE	180,488.	10,935.
( 88) ANDREW VON ESCHENBACH ----- VP REVENUE CYCLE MANAGEMENT	1.00 ----- 49.00			X				NONE	166,945.	18,604.
( 89) AVIRAL SINGH ----- VP BRAND & MARKETING STRATEGY	1.00 ----- 49.00			X				NONE	154,669.	30,296.
( 90) JASON KELSEY ----- VP REHAB & SPORTS MED SERVICES	1.00 ----- 49.00			X				NONE	110,768.	39,607.
( 91) STUART DOWNS ----- VP NURSING OPERATIONS	1.00 ----- 49.00			X				NONE	117,644.	23,746.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
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 ) JAMES LORIMER SVP HR CONSULTING	1.00 49.00			X				NONE	128,445.	6,490.
( 93 ) MARK ROWE VP TALENT ACQUISITION	1.00 49.00			X				NONE	72,978.	5,838.
( 94 ) OTIS A. BRUMBY, III TRUSTEE	1.00 12.00	X						NONE	48,384.	NONE
( 95 ) T. FITZ JOHNSON TRUSTEE	1.00 12.00	X						NONE	44,226.	NONE
( 96 ) RANDALL BENTLEY, SR. FORMER DIRECTOR	NONE NONE						X	NONE	40,163.	NONE
( 97 ) CHARLES BROCK TRUSTEE	1.00 12.00	X						NONE	39,679.	NONE
( 98 ) DAVID HAFNER FORMER DIRECTOR	NONE NONE						X	NONE	24,610.	NONE
( 99 ) MITZI MOORE TRUSTEE	1.00 12.00	X						NONE	7,406.	NONE
(100) JAMES HOLMES TRUSTEE	1.00 12.00	X						NONE	7,332.	NONE
(101) AMBICA YADAV TRUSTEE	1.00 12.00	X						NONE	5,307.	NONE
(102) JAY CUNNINGHAM TRUSTEE	1.00 12.00	X						NONE	5,000.	NONE
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
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			
(103) O. SCOTT SWAYZE, MD TRUSTEE	1.00 12.00	X						NONE 4,690.	NONE	
(104) GREG MORGAN TRUSTEE	1.00 12.00	X						NONE 2,530.	NONE	
(105) H. SPEER BURDETTE, III TRUSTEE	1.00 12.00	X						NONE 2,421.	NONE	
(106) FRANK ROS TRUSTEE	1.00 12.00	X						NONE 1,856.	NONE	
(107) JOHN MCKIBBEN TRUSTEE	1.00 12.00	X						NONE 1,831.	NONE	
(108) ED RICHARDSON TRUSTEE	1.00 12.00	X						NONE 1,532.	NONE	
(109) MARK BERRY TRUSTEE	1.00 12.00	X						NONE 568.	NONE	
(110) JEREMY STEFFENS VP ORGANIZATIONAL COMM	1.00 49.00			X				NONE NONE	NONE	
(111) JESSICA ROSENBERG VP PHILANTHROPY	1.00 49.00			X				NONE NONE	NONE	
(112) MICHAEL GARRARD VP REHAB & SPORTS MED SVCS	1.00 49.00			X				NONE NONE	NONE	
(113) SHARON ROBINSON VP FDN STRATEGY & GROWTH	1.00 49.00			X				NONE NONE	NONE	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for JOEL SHU at VP WELLSTAR CLINICAL PARTNERS.

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

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?
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?
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

Summary table with 2 columns: Yes, No. Rows correspond to questions 3, 4, and 5.

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	10,079,433.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		10,079,433.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		PATIENT REVENUE		622110	1,551,954,720.	1,551,954,720.		
<b>b</b>		INDEPENDENT & ASSISTED LIVING REVENUE		623110	2,862,194.	2,862,194.		
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			1,554,816,914.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			-36,073.		-36,073.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	<b>5</b>	Royalties . . . . . ▶			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
					12,748,935.			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	12,748,935.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . . ▶			12,748,935.		12,748,935.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . . ▶			NONE			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		NONE				
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶			NONE				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶			NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶			NONE				
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	PHARMACY/RETAIL PHARMACY		446110	24,462,143.	94,416.	24,367,727.	
	<b>b</b>	CAFETERIA		722514	4,464,038.		4,464,038.	
	<b>c</b>	PARKING REVENUE		812930	1,426,620.		1,426,620.	
	<b>d</b>	All other revenue . . . . .		900099	16,897,971.		16,897,971.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			47,250,772.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			1,624,859,981.	1,554,816,914.	94,416.	59,869,218.	

**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  X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
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 . . . . .	6,212,626.	4,970,101.	1,242,525.	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 . . . . .	534,815,567.	439,702,598.	95,112,969.	NONE
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,643,789.	6,643,789.	NONE	NONE
9 Other employee benefits . . . . .	102,021,733.	77,066,411.	24,955,322.	NONE
10 Payroll taxes . . . . .	28,553,123.	28,553,123.	NONE	NONE
11 Fees for services (nonemployees):				
a Management . . . . .	4,517,595.	4,517,595.	NONE	NONE
b Legal . . . . .	17,114.	17,114.	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.) . . . . .	SEE SCHE O 131,145,771.	72,605,109.	58,540,662.	NONE
12 Advertising and promotion . . . . .	117,299.	117,299.	NONE	NONE
13 Office expenses . . . . .	3,050,057.	3,050,057.	NONE	NONE
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	12,869,954.	12,865,593.	4,361.	NONE
17 Travel . . . . .	1,980,061.	205,221.	1,774,840.	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 . . . . .	13,576,385.	13,506,734.	69,651.	NONE
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	68,988,572.	52,582,413.	16,406,159.	NONE
23 Insurance . . . . .	11,604,190.	11,604,190.	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	267,496,858.	267,375,398.	121,460.	NONE
b NON-MEDICAL SUPPLIES	17,401,066.	15,082,471.	2,318,595.	NONE
c REPAIRS & MAINTENANCE	11,529,246.	11,529,246.	NONE	NONE
d ALL OTHER EXPENSES	6,812,900.	4,632,460.	2,180,440.	NONE
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,229,353,906.	1,026,626,922.	202,726,984.	NONE
<b>26 Joint costs.</b> 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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	NONE	<b>1</b>	NONE
	<b>2</b> Savings and temporary cash investments . . . . .	988,775.	<b>2</b>	698,018.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	270,272,422.	<b>4</b>	270,159,479.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	32,385,674.	<b>8</b>	25,782,193.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,611,423.	<b>9</b>	7,275,760.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1317362930.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 664,535,323.	671,653,569.	<b>10c</b> 652,827,607.
	<b>11</b> Investments - publicly traded securities . . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	46,481,482.	<b>15</b>	50,668,993.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,027,393,345.	<b>16</b>	1,007,412,050.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	162,828,060.	<b>17</b>	84,887,310.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	398,962,593.	<b>25</b>	586,136,690.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	561,790,653.	<b>26</b>	671,024,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	465,602,692.	<b>27</b>	336,388,050.
	<b>28</b> Net assets with donor restrictions . . . . .	NONE	<b>28</b>	NONE
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	465,602,692.	<b>32</b>	336,388,050.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,027,393,345.	<b>33</b>	1,007,412,050.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,624,859,981.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,229,353,906.
3	Revenue less expenses. Subtract line 2 from line 1	3	395,506,075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	465,602,692.
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	-524,720,717.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	336,388,050.

**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	

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

**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)						
<b>Total</b>						

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; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**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 . . . . .

**b 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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	<b>Total annual distributions.</b> 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	<b>Total</b> 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	<b>Excess distributions carryover to 2022.</b> 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

KENNESTONE HOSPITAL, INC.

58-2032904

**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;">KENNESTONE HOSPITAL, INC.</p>	Employer identification number <p style="text-align: center;">58-2032904</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	\$ 4,092,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 9,542,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

**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;">KENNESTONE HOSPITAL, INC.</p>	Employer identification number <p style="text-align:center;">58-2032904</p>
---	--

**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	
	_____	_____	
	_____	_____	
(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	
	_____	_____	
	_____	_____	
(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	
	_____	_____	
	_____	_____	
(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	
	_____	_____	
	_____	_____	



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

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

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, total number, acreage, and monitoring 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,418,797.		45,418,797.
b Buildings		727,038,613.	268,955,509.	458,083,104.
c Leasehold improvements		42,038,507.	12,358,740.	29,679,767.
d Equipment		359,366,505.	315,002,092.	44,364,413.
e Other		143,500,508.	68,218,982.	75,281,526.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				652,827,607.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) C&E MEDICAID PENDING REC.	NONE
(2) OTHER ASSETS	50,668,993.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	50,668,993.

**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 W	556,363,841.
(3) OTHER LONG-TERM LIABILITIES	29,772,849.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	586,136,690.

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 line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

**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 line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing 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>b</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"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<input checked="" type="checkbox"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			114,122,758.		114,122,758.	9.28
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			121,161,318.	77,549,710.	43,611,608.	3.55
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .			235,284,076.	77,549,710.	157,734,366.	12.83
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			827,007.		827,007.	0.07
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			827,007.		827,007.	0.07
<b>k Total.</b> Add lines 7d and 7j . . . . .			236,111,083.	77,549,710.	158,561,373.	12.90

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) . . . . .	5	454,612,185.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	537,369,779.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-82,757,594.
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? . . . . .	9a	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 . . . . .	9b	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? 2

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> KENNESTONE HOSPITAL 677 CHURCH STREET MARIETTA GA 30060 WWW.WELLSTAR.ORG	X	X					X		HEALTH PARK INPATIENT HOSPICE	
<b>2</b> WINDY HILL HOSPITAL 2540 WINDY HILL ROAD MARIETTA GA 30067 WWW.WELLSTAR.ORG	X	X							LONG TERM ACUTE CARE	
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										



**Part 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 KENNESTONE 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
<b>Community Health Needs Assessment</b>			
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	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		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)

**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 WINDY HILL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
<b>Community Health Needs Assessment</b>			
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	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		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 KENNESTONE HOSPITAL

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group WINDY HILL HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group WINDY HILL HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

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

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

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

		Yes	No
<b>22</b>	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.		
<b>a</b>	<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>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.		<b>X</b>
<b>24</b>	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.		<b>X</b>

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**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 WINDY HILL HOSPITAL

		Yes	No
<b>22</b>	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.		
<b>a</b>	<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>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.		<b>X</b>
<b>24</b>	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.		<b>X</b>

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

THE 2022 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS.

THIS 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.

THESE HOSPITALS ARE PROUD TO BE PART OF WELLSTAR, THE LARGEST HEALTH SYSTEM IN GEORGIA, KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR ALSO INCLUDES WELLSTAR MEDICAL GROUP, 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 COBB HOSPITAL

THE TEAM AT WELLSTAR COBB HOSPITAL PROVIDES WORLD-CLASS HEALTHCARE IN THE HEART OF THE SOUTH COBB COMMUNITY. WITH 382 BEDS, COBB HOSPITAL OFFERS LEADING-EDGE CANCER TREATMENT, A STATE-OF-THE-ART CARDIAC PROGRAM, A WARM MATERNITY CENTER WITH PRIVATE ROOMS AND ACCREDITED JOINT AND SPINE SURGERY PROGRAMS. THANKS TO HIGHLY SKILLED SURGEONS AND MEDICAL TEAMS, PATIENTS UNDERGOING SURGERY AT COBB HOSPITAL EXPERIENCE THE MOST ADVANCED TECHNOLOGY AND INNOVATIVE CARE. WELLSTAR COBB OFFERS THE DA VINCI SYSTEM FOR SURGEONS TO PERFORM OPERATIONS ROBOTICALLY. THIS ALLOWS PRECISE MOVEMENTS OF TINY INSTRUMENTS FOR CARDIAC, COLORECTAL, GENERAL, GYNECOLOGIC, HEAD AND NECK, THORACIC AND UROLOGIC SURGERIES. WHEN TRAGEDY STRIKES, WELLSTAR COBB HOSPITAL IS THERE FOR PATIENTS WITH DEVASTATING BURNS. COBB HOSPITAL IS HOME TO AN INPATIENT BURN UNIT, OPERATED IN COLLABORATION WITH THE JOSEPH M. STILL BURN CENTER - THE LARGEST BURN CENTER IN THE UNITED STATES.

WELLSTAR KENNESTONE HOSPITAL

THIS 633-BED COMMUNITY HOSPITAL CONTINUALLY EARNS ITS DISTINCTION AS A "TOP 100" HOSPITAL WITH ONGOING INVESTMENT IN NEW TECHNOLOGIES SUCH AS GEORGIA'S FIRST CYBERKNIFE®, TOMOTHERAPY® AND DA VINCI® ROBOTIC SURGICAL SYSTEMS. WELLSTAR KENNESTONE HOSPITAL IS KNOWN FOR ITS STATE-OF-THE-HEART CARDIAC PROGRAM, COLLABORATIVE VASCULAR PROGRAM, MULTIDISCIPLINARY STAT CANCER TREATMENT, AND RENOWNED WOMEN'S CENTER. AND ITS EMERGENCY ROOM (ER) - ONE OF THE BUSIEST IN THE STATE - INCLUDES AN ACCREDITED CHEST PAIN CENTER. NO WONDER WELLSTAR KENNESTONE IS KNOWN AS AN ESTABLISHED HEALTHCARE PROVIDER FOR METRO ATLANTA AND ITS SURROUNDING COMMUNITIES, AS WELL AS A TERTIARY REFERRAL HOSPITAL WITHIN WELLSTAR HEALTH SYSTEM.

**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 WINDY HILL HOSPITAL

WELLSTAR WINDY HILL HOSPITAL OFFERS SPECIALIZED, LEADING-EDGE HEALTHCARE SERVICES. A 115-BED FACILITY, WELLSTAR WINDY HILL HOSPITAL IS KNOWN FOR ITS LONG-TERM ACUTE CARE (LTAC) PROGRAM, SPECIALIZED SURGICAL SERVICES AND INTERVENTIONAL RADIOLOGY EXPERTISE, WHICH INCLUDES OUR MINIMALLY INVASIVE CENTER FOR FIBROID CARE.

THE 2010 AFFORDABLE CARE ACT (ACA) REQUIRES ALL NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEED ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY EVERY THREE YEARS TO BETTER MEET THE HEALTH NEEDS OF UNDER-RESOURCED POPULATIONS LIVING IN THE COMMUNITIES THEY SERVE.

WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL HOSPITAL SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION PLANNING PROCESS. THE COMPREHENSIVE CHNA THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION 501(R) ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS" CAN BE ACCESSED HERE:

[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' 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 COBB, KENNESTONE, AND WINDY HILL HOSPITALS. 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

**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.

- 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:

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, 67 RESPONDENTS REPRESENTED BARTOW, CHEROKEE, COBB, DOUGLAS, AND PAULDING COUNTIES.

2. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED ONE FOCUS GROUP AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL 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 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 37 COMMUNITY LEADERS IN THE AREA SERVED BY WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HIL HOSPITAL. COMMUNITY LEADERS REPRESENTED ORGANIZATIONS SUCH AS COBB AND DOUGLAS PUBLIC HEALTH, GOOD SAMARITAN HEALTH CENTER OF COBB, CHEROKEE COUNTY SENIOR SERVICES, AMONG OTHERS.

**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.

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 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 COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL HOSPITAL LEADERSHIP, INCLUDING THE REGIONAL HEALTH BOARD, WERE ALSO ENGAGED TO INFORM THE SERVICE AREA DEFINITION, LIST COMMUNITY LEADERS FOR STAKEHOLDER INTERVIEWS, AND FINAL COMMUNITY HEALTH NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 6A

ORGANIZATIONS INCLUDED IN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): AS AN INTEGRATED HEALTH SYSTEM, WELLSTAR HEALTH SYSTEM SUBMITTED A JOINT 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT INCLUDED WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS. THE 2022 CHNA FOR THE HOSPITALS (WELLSTAR COBB, KENNESTONE, AND WINDY HILL) DEFINE ITS PRIMARY SERVICE AREA AS ONE COMMUNITY.

IN 2019, WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS WERE INCLUDED IN AN ASSESSMENT OF COMMUNITY NEED FOR TWO OTHER WELLSTAR HOSPITALS (DOUGLAS AND PAULDING HOSPITALS) SERVING RESIDENTS IN 28 ZIP CODE AREAS. THE FOOTPRINT OF THE SERVICE AREA HAS CHANGED WITH ZIP CODES 30328 (FULTON COUNTY) AND 30096 (GWINNETT COUNTY) BEING REPLACED BY 30114 (CHEROKEE COUNTY) AND 30068 (COBB COUNTY), AND THE COUNTIES INCLUDED IN THIS ASSESSMENT DECREASED FROM EIGHT TO THREE (CHEROKEE, COBB, AND FULTON).

THIS CONSOLIDATION APPROACH IS SIMILAR TO THE 2015 AND 2018 CHNA REPORTS AND IMPLEMENTATION STRATEGIES BECAUSE OF WELLSTAR'S SYSTEM-WIDE DELIVERY SYSTEM OF COMMUNITY BENEFIT SERVICES. IN ADDITION, THIS ENHANCES WELLSTAR'S ABILITY TO BEST LEVERAGE ITS ECONOMIES OF SCALE AND SERVICES TO ADDRESS THE PRIORITIZED HEALTH NEEDS OF THE COMMUNITY, ESPECIALLY THE MOST VULNERABLE.

FOR THE WELLSTAR HOSPITALS AND ITS COLLABORATIVE COMMUNITY PARTNERS, THE JOINT APPROACH TO ADDRESSING PRIORITY HEALTH NEEDS MAXIMIZES RESOURCES TO ENHANCE CARE ACCESS, STRENGTHENS PARTNERSHIPS FOR SHARED RESPONSIBILITY AND HELPS IMPROVE OVERALL COMMUNITY HEALTH.

- THE JOINT WELLSTAR HOSPITAL CHNA REPORT MEETS THE REQUIREMENTS 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.

SECTION 501(R)(3).

- GUIDED AT THE SYSTEM LEVEL, WELLSTAR HOSPITALS SOLICITED THE HELP OF STATE AND LOCAL HEALTH DEPARTMENTS AND KEY INFORMANTS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND COLLABORATED IN A FOCUS GROUP TO SOLICIT AND RECEIVE INPUT FROM RESIDENTS, INCLUDING ITS MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.
- THE 2022 CHNA REPORT DOCUMENTS THE CHNA PROCESS AND CONTAINS ALL OF THE ELEMENTS DESCRIBED IN THE IRS'S 501(R)(3) SECTION IN THE CODE OF REGULATIONS AS IT RELATES TO COMMUNITY HEALTH NEEDS ASSESSMENTS.
- THE WELLSTAR HEALTH SYSTEM BOARD OF TRUSTEES ADOPTED THE JOINT CHNA AND ITS IMPLEMENTATION STRATEGY ON JUNE 2, 2022.
- THE JOINT CHNA REPORT IS CLEARLY IDENTIFIED AS APPLYING TO THE HOSPITAL FACILITY. ALL OF WELLSTAR HOSPITALS ARE NOTED ON THE COVER OF THE JOINT CHNA. THE CHNA INCLUDES RELEVANT COUNTY-SPECIFIC PRIMARY AND SECONDARY DATA.
- ALL OF THE COLLABORATING HOSPITAL FACILITIES AND ORGANIZATIONS INCLUDED IN THE JOINT CHNA REPORT DEFINE THEIR COMMUNITY TO BE THE SAME. BASED UPON WELLSTAR'S:
  - SYSTEM-BASED MODEL FOR DELIVERING MOST ALL COMMUNITY BENEFIT SERVICES AND EVALUATING ITS IMPACT (AGAIN, TO LEVERAGE THE ECONOMIES OF SCALE AND SERVICES TO DELIVER PROGRAM THAT ADDRESS THE PRIORITY NEEDS)
  - OVERLAPPING HOSPITAL
  - CATCHMENT AREAS
  - SIMILAR COMMUNITY HEALTH NEEDS' KEY FINDINGS AND THEMES BASED UPON INTENSIVE QUANTITATIVE AND QUALITATIVE DATA AND THE WORK OF THE WELLSTAR COMMUNITY HEALTH COLLABORATIVE TO IDENTIFY THE PRIORITY NEEDS OF THE OVERALL COMMUNITY (REPRESENTATIVES FROM WELLSTAR SERVICES LINES, HOSPITALS, DEPARTMENTS AND THE COMMUNITY STAKEHOLDERS) BASED ON THE SEVERITY OF THE NEED AND ASSETS OF WELLSTAR AND ITS COMMUNITY STAKEHOLDERS AND PARTNERS TO ADDRESS THE NEED.

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

WELLSTAR COBB, WELLSTAR KENNESTONE, AND WELLSTAR WINDY HILL HOSPITALS SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS.

THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS:  
[WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](http://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT) AND CLICKING ON "WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS". A THREE-YEAR

**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.

REVIEW AND IMPLEMENTATION STRATEGY CAN BE FOUND AT THE SAME ADDRESS.

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

WELLSTAR COBB, WELLSTAR KENNESTONE, AND WELLSTAR WINDY HILL HOSPITALS SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS.

THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS:  
WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT AND CLICKING ON "WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS". A THREE-YEAR REVIEW AND IMPLEMENTATION STRATEGY CAN BE FOUND AT THE SAME ADDRESS.

SCHEDULE H, PART V, SECTION B, LINE 11

PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY:  
WELLSTAR CONTRACTED WITH GEORGIA HEALTH POLICY CENTER (GHPC) TO COLLABORATE ON ITS 2022 CHNA TO IDENTIFY NEEDS AND RESOURCES IN ITS COMMUNITY. GHPC EXAMINED SECONDARY DATA, A LITERATURE REVIEW OF THE IMPACT OF COVID-19 ON COMMUNITY HEALTH, AND CONSIDERED INPUT FROM PUBLIC HEALTH EXPERTS AND COMMUNITY LEADERS AND REPRESENTATIVES. UPON REVIEW OF THE PRIMARY AND SECONDARY DATA, WELLSTAR USED A SET OF CRITERIA, INCLUDING IMPORTANCE TO STAKEHOLDERS, RELATIVE BURDEN, CURRENT CAPACITY, EXISTING COMMUNITY HEALTH INITIATIVES, AND DISPARITIES TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FACING THE COMMUNITY. GHPC DOCUMENTED THEM IN A WRITTEN CHNA REPORT AND AN ACCOMPANYING IMPLEMENTATION STRATEGY.

FROM THE SIGNIFICANT HEALTH NEEDS IDENTIFIED BY CHNA RESEARCH CONDUCTED, THE FOLLOWING HEALTH NEEDS WERE VALUATED AS PRIORITY FOR ALL HOSPITALS IN WELLSTAR HEALTH SYSTEM:

1. ACCESS TO APPROPRIATE HEALTHCARE
  2. BEHAVIORAL HEALTH
  3. MATERNAL AND CHILD HEALTH
  4. HEALTHY LIVING (INCLUDING ACCESS TO FOOD, PHYSICAL ACTIVITY, AND CHRONIC DISEASE PREVENTION AND MANAGEMENT)
  5. HOUSING
  6. POVERTY
- ADDITIONAL NEEDS IN THE WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS SERVICE AREA
7. CANCER
  8. SEXUALLY TRANSMITTED DISEASES (HIV/AIDS AND STIS)
  9. VIOLENCE AND CRIME

**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.

10. EDUCATION

11. CULTURALLY COMPETENT SERVICES

WHEN COMPARED TO 2019, THE 2022 COMMUNITY HEALTH NEEDS FOR WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS ARE BROADER IN FOCUS AND TAKE INTO CONSIDERATION THE LONG-TERM IMPACT OF THE GLOBAL PANDEMIC. THE 2019 COMMUNITY HEALTH NEEDS DID NOT CHANGE AND ARE INCLUDED IN THE NEWLY STATED 2022 COMMUNITY HEALTH NEEDS.

THROUGH THE CHNA PROCESS, THE HEALTH SYSTEM PRIORITIZED AND ESTABLISHED IMPLEMENTATION STRATEGIES FOR SIX PRIORITY AREAS. IMPLEMENTATION STRATEGIES FOR EACH NEED WERE RECOMMENDED DURING KEY STAKEHOLDER INTERVIEWS AND FOCUS GROUPS WITH SENIOR LEADERSHIP. THE STRATEGIES WERE LATER REVIEWED BY WELLSTAR'S SENIOR LEADERSHIP AND VETTED BY THE WELLSTAR BOARD OF TRUSTEES' COMMUNITY ADVOCACY AND ENGAGEMENT COMMITTEE, THE WELLSTAR BOARD OF TRUSTEES AND THE WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE, THE CONDUITS FOR SYSTEM-WIDE DELIVERY OF EQUITY CENTRIC IMPROVEMENT SERVICES AND EDUCATION. IMPLEMENTATION STRATEGIES WERE ALSO INFORMED BY COMMUNITY MEMBERS WHO ATTENDED A COMMUNITY SUMMIT. DURING THE SUMMIT, GHPC GUIDED ATTENDEES THROUGH A HEALTH NEEDS PRIORITIZATION PROCESS, AND USED GROUP EXERCISES TO SOLICIT INSIGHTS ON STRATEGIES AND PARTNERS WELLSTAR SHOULD ADOPT TO ADDRESS PRIORITIZED HEALTH NEEDS.

ACTION AREAS FOR IMPLEMENTATION TO IMPROVE COMMUNITY HEALTH ARE INFLUENCED BY THE FULL SPECTRUM OF THE PUBLIC HEALTH SYSTEM, IN WHICH WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS PLAY A VITAL ROLE. EACH ACTION AREA IS FACILITATED UNDER WELLSTAR'S CENTER FOR HEALTH EQUITY.

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. OUR APPROACH INCLUDES COMMUNITY ENGAGEMENT, STRATEGIC PARTNERSHIPS, INTERNAL TRANSFORMATION, CAPACITY BUILDING, AND HEALTH POLICY AND SYSTEM ADVOCACY.

THE SIX STRATEGIC DOMAINS FOR THE CENTER FOR HEALTH EQUITY BASED ON INSIGHTS FROM THE 2022 CHNA ARE AS FOLLOWS:

1. ACCESS TO HEALTHCARE
2. BEHAVIORAL HEALTH
3. FOOD ACCESS AND HEALTHY LIVING
4. HOUSING
5. PEDIATRICS (INFANT AND CHILD HEALTH)
6. WOMEN'S HEALTH (MATERNAL HEALTH)

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.

**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.

- 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.

THE FOLLOWING DESCRIBES SELECTED STRATEGIES FOR ADDRESSING COMMUNITY NEEDS. WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS HAVE CHOSEN NOT TO DEVELOP A STRATEGY TARGETING POVERTY IN THE COMMUNITIES THEY SERVE BECAUSE THERE ARE MANY CAPABLE COMMUNITY-BASED ORGANIZATIONS AND SOCIAL SERVICE AGENCIES MEETING THE NEEDS OF RESIDENTS EXPERIENCING POVERTY. WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS WILL ADDRESS POVERTY THROUGH MANY OF THE STRATEGIES THEY IMPLEMENT TO ADDRESS EACH OF THE SELECTED PRIORITIES, AND THEY WILL CONTINUE TO PARTNER WITH ORGANIZATIONS AND AGENCIES SERVING RESIDENTS EXPERIENCING POVERTY.

#### 1. ACCESS TO HEALTHCARE

- CONTEXT: ACCORDING TO COMMUNITY LEADERS, THERE ARE MANY REASONS FOR POOR ACCESS TO APPROPRIATE HEALTHCARE, INCLUDING LACK OF AFFORDABLE INSURANCE, LACK OF SERVICE PROVIDERS, LACK OF TRUST, AND LACK OF RELIABLE PUBLIC TRANSPORTATION. 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:

-COMMUNITY CLINIC NETWORK: WELLSTAR SUPPORTS CARE LINKAGES FOR COMMUNITY RESIDENTS WITH LIMITED HEALTH CARE ACCESS BY MAINTAINING AND CREATING FORMALIZED RELATIONSHIPS WITH COMMUNITY SAFETY-NET CLINICS AND GRADUATE MEDICAL EDUCATION (GME) CLINICS THAT PROVIDE SUBSIDIZED CARE.

-COMMUNITY TRANSFORMATION PROGRAM: INCREASING ACCESS TO CARE AND SOCIAL SUPPORT THROUGH TECHNOLOGY; WELLSTAR COMMUNITY HEALTH AND CENTER FOR HEALTH EQUITY FUNDS NON-PROFIT COMMUNITY-BASED PARTNERS TO LEVERAGE TECHNOLOGY TO PRODUCE LONG-TERM, SUSTAINABLE CHANGES IN COMMUNITIES WE SERVE. INITIATIVES ARE TAILORED TO A COMMUNITY NEED AND IN ALIGNMENT 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,
- ACCESS TO SOCIAL DETERMINANTS OF HEALTH SUPPORT SERVICES SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY FOOD, EMPLOYMENT, HOUSING,



**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.

TRANSPORTATION, EDUCATION, AND LEGAL RESOURCES TO IMPROVE DAILY LIVING WHEN THEY NEED IT.

-COLORECTAL CANCER SCREENING: IN PARTNERSHIP WITH BLKHLTH AND COTTONELLE, WELLSTAR COMMUNITY HEALTH AND CENTER FOR HEALTH EQUITY DISTRIBUTES HOME COLORECTAL CANCER SCREENING KITS TO AT-RISK COMMUNITY RESIDENTS THROUGH FAITH COMMUNITIES WITHIN THE WELLSTAR CONGREGATIONAL HEALTH NETWORK. RESIDENTS ARE CONNECTED TO FOLLOW-UP RESOURCES IF THEY DO NOT HAVE A HEALTH CARE PROVIDER OR LACK INSURANCE.

-MAMMOGRAPHY VOUCHER DISTRIBUTION: PARTNERSHIP WITH THE WELLSTAR FOUNDATION, SUSAN G. KOMEN GREATER ATLANTA AND IT'S THE JOURNEY, INC. PROVIDES FREE MAMMOGRAMS FOR UNDERSERVED WOMEN WITH A FOCUS ON OUTREACH TO AFRICAN AMERICAN AND HISPANIC WOMEN.

## 2. BEHAVIORAL HEALTH

-CONTEXT: SUICIDE IS A PUBLIC HEALTH ISSUE THAT AFFECTS PEOPLE OF ALL AGES, RACES AND ETHNICITIES. DEVASTATING CONSEQUENCES OF THE OPIOID EPIDEMIC INCLUDE INCREASES IN OPIOID MISUSE AND RELATED OVERDOSES.

-EXAMPLE WELLSTAR INTERVENTIONS:

-CONGREGATIONAL HEALTH NETWORK "SOUL SUPPORT" PROGRAM: THIS PROGRAM, COMPRISED OF THREE EVIDENCE-BASED INTERVENTIONS, AIMS TO INCREASE ACCESS TO BEHAVIORAL HEALTH EDUCATION, TRAININGS, AND RESOURCES AT CONGREGATIONS ACROSS THE WELLSTAR SERVICE AREA.

-OPIOID TASKFORCE: THREE PHYSICIAN-LED WORK GROUPS COMMITTED TO PREVENTION, TREATMENT AND RECOVERY, TARGET VARIOUS POPULATIONS INTERNALLY (TEAM-BASED) AND EXTERNALLY (COMMUNITY-BASED): (1) PROVIDER AND PATIENT EDUCATION, (2) CLINICAL INITIATIVES AND (3) COMMUNITY AWARENESS AND ENGAGEMENT.

-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.

## 3. FOOD ACCESS AND HEALTHY LIVING

-CONTEXT: UNDERSERVED COMMUNITIES MAY BE FOOD DESERTS IN WHICH THERE IS LIMITED PUBLIC TRANSPORTATION, AND GROCERY STORES ARE LOCATED SEVERAL MILES AWAY. THESE COMMUNITIES ARE ALSO TARGETED BY FAST-FOOD MARKETING. COMMUNITY LEADERS AND RESIDENTS INDICATED THAT THERE ARE BARRIERS TO HEALTHY LIVING, INCLUDING KNOWLEDGE AND ACCESS TO HEALTHY FOOD, AS WELL AS BENEFICIAL AMENITIES.

-EXAMPLE WELLSTAR INTERVENTIONS:

-MOBILE MARKET: IN NOVEMBER 2020, WELLSTAR LAUNCHED A NEW "MOBILE MARKET" COLLABORATION WITH GOODR, A COMMUNITY-BASED ORGANIZATION THAT PROVIDES RE-DISTRIBUTION OF FOOD RESOURCES FOR PEOPLE IN NEED. THE JOINT INITIATIVE ADDRESSES FOOD ACCESS FOR VULNERABLE COMMUNITIES IN WELLSTAR'S SERVICE AREAS. PARTIALLY FUNDED BY THE WELLSTAR FOUNDATION, THIS PROGRAM ENABLES THE HEALTH SYSTEM TO PROVIDE FOR VITAL COMMUNITY NEEDS THAT IMPACT HEALTH AND WELL-BEING, OFFERING "PEOPLECARE. MORE THAN HEALTHCARE." THE OVERALL GOAL OF THE NEW WELLSTAR ON WHEELS: MOBILE

**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.

MARKET IS TO ADDRESS FOOD INSECURITY WITH A ROUTINE AND RELIABLE FOOD SOURCE IN THE COMMUNITIES SERVED BY WELLSTAR. TO THAT END, THE MOBILE MARKET PROGRAM PROVIDES POP-UP FARMERS MARKETS TO ADDRESS FOOD ACCESS AND PROVIDE A DIGNIFIED SHOPPING EXPERIENCE THAT OFFERS HEALTHY, FAMILY-FRIENDLY FOOD OPTIONS. CLIENTS PRE-REGISTER FOR THIS PROGRAM AND ARE ABLE TO CHOOSE ITEMS THAT ARE CULTURALLY SENSITIVE AND APPEALING TO THEIR HOUSEHOLDS.

- WELLSTAR DAY OF SERVICE: CREATES VOLUNTEER OPPORTUNITIES FOR WELLSTAR EMPLOYEES TO SUPPORT GEORGIA'S FOOD SUPPORT SYSTEM FOR VULNERABLE AND UNDERSERVED POPULATIONS.

- FOOD IS MEDICINE PROGRAM: IN PARTNERSHIP WITH WHOLESOME WAVE GEORGIA, PAIRS FRESH FOOD ACCESS WITH CLINICAL CARE AND CHRONIC DISEASE MANAGEMENT EDUCATION TO IMPROVE OVERALL HEALTH FOR FOOD INSECURE PATIENTS LIVING WITH DIABETES OR HIGH BLOOD PRESSURE.

- FOOD INSECURITY SCREENING: ENSURING COMPLETE SYSTEMIZATION OF THE PROCESS TO SCREEN PATIENTS FOR FOOD INSECURITY AND CONNECT PATIENTS TO AVAILABLE RESOURCES AND INTERVENTIONS.

#### 4. HOUSING

- CONTEXT: HOUSING FACTORS, INCLUDING COST, QUALITY, AND HOUSING INSTABILITY/HOMELESSNESS, ARE VERY SIGNIFICANT DETERMINANTS OF HEALTH.

- EXAMPLE WELLSTAR INTERVENTIONS:

-HOUSING LEARNING COMMUNITY: WELLSTAR INTENDS ENGAGE IN COLLABORATIVE PROFESSIONAL LEARNING TO STRENGTHEN THE WORKING KNOWLEDGE OF THE HOUSING CRISIS IN GEORGIA.

#### 5. PEDIATRICS

- CONTEXT: RISK FACTORS THAT IMPACT CHILDREN'S PREMATURE MORTALITY RATES IN NEARLY ALL WELLSTAR SERVICE AREAS INCLUDE DEATHS DUE TO PERINATAL CONDITIONS AND SELF-HARM/SUICIDE. PEDIATRIC SCREENING IS USED TO IDENTIFY INFANTS AND YOUNG CHILDREN IN NEED OF ADDITIONAL RESOURCES FOR HEALTH MAINTENANCE OR IMPROVEMENT.

- EXAMPLE WELLSTAR INTERVENTIONS:

-CHILD HEALTH SCREENING: WELLSTAR AIMS TO PROVIDE COMPREHENSIVE SCREENING OF PEDIATRIC PATIENTS TO GAIN VALUABLE INSIGHT INTO THE CHILD'S FAMILY LIFE, SAFETY, EDUCATION AND SOCIAL CAPITAL, AND OPPORTUNITIES FOR PHYSICAL ACTIVITY. IMPORTANT SCREENING OPPORTUNITIES INCLUDE CHILDHOOD LIPID SCREENING AND DEPRESSION SCREENING IN ADOLESCENTS.

-MEDICAL HOME ACCESS: WELLSTAR AIMS TO GUARANTEE THAT EVERY NEWBORN AT A WELLSTAR FACILITY HAS A PEDIATRIC MEDICAL HOME AND IS SEEN WITHIN 24-48 HOURS AFTER BIRTH.

#### 6. WOMEN'S HEALTH

- CONTEXT: THE PREGNANCY-RELATED MATERNAL MORTALITY RATIO IN GEORGIA WAS 48.4 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:

**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'S WOMEN'S ALLIANCE FOR HEALTHIER OUTCOMES (WAHOO): WAHOO IS A TAILORED PROCESS IMPROVEMENT CYCLE-BASED FRAMEWORK UTILIZED TO IMPROVE KEY CLINICAL CONTRIBUTORS TO MATERNAL HEALTH OUTCOMES, INCLUDE HEMORRHAGE AND HYPERTENSION. THE FRAMEWORK IS SYSTEMATIZED THROUGHOUT WELLSTAR BIRTHING FACILITIES TO REDUCE KNOWN DISPARITIES AND SAVE LIVES OF BIRTH GIVERS AND BABIES.

-PERINATAL EDUCATION: WELLSTAR PROVIDES PERINATAL EDUCATION CLASSES TO BIRTH GIVERS AND RELATIVES TO IMPROVE IDENTIFICATION OF HEALTH ISSUES AND ENSURE PROMPT RESPONSES.

-PERINATAL KIT PROGRAM: IN PARTNERSHIP WITH HEALTHY MOTHERS, HEALTHY BABIES COALITION OF GEORGIA, WELLSTAR DISTRIBUTES PERINATAL CARE PACKAGES MONTHLY DURING THE PRENATAL AND POSTPARTUM PERIOD AS AN EARLY INTERVENTION TO MATERNAL MORTALITY AND THE EFFECTS OF PERINATAL MOOD AND ANXIETY DISORDERS AND OTHER KEY DRIVERS OF MATERNAL MORBIDITY.

SUPPORTING DEPARTMENT ROLES AND RESPONSIBILITIES:

COMMUNITY-BASED AND CLINICAL IMPLEMENTATION STRATEGIES THROUGHOUT THE STRATEGIC DOMAINS ARE ENHANCED BY SUPPORT FROM COMMUNITY DEVELOPMENT, GOVERNMENT RELATIONS, AND WELLSTAR FOUNDATION DEPARTMENTS. THEIR COMMITMENTS ARE AS FOLLOWS:

-COMMUNITY DEVELOPMENT: INCREASE CORPORATE SOCIAL RESPONSIBILITIES INVESTMENTS AND PROVIDE POSITIVE SOCIAL VALUE THROUGH STRATEGIC PARTNERSHIPS AND SPONSORSHIPS.

-GOVERNMENT RELATIONS: LEAD ADVOCACY WITH LAWMAKERS, GOVERNMENT AGENCIES AND ORGANIZATIONS AT THE LOCAL, STATE AND FEDERAL LEVELS AND SHAPE POLICY TO BETTER ENSURE THE LAWS AND REGULATIONS IMPLEMENTED FURTHER ADVANCE THE BEST INTERESTS OF PATIENTS AND OUR COMMUNITIES.

-WELLSTAR FOUNDATION: INCREASE INVESTMENTS FROM THE PHILANTHROPIC COMMUNITY THAT SUPPORT EQUITABLE ACCESS TO HEALTHCARE AND SOCIAL SUPPORT.

HOSPITAL ROLE AND RESPONSIBILITIES:

ALTHOUGH THE MAJORITY OF WELLSTAR'S COMMUNITY BENEFIT SERVICES ARE DELIVERED SYSTEMWIDE, EACH OF WELLSTAR'S 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 CHNA, HEALTH NEEDS NOT IDENTIFIED AS PRIORITY TO THE

**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.

HOSPITALS FALL INTO ONE OF THREE CATEGORIES:

1. DETERMINED THAT ADDRESSING A HEALTH NEED IS OUTSIDE THE SCOPE OF WELLSTAR SERVICES;
2. IDENTIFIED COMMUNITY PARTNERS TO LEAD EFFORTS WITH EXPERTISE IN THESE AREAS WITH WELLSTAR IN A SUPPORTIVE ROLE AND;
3. CREATED A "LEARNING COMMITTEE" TO FURTHER RESEARCH EVIDENCE-INFORMED INTERVENTIONS THAT CAN BE IMPLEMENTED OVER TIME.

BASELINE DATA PROVIDES A MEASURE THE OUTPUTS AND OUTCOMES OF THE WELLSTAR LIVE WELL AND TRANSFORMATIVE GRANT PROGRAMS TO MEET OBJECTIVES OF PRIORITY HEALTH NEEDS AND TRACK PROGRESS. 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 COBB, KENNESTONE, AND WINDY HILL 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?

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.

**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 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.

SCHEDULE H, PART V, SECTION B, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:

IN ORDER TO QUALIFY FOR FINANCIAL ASSISTANCE, COOPERATION WITH WELLSTAR HEALTH SYSTEM HOSPITAL FINANCIAL ASSISTANCE STAFF IS NECESSARY IN IDENTIFYING AND DETERMINING ALTERNATIVE SOURCES OF PAYMENT OR COVERAGE FROM PUBLIC AND PRIVATE PAYMENT PROGRAMS. IN PARTICULAR, ALL APPLICANTS FILING A FAP APPLICATION FOR FINANCIAL ASSISTANCE MUST PROVIDE PROOF OF HOUSEHOLD INCOME AND HOUSEHOLD ASSETS BY PROVIDING ANY OR ALL OF THE FOLLOWING THAT ARE APPLICABLE:

- PROVIDE THREE (3) MONTHS OF THE MOST RECENT PAYCHECK STUBS OR A STATEMENT FROM EMPLOYER VERIFYING GROSS WAGES
- IRS W-2 ISSUED DURING THE PAST YEAR
- MOST RECENT IRS FORM 1040
- MOST RECENT TWO (2) MONTHS OF BANK STATEMENTS FOR EACH CHECKING, SAVINGS, MONEY MARKET OR OTHER BANK OR INVESTMENT ACCOUNT
- WRITTEN STATEMENTS FOR THE MOST RECENT TWO (2) MONTHS FOR ALL OTHER INCOME (E.G., UNEMPLOYMENT COMPENSATION, DISABILITY, RETIREMENT, STUDENT LOANS, AWARD LETTER FROM SOCIAL SECURITY OFFICE, CURRENT PROFIT AND LOSS REPORT FOR ALL SELF-EMPLOYED APPLICANTS, ALIMONY DOCUMENTATION, CHILD SUPPORT DOCUMENTATION, ETC.)
- UNEMPLOYMENT COMPENSATION DENIAL LETTER
- DOCUMENTATION OF ASSET VALUES, INCLUDING, WITHOUT LIMITATION, PROPERTY TAX STATEMENTS, CERTIFICATES OF DEPOSIT, 401K, 403B, IRA AND OTHER INVESTMENT STATEMENTS
- CONTRIBUTION STATEMENTS FROM INDIVIDUALS WHO CONTRIBUTE INCOME OR IN-KIND ASSISTANCE TO THE PATIENT. FINANCIAL ASSISTANCE POLICY ELIGIBILITY WILL BE DETERMINED BASED ON A THOROUGH REVIEW OF THE SUBMITTED INFORMATION.

**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 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

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

THE 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)

**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.

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:

KENNESTONE HOSPITAL, INC. (CONSISTING OF KENNESTONE HOSPITAL AND WINDY HILL HOSPITAL) IS AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC. WHICH ON AN ANNUAL BASIS ISSUES A COMMUNITY BENEFIT REPORT. THIS REPORT IS SUBSEQUENTLY DISTRIBUTED IN AND AROUND THE FIVE-COUNTY PRIMARY SERVICE AREA OF THE HEALTH SYSTEM.

ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS REPORT TO THE GEORGIA HOSPITAL ASSOCIATION (GHA). GHA AGGREGATES THE HOSPITAL SPECIFIC REPORTS INTO A STATEWIDE COMMUNITY HEALTH BENEFIT REPORT. THE STATE OF GEORGIA ALSO REQUIRES HOSPITALS TO FILE THE HOSPITAL FINANCIAL SURVEY AND THE INDIGENT CARE TRUST FUND SURVEY SO THAT IT CAN COLLECT INFORMATION ON HOSPITAL FINANCIAL CLASS CATEGORIES AND ALSO TO DETERMINE THE AMOUNT OF UNCOMPENSATED CARE BY HOSPITAL.

**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 KENNESTONE AND WINDY HILL HOSPITALS) 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:

KENNESTONE AND WINDY HILL HOSPITALS ARE PROVIDERS OF INPATIENT AND  
OUTPATIENT SERVICES TO MEDICARE PROGRAM BENEFICIARIES AT DETERMINED  
RATES. WITHOUT THE PARTICIPATION IN THE MEDICARE PROGRAM THESE PATIENTS  
MAY NOT HAVE HAD CONVENIENT ACCESS TO THOSE SERVICES.

THE MEDICARE SHORTFALL ON SCHEDULE H, PART III, SECTION B, LINE 7  
REPRESENTS THE UNCOMPENSATED DIFFERENCE BETWEEN THE EXPECTED  
REIMBURSEMENT AND THE MEDICARE CHARGES FOR THOSE SERVICES STATED AT COST.  
WE DETERMINE A COST TO CHARGE RATIO FOR MEDICARE PATIENTS AS PART OF THE  
ANNUAL FILING OF THE MEDICARE COST REPORT.

**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.
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- 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 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**

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.
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- 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 VI, LINE 2

NEEDS ASSESSMENT:

TO ASSESS THE CURRENT HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, WELLSTAR HEALTH SYSTEM, INC. CONDUCTED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA). THE 2022 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS. THE CHNA WAS A COLLABORATIVE EFFORT INVOLVING WELLSTAR EXECUTIVE LEADERSHIP, HOSPITAL LEADERSHIP, PUBLIC HEALTH AGENCIES, AND A MULTI-SECTOR COALITION OF COMMUNITY STAKEHOLDERS.

INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES:

THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR, WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS. 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

**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.
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- 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.

- 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:

QUALITATIVE DATA INCLUDED:

1. COVID-19 LOCAL IMPACT SURVEY

- GHPC USED A COMPREHENSIVE REVIEW OF LITERATURE PUBLISHED DURING THE

**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.
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- 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.

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, 67 RESPONDENTS REPRESENTED BARTOW, CHEROKEE, COBB, DOUGLAS, AND PAULDING COUNTIES.

2. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED ONE FOCUS GROUP AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL 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 AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS.

**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.
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- 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.

### 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 37 COMMUNITY LEADERS IN THE AREA SERVED BY WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HIL HOSPITAL. COMMUNITY LEADERS REPRESENTED ORGANIZATIONS SUCH AS COBB AND DOUGLAS PUBLIC HEALTH, GOOD SAMARITAN HEALTH CENTER OF COBB, CHEROKEE COUNTY SENIOR SERVICES, 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



**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.
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- 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.

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 COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL HOSPITAL LEADERSHIP, INCLUDING THE REGIONAL HEALTH BOARD, WERE ALSO ENGAGED TO INFORM THE SERVICE AREA DEFINITION, 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

**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.
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- 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.

- 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)

WELLSTAR KENNESTONE 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.

**Part VI Supplemental Information**

Provide the following information.

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- 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 VI, LINE 4

COMMUNITY INFORMATION:

WELLSTAR COBB, WELLSTAR KENNESTONE, AND WELLSTAR WINDY HILL HOSPITALS ARE IN MARIETTA AND AUSTELL, GEORGIA IN COBB COUNTY APPROXIMATELY 20 MILES NORTHWEST OF ATLANTA. THE THREE HOSPITALS ARE ALL WITHIN A 15-MILE RADIUS. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITALS IS DEFINED AS THE 27 ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR. SPECIFIC COUNTIES WERE SELECTED IF THE ZIP CODES INCLUDED MORE THAN 30 PERCENT OF THE COUNTY POPULATION. CHEROKEE, COBB, DOUGLAS, AND PAULDING COUNTIES MET THE CRITERIA FOR INCLUSION. KEY HOSPITAL PERSONNEL RECOMMENDED BARTOW COUNTY BE ADDED AS IT IS AN IMPORTANT PART OF THE MARKET. FOR THIS REASON, BARTOW COUNTY IS NOT REFLECTED IN THE LIST OF ZIP CODES. THE CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE 27 RESIDENTIAL ZIP CODE AREA 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

**Part VI Supplemental Information**

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UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES. THE ZIP CODES ARE AS

FOLLOWS: 30008, 30060, 30062, 30064, 30066, 30067, 30068, 30069, 30080,

30082, 30101, 30102, 30106, 30114, 30122, 30126, 30127, 30132, 30134,

30135, 30141, 30144, 30152, 30157, 30168, 30188, AND 30189.

COMPARED TO THE REST OF THE SERVICE AREA, COBB, DOUGLAS, AND PAULDING

COUNTIES HAVE A YOUNGER POPULATION WHEN COMPARED TO BARTOW AND CHEROKEE

COUNTIES AND THE STATE. THE SERVICE AREA IS LESS DIVERSE COMPARED TO THE

STATE. BARTOW AND CHEROKEE ARE THE LEAST DIVERSE WITH 77.5 PERCENT AND

78.7 PERCENT WHITE POPULATION, RESPECTIVELY. COBB AND DOUGLAS COUNTIES

ARE MORE DIVERSE, WITH DOUGLAS COUNTY HAVING THE HIGHEST BLACK POPULATION

(45.9 PERCENT) AND COBB COUNTY HAVING THE HIGHEST HISPANIC POPULATION

(12.9 PERCENT). THE SERVICE AREA HAS A HIGHER POPULATION WITH LIMITED

ENGLISH PROFICIENCY (5.6 PERCENT) COMPARED TO THE STATE (3.0 PERCENT),

BUT THE RATES VARY FROM 7.3 PERCENT IN COBB COUNTY TO 1.8 PERCENT IN

PAULDING COUNTY. THE COUNTIES IN THE SERVICE AREA HAVE A HIGHER MEDIAN

INCOME COMPARED TO THE STATE, EXCEPT FOR BARTOW COUNTY'S AVERAGE MEDIAN

INCOME.

TOTAL POPULATION:

**Part VI Supplemental Information**

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- BARTOW: 104,919

- CHEROKEE: 267,435

- COBB: 751,218

- DOUGLAS: 143,316

- PAULDING: 159,825

MEDIAN HOUSEHOLD INCOME (2015-19):

- BARTOW: \$57,423

- CHEROKEE: \$82,740

- COBB: \$77,932

- DOUGLAS: \$63,835

- PAULDING: \$68,370

MEDIAN AGE:

- BARTOW: 37.5

- CHEROKEE: 38.0

- COBB: 36.4

- DOUGLAS: 36.3

- PAULDING: 35.6

RACE/ETHNIC DISTRIBUTION:

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- BARTOW:

BLACK: 10.3%

ASIAN: 0.9%

HISPANIC: 8.6%

NON-HISPANIC WHITE: 77.5%

LIMITED ENGLISH: 3.1%

- CHEROKEE:

BLACK: 6.7%

ASIAN: 1.8%

HISPANIC: 10.5%

NON-HISPANIC WHITE: 78.7%

LIMITED ENGLISH: 4.7%

- COBB:

BLACK: 26.7%

ASIAN: 5.3%

HISPANIC: 13.0%

NON-HISPANIC WHITE: 51.9%

LIMITED ENGLISH 7.3%

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- DOUGLAS:

BLACK: 45.9%

ASIAN: 1.6%

HISPANIC: 9.7%

NON-HISPANIC WHITE: 40.5%

LIMITED ENGLISH 4.5%

- PAULDING:

BLACK: 18.5%

ASIAN: 0.8%

HISPANIC: 6.3%

NON-HISPANIC WHITE: 71.0%

LIMITED ENGLISH: 1.8%

**Part VI Supplemental Information**

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

WELLSTAR KENNESTONE AND WINDY HILL HOSPITALS (AFFILIATES OF WELLSTAR HEALTH SYSTEM, INC.) OPERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS RULING 69-545. IN THIS REGARD THE GOVERNING BODY OF THE ORGANIZATIONS AND/OR ITS PARENT IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY, MEDICAL STAFF PRIVILEGES IN THE HOSPITALS ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITY; KENNESTONE HOSPITAL OPERATES A FULL-TIME EMERGENCY ROOM OPEN TO ALL REGARDLESS OF ABILITY TO PAY; AND THE HOSPITALS (KENNESTONE AND WINDY HILL) PROVIDE CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH ITS CHARITY CARE POLICY. THE HOSPITALS' 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,



**Part VI Supplemental Information**

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RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE. KENNESTONE HOSPITAL AND WINDY HILL HOSPITAL COMMITTED APPROXIMATELY \$22.5 MILLION IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET TECHNOLOGY AND PROGRAM NEEDS OF THE COMMUNITY IT SERVES.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

WELLSTAR HEALTH SYSTEM, THE LARGEST HEALTH SYSTEM IN GEORGIA, IS KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR CONSISTS OF WELLSTAR MEDICAL GROUP, 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,

**Part VI Supplemental Information**

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WELLSTAR CONTINUES TO REINVEST IN THE HEALTH OF THE COMMUNITIES IT SERVES  
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 HEALTH BENEFIT REPORT:  
ON AN ANNUAL BASIS THE HOSPITALS REPORT THEIR 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

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

58-2032904

**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
<b>1a</b>		
<b>1b</b>		X
<b>2</b>	X	
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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
BETTY BRAKOVICH 11 VP CNO PATIENT CARE SERVICES	(i)	233,057.	64,824.	38,482.	30,926.	44,341.	411,630.	23,306.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CANDICE SAUNDERS 12 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 13 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
CATHERINE ANDREWS 14 SVP & COO KH (EFF 4/18/21)	(i)	311,539.	224,984.	10,723.	29,367.	24,554.	601,167.	NONE
	(ii)	126,218.	500.	3,473.	10,554.	4,477.	145,222.	NONE
CONSTANCE BRADLEY 15 VP OPERATIONS & COO	(i)	75,891.	NONE	193,657.	9,378.	18,730.	297,656.	87,998.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANIEL ABAD 16 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

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.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANYALE ZIGLOR 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
2 DAVID HAFNER FORMER DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	24,610.	NONE	NONE	NONE	NONE	24,610.	NONE
3 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
4 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
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 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
10 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
11 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
12 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
13 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
14 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.
15 JEFFREY COOPER VP OPERATIONS KENNESTONE	(i)	69,753.	500.	354,521.	18,346.	13,323.	456,443.	159,498.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 JENNIFER GARBER VP HUMAN RESOURCE	(i)	299,348.	82,620.	44,943.	23,263.	42,384.	492,558.	35,586.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	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				
1 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.
2 JESSICA KOVALESKY 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
3 JILL CASE-WIRTH 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.
4 JOE CASTANON 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
5 JOHN BRENNAN 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.
6 JOHNNY SCARBROUGH VP FACILITIES ENG SUPPORT SVCS	(i)	29,491.	NONE	1,577.	3,706.	1,653.	36,427.	NONE
	(ii)	120,859.	18,283.	719.	16,642.	13,558.	170,061.	NONE
7 JONATHAN MAURER FORMER VP INFO SECURITY & CISO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	310,880.	NONE	921.	311,801.	81,940.
8 JOSEPH BRAUD 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
9 JOSEPH REPERT SVP FINANCE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	450,008.	138,646.	78,377.	48,400.	33,300.	748,731.	NONE
10 JULIE TEER 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
11 KATHARINE LEONARD 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
12 KEM MULLINS 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.
13 KIMBERLY TAACA 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.
14 KRISTEN TRICE 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
15 LAURA DANNELS 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
16 LE JOYCE NAYLOR SVP & CHIEF DIRVS & INCLU OFCR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	141,347.	57,500.	52,295.	1,362.	4,378.	256,882.	NONE

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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				
LEANNE COOK 1 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
LEO REICHERT 2 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 3 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.
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
MARIANNE HATFIELD 5 VP CNO PATIENT CARE SERVICES	(i)	393,744.	88,630.	16,940.	32,925.	27,421.	559,660.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY CHATMAN 6 EVP & PRESIDENT KENNESTONE	(i)	621,008.	451,975.	178,548.	53,660.	41,157.	1,346,348.	165,889.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY TAVERNARO 7 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 8 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 9 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.
MEREDITH BASS 10 VP FINANCE & HOSPITAL CFO	(i)	292,268.	57,043.	8,305.	44,903.	36,193.	438,712.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL MCCULLOUGH 11 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
MICHAEL PAUL 12 VP FACILITIES ENG SUPPORT SVCS	(i)	107,000.	500.	336,390.	6,831.	24,993.	475,714.	196,059.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MINH NGUYEN 13 AVP MED AFFAIRS KHWH & MED DIR	(i)	335,565.	56,102.	3,253.	39,000.	33,320.	467,240.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICKOLOS YAITSKY 14 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 15 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 16 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.

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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				
PRANAV JAIN 1 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. 2 FORMER DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	40,163.	NONE	NONE	NONE	NONE	40,163.	NONE
REBECCA RUHL 3 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 4 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
ROB SCHREINER 5 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 6 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
ROOPA BHUPATHI 7 EXEC DIR MD PHYSICIAN ADVISOR	(i)	351,000.	43,609.	1,621.	43,974.	43,601.	483,805.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROSEANN PENA 8 VP OPERATIONS KENNESTONE	(i)	82,669.	500.	127,756.	5,311.	7,327.	223,563.	64,700.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SAMUEL ELEGEDE 9 RN MS WK III A - KH CH AMCD NF	(i)	226,941.	65,454.	2,053.	23,396.	47,458.	365,302.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SANA BRUNO 10 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 11 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.
SHALABH BANSAL 12 DIR - MEDICAL QUALITY	(i)	397,446.	41,859.	590.	2,448.	30,119.	472,462.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SNEHAL DOSHI 13 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 14 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 15 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 16 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

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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				
STEPHEN BADGER 1 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 2 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 3 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 4 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 5 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 6 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 7 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 8 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
VIKRAM REDDY 9 VP AND CHIEF MEDICAL OFFICER	(i)	437,063.	200,357.	9,560.	38,000.	47,328.	732,308.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM BELLANDO 10 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
ZENOBIA JONES FOSTER 11 ASSOC DIR - INTERNAL MED GME	(i)	166,135.	139,550.	9,499.	9,900.	32,589.	357,673.	NONE
	(ii)	143,816.	129,543.	5,012.	9,600.	16,638.	304,609.	NONE
PETER R. JUNGBLUT, MD, 12 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
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
CONSTANCE BRADLEY	96,589
JEFFREY COOPER	189,329
JONATHAN MAURER	228,940
MICHAEL PAUL	128,763
ROSEANN PENA	55,974
TIMOTHY HANEY	200,797

SCHEDULE J, PART I, LINE 4B

**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.

PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

DURING THE YEAR, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE

PRESIDENTS AND CERTAIN PHYSICIANS PARTICIPATED IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC.

THE AMOUNTS RELATED TO THIS PLAN ARE INCLUDED IN SCHEDULE J, PART II,

COLUMN (C).

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN

SCHEDULE J, PART II, COLUMN (B):

ANDREW LEE	153,124
BETTY A. BRAKOVICH	23,306
CANDICE L. SAUNDERS	419,245
CONSTANCE BRADLEY	87,998
ELIZABETH PAPETTI	35,648
ELLEN WRIGHT	32,238
JASON STEVENS	77,976
JEFFREY COOPER	159,498
JENNIFER GARBER	35,586
JENNIFER GIUSTI	54,554

**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.

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
MARY CHATMAN	165,889
MAXWELL KAGAN	43,657
MICHAEL PAUL	196,059
PAUL MURPHREE	60,466
ROB SCHREINER	934,146
ROSEANN PENA	64,700
SANDRA LUCIUS	26,731
STEPHEN BADGER	44,298
VALERY AKOPOV	233,626

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS TO OFFICERS:

**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.

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

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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**FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1**

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

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

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

VOICE.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

WELLSTAR HEALTH SYSTEM IS A VERTICALLY INTEGRATED HEALTH CARE DELIVERY SYSTEM WHICH PROVIDES THROUGH AFFILIATED BUSINESS ORGANIZATIONS A FULL SPECTRUM OF HEALTH SERVICES, INCLUDING WELLNESS PROGRAMS, PHYSICIAN OFFICE VISITS, OUTPATIENT CARE, INPATIENT CARE, AND POST-ACUTE SERVICES SUCH AS HOME HEALTH, HOSPICE AND LONG-TERM NURSING CARE. THE SYSTEM THROUGH ITS AFFILIATED BUSINESS ORGANIZATIONS OPERATES 11 HOSPITALS (KENNESTONE, COBB, PAULDING MEDICAL CENTER, DOUGLAS, WINDY HILL, ATLANTA MEDICAL CENTER - DOWNTOWN AND SOUTH, NORTH FULTON, SPALDING, SYLVAN GROVE, AND WEST GEORGIA), MULTIPLE PHYSICIAN OFFICES, PRIMARY CARE CENTERS, OUTPATIENT CARE FACILITIES, A NURSING HOME AND OTHER HEALTH RELATED SERVICES INCLUDING TWO INPATIENT HOSPICE FACILITIES.

THE SYSTEM IS SUPPORTED FINANCIALLY BY A FUNDRAISING ORGANIZATION, WELLSTAR FOUNDATION, INC. THE SERVICE AREA FOR THE SYSTEM ENCOMPASSES PARTS OF THE NORTHWESTERN, CENTRAL AND WESTERN SECTIONS OF THE STATE OF GEORGIA - THE PRIMARY AREA BEING IN BARTOW, CHEROKEE, COBB, DOUGLAS, PAULDING, FULTON, BUTTS, SPALDING, AND TROUP COUNTIES. APPROXIMATELY MORE

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THAN 90% OF INPATIENT DISCHARGES AND OUTPATIENTS SERVED ARE FROM THE  
AFOREMENTIONED COUNTIES. THE WELLSTAR VISION IS TO DELIVER WORLD CLASS  
HEALTHCARE. OUR MISSION IS TO CREATE AND DELIVER HIGH QUALITY HOSPITAL,  
PHYSICIAN AND OTHER HEALTHCARE-RELATED SERVICES THAT IMPROVE THE HEALTH  
AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE.

**HISTORY**

IN 1993, WHAT WAS THEN KNOWN AS THE COBB HEALTH SYSTEM, THE KENNESTONE  
REGIONAL HEALTH CARE SYSTEM, AND THE DOUGLAS GENERAL HOSPITAL AFFILIATED  
TO FORM THE NORTHWEST GEORGIA HEALTH SYSTEM. PAULDING MEMORIAL MEDICAL  
CENTER AFFILIATED WITH NORTHWEST GEORGIA HEALTH SYSTEM IN 1994. IN 1994,  
THE NORTHWEST GEORGIA HEALTH SYSTEM HELPED FORM THE PROMINA HEALTH SYSTEM  
AND CHANGED ITS NAME TO PROMINA NORTHWEST HEALTH SYSTEM. IN 1998, PROMINA  
NORTHWEST HEALTH SYSTEM CHANGED ITS NAME TO WELLSTAR HEALTH SYSTEM.  
WELLSTAR DISASSOCIATED FROM AND BECAME TOTALLY INDEPENDENT OF PROMINA IN  
1999. IN 2016 WELLSTAR ACQUIRED ATLANTA MEDICAL CENTER, NORTH FULTON  
HOSPITAL, SPALDING HOSPITAL, SYLVAN GROVE HOSPITAL AND WEST GEORGIA  
MEDICAL CENTER. WELLSTAR HEALTH SYSTEM IS A PARENT CORPORATION, WHICH  
PROVIDES OVERALL COORDINATION INCLUDING GOVERNING BODY TO ITS 11

**AFFILIATES:**

- COBB HOSPITAL, INC.
- DOUGLAS HOSPITAL INC.
- KENNESTONE HOSPITAL, INC.
- PAULDING MEDICAL CENTER, INC.
- WELLSTAR FOUNDATION INC.



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- 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.

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.

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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.

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.

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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 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

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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**

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

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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 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 -

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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 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

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CLINICAL FACULTY AS WELLSTAR NURSES. WELLSTAR HAS ALSO CREATED AN  
ENDOWMENT THAT WILL FUND ANNUAL NURSING SCHOLARSHIPS FOR NEED-BASED  
STUDENTS. THE GRANT OF \$6.2 MILLION WILL SUPPORT THE HIRING ADDITIONAL  
FACULTY AND NEW STAFF POSITIONS BY 2025 TO SUPPORT THE INCREASE IN  
STUDENT ENROLLMENT.

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

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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 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



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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 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.

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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., 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.)**

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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 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.

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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,
- 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.

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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  
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

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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  
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

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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

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

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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  
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



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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 (HMHGGA). HMHBGA 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) 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

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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- 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

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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.

**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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

KENNESTONE HOSPITAL, INC.

**Supplemental Information to Form 990 or 990-EZ**

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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 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.

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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 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

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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  
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**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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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 KENNESTONE 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, LINE 6

THE SOLE CORPORATE MEMBER IS WELLSTAR HEALTH SYSTEM, INC.

**FORM 990, PART VI, SECTION A**

LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

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

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

**SCHEDULE O  
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Name of the organization

**KENNESTONE HOSPITAL, INC.**

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

BOARD REVIEW OF FORM 990

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

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

CONFLICT OF INTEREST POLICY

OUR CONFLICT-OF-INTEREST POLICY REQUIRES ALL COVERED PERSONS TO ANNUALLY REVIEW THE POLICY AND THEN COMPLETE, SIGN AND RETURN THE CONFLICTS OF INTEREST SURVEY AND ATTESTATION TO THE COMPLIANCE OFFICE. THE POLICY REQUIRES AN ON-GOING DISCLOSURE OBLIGATION IN THE EVENT A CONFLICT ARISES DURING THE YEAR. THE FOLLOWING IS OUR PROCESS TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE THE POLICY: COMPLIANCE IDENTIFIES ALL COVERED PERSONS WHO MUST COMPLETE THE SURVEY AND ATTESTATION. COMPLIANCE VERIFIES THAT THE SURVEY AND ATTESTATION IS DISTRIBUTED TO THESE PERSONS. COMPLIANCE VERIFIES THAT THESE PERSONS RETURN A FULLY COMPLETED AND SIGNED SURVEY AND ATTESTATION. COMPLIANCE REVIEWS EACH COMPLETED AND SIGNED SURVEY AND ATTESTATION TO IDENTIFY ALL CONFLICTS LISTED IN THE



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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.  
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  
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

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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. 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 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

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

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**FORM 990, PART XI, LINE 9**

OTHER CHANGES IN NET ASSETS

FOR THE REPORTING PERIOD WELLSTAR KENNESTONE HOSPITAL, INC. HAD A CHANGE  
IN NET ASSETS OF \$(524,720,717) RELATED TO TRANSFERS TO AFFILIATES AS  
PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS  
OVER THE YEAR.

Name of the organization

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**KENNESTONE HOSPITAL, INC.**

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FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PURCHASED SERVICES	122,494,757.	64,913,334.	57,581,423.	NONE
OTHER FEES	8,651,014.	7,691,775.	959,239.	NONE
TOTALS	----- 131,145,771. =====	----- 72,605,109. =====	----- 58,540,662. =====	----- NONE =====

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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**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 SPALD. EMS/SPALD. 911 793 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 HOUSE, SHEDDEN RD 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses.	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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
DOUGLAS HOSPITAL, INC. 793 SAWYER ROAD	58-2026750 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
WEST GEORGIA HEALTH SERVICES, INC. 793 SAWYER ROAD	20-5497622 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.		X
WEST GEORGIA MEDICAL CENTER, INC. 793 SAWYER ROAD	20-5497506 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WGHS, 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
VERNON WOODS RETIREMENT COMMUNITY, INC. 58-2575049 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	10	WGHS, INC.	X
WEST GEORGIA HEALTH FOUNDATION, INC. 20-0936376 793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	12 II	WGHS, INC.	X
WELLSTAR SYLVAN GROVE HOSPITAL, INC. 81-0875069 793 SAWYER ROAD MARIETTA, GA 30062	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X
MEDICAL PARK FOUNDATION, INC. 58-1303478 793 SAWYER ROAD MARIETTA, GA 30062	FOUNDATION	GA	501(C)(3)	7	WGHS, INC.	X