

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

# 2020

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

<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 KENNESTONE HOSPITAL, INC.			<b>D</b> Employer identification number 58-2032904
	Doing Business As			<b>E</b> Telephone number (770) 956-7827
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 1,549,992,255.
	793 SAWYER ROAD			
City or town, state or province, country, and ZIP or foreign postal code MARIETTA, GA 30062-2222				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: CANDICE L. SAUNDERS 793 SAWYER ROAD, MARIETTA, GA 30062-2222				
<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	<input type="checkbox"/> 527
<b>J</b> Website: WWW.WELLSTAR.ORG				<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: 1993			<b>M</b> State of legal domicile: GA	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<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>	19.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	6,879.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	125.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	37,258.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<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)	34,675,002.	54,045,974.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,251,775,768.	1,439,897,736.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,904,490.	-107,410.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,640,007.	56,155,955.
		1,336,186,287.	1,549,992,255.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	539,716,784.	606,124,813.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	478,536,089.	519,139,383.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,018,252,873.	1,125,264,196.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	317,933,414.	424,728,059.	
<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)	1,000,678,170.	1,027,393,345.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	548,637,104.	561,790,653.
	452,041,066.	465,602,692.	

## 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	Date			
	JAMES M. SWARTZ Type or print name and title	05/05/2022 VP ACCOUNTING			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOANNE KRUEGER		05/02/2022		P01235586
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324			
Firm's address ▶ 2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103		Phone no. 267-330-3000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**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 \$ 941,060,467. including grants of \$ 0. ) (Revenue \$ 1,439,897,736. )

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 ▶ 941,060,467.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

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 number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include 2a (employees: 6,879), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16.

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 (19), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its 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

**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 instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CANDICE L. SAUNDERS PRESIDENT & CEO	1.00 51.00			X				0.	2,484,302.	83,983.
(2) JOHN A. BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	1.00 49.00			X				0.	1,414,928.	69,561.
(3) LEO E. REICHERT EVP & GENERAL COUNSEL	1.00 49.00			X				0.	1,201,843.	71,364.
(4) ANTHONY J. BUDZINSKI EVP & CFO	1.00 51.00			X				0.	949,190.	76,974.
(5) TIMOTHY HANEY FORMER SVP RE FAC & DVLV SVC	0. 0.						X	0.	1,015,968.	4,020.
(6) KIMBERLY J. RYAN SENIOR VP (END. 12/20)	1.00 49.00			X				0.	882,825.	59,528.
(7) JILL M. CASE-WIRTH SVP NURSING SERVICES	1.00 49.00			X				0.	880,522.	43,402.
(8) KEM M. MULLINS EVP AMBULATORY & BUS. DEV.	1.00 49.00			X				0.	845,714.	61,332.
(9) ALAN R. MUSTER, MD SVP SPECIALTY DIVISION WMG	1.00 51.00			X				0.	753,074.	89,304.
(10) ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	1.00 49.00			X				0.	753,883.	45,532.
(11) MARY B. CHATMAN, PHD SVP & HOSPITAL PRESIDENT	48.00 2.00			X				726,698.	0.	67,339.
(12) PAUL DOUGLASS, MD TRUSTEE & PHYSICIAN	1.00 49.00	X						0.	708,888.	44,670.
(13) CARRIE O. PLIETZ EVP & COO HOSP DIV (END 10/20)	1.00 49.00			X				0.	633,284.	74,102.
(14) DOUGLAS ARVIN, CPA, MBA FORMER SVP FINANCE	0. 0.						X	0.	699,797.	5,911.

**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) BETH KOST SVP, CHIEF COMPLIANCE OFFICER	1.00 49.00			X				0.	602,752.	79,274.
( 16) VALERY A. AKOPOV, MD SVP HOSPITAL DIVISION WMG	1.00 49.00			X				0.	621,580.	60,168.
( 17) DAVID JONES EVP CHIEF HR OFFICER	1.00 49.00			X				0.	641,493.	24,292.
( 18) STEPHEN L. BADGER FORMER VP STRATEGIC SERVICES	0. 50.00			X				0.	564,988.	89,220.
( 19) VIKRAM REDDY VP & CHIEF MEDICAL OFFICER	50.00 0.			X				547,913.	0.	49,349.
( 20) ZENOBIA JONES FOSTER ASSOC DIR - INTERNAL MED GME	50.00 0.					X		521,141.	0.	56,618.
( 21) PETER R. JUNGBLUT, MD FORMER SVP & MEDICAL DIRECTOR	0. 50.00						X	0.	476,899.	85,154.
( 22) STUART DOWNS VP NURSING OPS. (END. 3/21)	1.00 49.00			X				0.	464,869.	79,026.
( 23) JOSEPH L. BRYWCZYNSKI SVP HLT PARKS DEV.(END. 11/20)	1.00 49.00			X				0.	467,201.	73,582.
( 24) BARBARA B. COREY SVP MANAGED CARE	1.00 49.00			X				0.	491,783.	47,831.
( 25) PAUL D. MURPHREE VP MEDICAL OUTCOMES	1.00 49.00			X				0.	459,908.	64,389.
<b>1b Sub-total</b> . . . . .								1,795,752.	18,015,691.	1,505,925.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,838,698.	16,521,957.	2,955,925.
<b>d Total (add lines 1b and 1c)</b> . . . . .								6,634,450.	34,537,648.	4,461,850.

**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 ► 739

	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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X

**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 ► 0.



**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) MARY L. TAVERNARO VP HUMAN RESOURCES OPERATIONS	1.00 49.00			X				0.	439,301.	76,914.
( 27) SANDRA LUCIUS VP HEAD OF CARE PLATFORMS	1.00 49.00			X				0.	479,600.	32,946.
( 28) DAVID W. PRESTON SVP BRAND EXP. & COMMUNICATION	1.00 49.00			X				0.	459,086.	52,367.
( 29) BETTY A. BRAKOVICH VP CNO PATIENT CARE SERVICES	50.00 0.			X				465,438.	0.	45,650.
( 30) JAMES L. HORNSBY, JR, MD TRUSTEE & PHYSICIAN	1.00 51.00	X						0.	432,736.	77,588.
( 31) CONSTANCE BRADLEY VP OPERATIONS & COO (END.6/21)	50.00 0.			X				453,014.	0.	56,079.
( 32) AVRIL P. BECKFORD, MD TRUSTEE & CHIEF PEDIATRIC OFF.	1.00 49.00	X		X				0.	463,457.	33,307.
( 33) TERESA BYRD DIR - OB GYN PROGRAM GME	50.00 0.					X		455,601.	0.	34,889.
( 34) LOUIS LOVETT MD PHYSICIAN GROUP	50.00 0.					X		408,711.	0.	81,375.
( 35) LINDA HUFFER VP POST ACUTE SERVICES	1.00 49.00			X				0.	437,790.	45,922.
( 36) VIKTORIA NURPEISOV DIR - FAMILY MEDICINE PROGRAM	50.00 0.					X		440,244.	0.	25,423.
<b>1b Sub-total</b>								2,223,008.	2,711,970.	562,460.
<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 **739**

	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>	X	
<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>	X	
<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>		X

**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 J. GIUSTI VP CLINICAL OUTCOMES	1.00 49.00			X			0.	408,600.	54,850.	
( 38) SHALABH BANSAL DIR - MEDICAL QUALITY	50.00 0.					X	442,104.	0.	17,537.	
( 39) MICHAEL T. MCCULLOUGH SVP SUPPLY CHAIN	1.00 49.00			X			0.	398,923.	59,565.	
( 40) JASON D. STEVENS SVP DEPUTY GENERAL COUNSEL	1.00 49.00			X			0.	386,099.	69,737.	
( 41) SEAN P. TURNER VP REV. CYC. MGMT. (END. 2/21)	1.00 49.00			X			0.	397,877.	32,751.	
( 42) ELIZABETH H. LOUDERMILK VP FINANCIAL PLANNING	1.00 49.00			X			0.	344,688.	62,281.	
( 43) CASWELL SAMMS VP FINANCE CFO&OPS (END.12/20)	50.00 0.			X			371,061.	0.	33,741.	
( 44) SHYROLL MORRIS VP ONC.&DIG.HEALTH (END. 2/21)	1.00 49.00			X			0.	345,462.	56,317.	
( 45) ANDREW LEE VP CHIEF DIV. OFF.(END. 12/20)	1.00 49.00			X			0.	324,352.	61,224.	
( 46) MAXWELL S. KAGAN VP FINANCE & CFO	1.00 49.00			X			0.	324,968.	54,571.	
( 47) JAMES M. SWARTZ VP ACCOUNTING	1.00 49.00			X			0.	314,307.	63,398.	
<b>1b Sub-total</b>							813,165.	3,245,276.	565,972.	
<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 **739**

	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>	X	
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>	X	
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>		X

**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 A. COOPER VP OPERATIONS KENNESTONE	50.00 0.			X				304,635.	0.	59,469.
( 49) DANYALE ZIGLOR VP HUMAN RESOURCES	1.00 49.00			X				0.	302,298.	60,178.
( 50) SNEHAL H. DOSHI SVP ANCILLARY & SUPPORT SVCS	1.00 49.00			X				0.	285,912.	76,331.
( 51) DANIEL ABAD VP TOTAL & CHIEF TM ENGAGE OFF	1.00 49.00			X				0.	321,083.	38,970.
( 52) SONYA E. ALDY VP TALENT ACQUISITION	1.00 49.00			X				0.	312,460.	43,610.
( 53) BRADFORD B. NEWTON VP INFO.TECH.ADMIN. (END.12/20)	1.00 49.00			X				0.	305,271.	50,481.
( 54) JENNIFER GARBER VP HUMAN RESOURCES	50.00 0.			X				305,409.	0.	49,194.
( 55) JOSEPH BRAUD VP INFORMATION TECHNOLOGY OPS	1.00 49.00			X				0.	326,852.	26,904.
( 56) KRISTEN S. TRICE VP DIAGNOSTIC OUTREACH	1.00 49.00			X				0.	302,447.	50,964.
( 57) JESSICA KOVALESKY VP CARE COORDINATOR	1.00 49.00			X				0.	308,456.	43,191.
( 58) JACQUELYN ALT FORMER VP OPERATIONS	0. 50.00						X	0.	295,382.	55,523.
<b>1b Sub-total</b> . . . . .								610,044.	2,760,161.	554,815.
<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 ▶ 739

	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> . . . . .	X	
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> . . . . .	X	
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> . . . . .		X

**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) MARCUS P. CHARLSON, MD ----- VP SURGERY	1.00 49.00			X				0.	307,077.	42,583.
( 60) LAURA DANNELS ----- VP & CHIEF TALENT OFFICER	1.00 49.00			X				0.	311,908.	35,856.
( 61) AVIRAL SINGH ----- VP BRAND & MARKET STRATEGY	1.00 49.00			X				0.	290,035.	56,694.
( 62) ELIZABETH H. PAPETTI ----- VP OPS. HOSPITAL DIVISION	1.00 49.00			X				0.	290,712.	51,791.
( 63) VARMA RAMESWAR, MD ----- VP PEDIATRIC OPERATIONS	1.00 49.00			X				0.	285,765.	51,716.
( 64) ANDREW W. COX ----- VP CHIEF OF STAFF&LEADER. DEV.	1.00 49.00			X				0.	291,726.	45,161.
( 65) STEPHEN VAULT ----- VP STRATEGIC COMMUNITY DEV.	1.00 49.00			X				0.	301,661.	34,387.
( 66) SOPHIA MARSHALL ----- VP ORGANIZATION COMMUNICATIONS	1.00 49.00			X				0.	296,295.	38,620.
( 67) JASON L. KELSEY ----- VP REHAB. & SPORTS MED. SRVCS.	1.00 49.00			X				0.	247,802.	81,448.
( 68) SHALIMA PANNIKODE ----- SVP CHIEF INFO. & DIGITAL OFF.	1.00 49.00			X				0.	296,604.	31,170.
( 69) FREDA LYON ----- VP SYSTEM EMERGENCY SERVICES	1.00 49.00			X				0.	273,157.	52,870.
<b>1b Sub-total</b> . . . . .								0.	3,192,742.	522,296.
<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 ▶ 739

	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> . . . . .	X	
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> . . . . .	X	
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> . . . . .		X

**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) CAROL TODD ----- VP ASST. GENERAL COUNSEL	1.00 49.00			X			0.	275,363.	43,233.	
( 71) MEREDITH BASS ----- VP FIN & HOSP CFO (BEG. 7/21)	50.00 0.			X			249,090.	0.	69,195.	
( 72) LEANNE COOK ----- VP CONSUMER ENGAGEMENT	1.00 49.00			X			0.	256,658.	60,258.	
( 73) KIMBERLY TAACA ----- VP OPS SPECIALTY DIVISION	1.00 49.00			X			0.	274,977.	38,722.	
( 74) STEVEN HUNT ----- VP HUMAN RESOURCES	1.00 49.00			X			0.	252,880.	58,442.	
( 75) MICHAEL G. PAUL ----- VP FACILITIES ENG SUPPORT SVCS	50.00 0.			X			266,915.	0.	35,421.	
( 76) IVY SPENCER ----- VP CNO	1.00 49.00			X			0.	255,306.	42,581.	
( 77) JUDITH WHITE ----- VP LABORATORY SERVICES SYSTEM	1.00 49.00			X			0.	250,208.	42,458.	
( 78) JONATHAN D. MAURER ----- VP INFO.SEC.&CISO(END. 12/20)	1.00 49.00			X			0.	257,259.	31,523.	
( 79) JOSEPH A. REPERT ----- SVP FINANCE (BEG. 8/20)	1.00 49.00			X			0.	253,157.	34,487.	
( 80) ELLEN WRIGHT ----- VP HIM CDI & POLICIES	1.00 49.00			X			0.	243,645.	43,226.	
<b>1b Sub-total</b> . . . . .							516,005.	2,319,453.	499,546.	
<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 ▶ 739

	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> . . . . .	X	
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> . . . . .	X	
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> . . . . .		X

**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 (END. 5/21)	50.00 0.			X				265,316.	0.	14,814.
( 82) ROBERT J. DECOUX VP CORPORATE MED. STAFF SVCS.	1.00 49.00			X				0.	230,829.	49,229.
( 83) REBECCA L. RUHL VP FACILITY COMPLIANCE OPS.	1.00 49.00			X				0.	243,841.	32,008.
( 84) RICHARD S. SIEGEL FORMER VP CARDIO.&CVM ADMN	0. 0.						X	0.	267,432.	6,106.
( 85) SUSAN JACKSON VP PHARMACY SVCS (BEG. 5/21)	1.00 49.00			X				0.	222,733.	46,636.
( 86) KATHARINE LEONARD VP REAL ESTATE & FACILITY DVLP	1.00 49.00			X				0.	247,881.	21,430.
( 87) MARIANNE HATFIELD VP CNO PAT CARE SVCS(BEG.9/20)	50.00 0.			X				212,953.	0.	12,135.
( 88) SOPHIA L. MCINTYRE SVP AMB.CARE DIV.(BEG. 10/20)	1.00 49.00			X				0.	213,972.	10,903.
( 89) THOMAS A. DRAPER VP CARDIO. ADMIN.(BEG. 8/20)	1.00 49.00			X				0.	185,596.	19,268.
( 90) NICKOLOS A. YAITSKY VP HEAD OF DIGITAL PLATFORMS	1.00 49.00			X				0.	164,380.	35,993.
( 91) MONTE WILSON FORMER HOSPITAL PRESIDENT	0. 0.						X	198,207.	0.	0.
<b>1b Sub-total</b>								676,476.	1,776,664.	248,522.
<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 **739**

	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>	X	
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>	X	
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>		X

**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) JULIE C. TEER SVP & WHS FDN PRES (BEG. 10/20)	1.00 49.00			X				0.	144,979.	2,314.
( 93) ARIF AZIZ, MD TRUSTEE	1.00 12.00	X						0.	86,108.	0.
( 94) STEVEN OWEIDA, MD FORMER TRUSTEE	0. 0.					X		0.	46,847.	0.
( 95) OTIS A. BRUMBY, III TRUSTEE	1.00 12.00	X						0.	44,970.	0.
( 96) T. FITZ JOHNSON TRUSTEE	1.00 12.00	X						0.	40,367.	0.
( 97) R. RANDALL BENTLEY, SR, ESQ TRUSTEE (END. 6/21)	1.00 12.00	X						0.	39,473.	0.
( 98) W. CHARLES BROCK TRUSTEE	1.00 12.00	X						0.	39,340.	0.
( 99) DAVID HAFNER FORMER TRUSTEE	0. 0.					X		0.	18,643.	0.
(100) T.E. "RUSTY" DURHAM FORMER TRUSTEE	0. 0.					X		0.	15,007.	0.
(101) CHARLES J. JONES TRUSTEE (END. 6/21)	1.00 12.00	X						0.	8,840.	0.
(102) MITZI MOORE TRUSTEE	1.00 12.00	X						0.	5,560.	0.
<b>1b Sub-total</b> . . . . .								0.	490,134.	2,314.
<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 ► 739

	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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X

**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					0.	3,908.	0.	
(104) FRANK ROS ----- TRUSTEE	1.00 ----- 12.00	X					0.	3,597.	0.	
(105) H. SPEER BURDETTE, III ----- TRUSTEE	1.00 ----- 12.00	X					0.	3,115.	0.	
(106) EDWARD RICHARDSON ----- TRUSTEE	1.00 ----- 12.00	X					0.	2,872.	0.	
(107) GREG MORGAN ----- TRUSTEE	1.00 ----- 12.00	X					0.	2,595.	0.	
(108) GARY A. MILLER ----- TRUSTEE	1.00 ----- 12.00	X					0.	2,555.	0.	
(109) JAMES HOLMES ----- TRUSTEE	1.00 ----- 12.00	X					0.	2,555.	0.	
(110) AMBICA YADAV ----- TRUSTEE	1.00 ----- 12.00	X					0.	2,475.	0.	
(111) JOHN MCKIBBEN ----- TRUSTEE	1.00 ----- 12.00	X					0.	1,885.	0.	
(112) JAY CUNNINGHAM ----- TRUSTEE (BEG. 3/21)	1.00 ----- 12.00	X					0.	0.	0.	
(113) MATTHEW B. TERRY ----- SVP CHIEF STRAT.OFF. (BEG. 6/21)	1.00 ----- 49.00			X			0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	25,557.	0.	
<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 **▶ 739**

	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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X

**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			
(114) PRANAV K. JAIN ----- VP&CH. MED INFO.OFF.(BEG.5/21)	1.00 49.00			X				0.	0.	0.
(115) RICHARD H. CAPPS ----- EVP CH INFO&DIGIT.OFF(BEG1/21)	1.00 49.00			X				0.	0.	0.
(116) SANA B. BRUNO ----- VP LAB SRVCS SYSTEM (END.5/21)	1.00 49.00			X				0.	0.	0.
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<b>1b Sub-total</b> . . . . .								0.	0.	0.
<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 **739**

	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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X

**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 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>	54,045,974.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	0.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		54,045,974.				
	<b>Program Service Revenue</b>	<b>2a</b>	PATIENT REVENUE	Business Code	622110	1,437,321,099.	1,437,321,099.	
<b>b</b>		INDEPENDENT & ASSISTED LIVING REVENUE		623110	2,576,637.	2,576,637.		
<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 . . . . . ▶			1,439,897,736.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			-1,044,694.		-1,044,694.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b>	Royalties . . . . . ▶			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
					12,298,045.			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	12,298,045.				
	<b>d</b>	Net rental income or (loss) . . . . . ▶			12,298,045.		12,298,045.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities		663,272.	274,012.	
				(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>	663,272.	274,012.			
	<b>d</b>	Net gain or (loss) . . . . . ▶			937,284.		937,284.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
			<b>8b</b>		0.			
			<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶		0.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
			<b>9b</b>		0.			
			<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶		0.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.			
			<b>10b</b>		0.			
			<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶		0.		
<b>Miscellaneous Revenue</b>	<b>11a</b>	PHARMACY/RETAIL PHARMACY	Business Code	446110	21,794,801.	37,258.	21,757,543.	
	<b>b</b>	CAFETERIA		722514	4,058,892.		4,058,892.	
	<b>c</b>	PARKING REVENUE		812930	1,651,645.		1,651,645.	
	<b>d</b>	All other revenue . . . . .			16,352,572.		16,352,572.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			43,857,910.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			1,549,992,255.	1,439,897,736.	37,258.	56,011,287.	

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]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

**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 . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	635,210.	<b>2</b>	988,775.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	237,140,956.	<b>4</b>	270,272,422.
	<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 . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	27,444,479.	<b>8</b>	32,385,674.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,662,125.	<b>9</b>	5,611,423.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,283,564,699.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 611,911,130.	699,094,229.	<b>10c</b> 671,653,569.
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	30,701,171.	<b>15</b>	46,481,482.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,000,678,170.	<b>16</b>	1,027,393,345.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	166,941,804.	<b>17</b>	162,828,060.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	381,695,300.	<b>25</b>	398,962,593.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	548,637,104.	<b>26</b>	561,790,653.
<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 . . . . .	452,041,066.	<b>27</b>	465,602,692.
	<b>28</b> Net assets with donor restrictions. . . . .	0.	<b>28</b>	0.
	<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 . . . . .	452,041,066.	<b>32</b>	465,602,692.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	1,000,678,170.	<b>33</b>	1,027,393,345.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,549,992,255.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,125,264,196.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	424,728,059.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	452,041,066.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-411,166,433.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	465,602,692.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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

f Enter the number of supported organizations . . . . .

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>						

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2019. 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in 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 in 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 in 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> ):	1e	
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 or 990-EZ) 2020

**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 - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). 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 ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

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

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**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization KENNESTONE HOSPITAL, INC.	Employer identification number 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **KENNESTONE HOSPITAL, INC.**

Employer identification number  
58-2032904

**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	\$ 33,665,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 16,695,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 3,684,558.	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.)

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 **KENNESTONE HOSPITAL, INC.**

Employer identification number  
58-2032904

**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

2020

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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

Table with 2 columns: Yes, No. Rows: 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAX EXEMPT BOND LIAB. DUE TO WHS	371,066,522.
(3) OTHER LONG-TERM LIABILITIES	27,896,071.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	
	398,962,593.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**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, 2021, OR 2020."

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2020**

**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 . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125.0000</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<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"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<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? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

<b>Financial Assistance and Means-Tested Government Programs</b>	(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) . . . . .			93,915,115.		93,915,115.	8.35
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			111,015,616.	91,454,662.	19,560,954.	1.74
<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 . . . . .			204,930,731.	91,454,662.	113,476,069.	10.09
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			936,497.		936,497.	.08
<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 . . . . .			936,497.		936,497.	.08
<b>k Total.</b> Add lines 7d and 7j . . . . .			205,867,228.	91,454,662.	114,412,566.	10.17

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

Schedule H (Form 990) 2020

**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	423,219,073.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	473,944,263.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-50,725,190.
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 033-548	X	X					X		HEALTH PARK INPATIENT HOSPICE	
<b>2</b> WINDY HILL HOSPITAL 2540 WINDY HILL ROAD MARIETTA GA 30067 WWW.WELLSTAR.ORG 033-545	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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

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

**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**

<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? . . . . .	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**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.		X
<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.		X



**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.		X
<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.		X

**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 2018 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA) INCLUDED WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING 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, 240 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS ADDITIONAL INPATIENT HOSPITALS: WELLSTAR DOUGLAS, WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA MEDICAL CENTER SOUTH, WELLSTAR COBB, WELLSTAR NORTH FULTON, WELLSTAR PAULDING, WELLSTAR SPALDING REGIONAL, WELLSTAR SYLVAN GROVE AND WELLSTAR WINDY HILL HOSPITALS.

WELLSTAR KENNESTONE HOSPITAL

WELLSTAR KENNESTONE HOSPITAL IS LICENSED AS A 633-BED HOSPITAL AND OFFERS AN EVER-GROWING LIST OF LEADING-EDGE HEALTHCARE SERVICES. WELLSTAR KENNESTONE HOSPITAL IS KNOWN FOR ITS "STATE-OF-THE-ART" CARDIAC PROGRAM, COLLABORATIVE VASCULAR PROGRAM, MULTIDISCIPLINARY STAT CANCER TREATMENT,

**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.

AND RENOWNED WOMEN'S CENTER. AND OUR EMERGENCY DEPARTMENT - ONE OF THE BUSIEST IN THE STATE - INCLUDES AN ACCREDITED CHEST PAIN CENTER. 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.

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 PAULDING MEDICAL CENTER

WELLSTAR PAULDING MEDICAL CENTER CONTINUES ITS REPUTATION FOR HIGH QUALITY HEALTHCARE WITH AN EXPANDING STAFF OF PHYSICIANS AND MEDICAL

**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.

PROFESSIONALS AND CONNECTION TO ADDITIONAL MEDICAL SPECIALTIES THROUGHOUT WELLSTAR HEALTH SYSTEM. PAULDING HOSPITAL IS 295,000-SQUARE FEET AND CONSISTS OF 8 FLOORS, 56 BEDS (CAN EXPAND IN THE FUTURE TO 112 BEDS), AND ALL PRIVATE ROOMS. THE 40 EXAM ROOM EMERGENCY DEPARTMENT INCLUDES 10 EXAM ROOMS DEDICATED TO PEDIATRICS, AND 5 EXAM ROOMS FOR BEHAVIORAL HEALTH. WELLSTAR HAS INVESTED HEAVILY INTO NEW TECHNOLOGY FOR WORLD-CLASS PATIENT CARE AT WELLSTAR PAULDING INCLUDING: EXPANDED RADIATION THERAPY (INCLUDING HIGH DENSITY RADIATION), LARGE BORE AND OPEN MRI, CARDIAC CATHETERIZATION, CARDIAC DIAGNOSTICS, AND NEW INDUSTRY LEADING TECHNOLOGY BUILT INTO THE DESIGN OF THE SURGERY SUITES.

## WELLSTAR DOUGLAS HOSPITAL

WELLSTAR DOUGLAS HOSPITAL IS A 109-BED HOSPITAL THAT SERVES DOUGLAS COUNTY WITH INNOVATIVE HEALING METHODS, STATE-OF-THE-ART TECHNOLOGY, EVER-EXPANDING SERVICES AND EXCEPTIONAL PATIENT CARE. OUR NEWEST UPDATES INCLUDE AN EXPANDED CRITICAL CARE SERVICES AND INTENSIVE CARE UNIT (ICU), DOUBLING ICU CAPACITY. A NEW NINE-BED ADMIT/RECOVERY UNIT (ARU) IS FOR CARDIAC CATH AND INTERVENTIONAL RADIOLOGY PATIENTS, ALLOWING FOR PROCEDURES SUCH AS RADIOVERSION TO BE DONE AT THE BEDSIDE. DOUGLAS HOSPITAL WAS NAMED GEORGIA'S #1 SMALL HOSPITAL BY GEORGIA TREND, AND WAS NAMED TO THE GEORGIA HOSPITAL ASSOCIATION'S PARTNERSHIP FOR HEALTH AND ACCOUNTABILITY CORE MEASURES HONOR ROLL. WELLSTAR DOUGLAS WAS ON OF THE FIRST HOSPITALS IN THE NATION TO ALLOW NEWBORNS TO ROOM WITH MOTHERS AND IS ONE OF THE TOP-RANKED COMMUNITY VALUE HOSPITALS IN THE NATION.

**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. 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 KENNESTONE HOSPITAL/WELLSTAR WINDY HILL HOSPITAL, WELLSTAR COBB HOSPITAL, WELLSTAR PAULDING MEDICAL CENTER AND WELLSTAR DOUGLAS 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

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, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. DATA SOURCES

**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.

INCLUDE, BUT ARE NOT LIMITED TO:

- CENTERS FOR DISEASE CONTROL AND PREVENTION
- COMMUNITY COMMONS
- COMMUNITY NEEDS INDEX
- COUNTY HEALTH RANKINGS AND ROADMAPS
- GEORGIA DEPARTMENT OF PUBLIC HEALTH
- GEORGIA PREVENTION PROJECT
- U.S. CENSUS BUREAU

MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AT THE COUNTY LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE COMPREHENSIVE UNDERSTANDING OF COMMUNITY HEALTH NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA INCLUDED:

1. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS.

- RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM.

RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX

**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.

TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2016 AND JANUARY 2018:

- WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS SERVICE AREA RESIDENTS - MARIETTA, GA (OCTOBER 2, 2018)
- RESIDENTS FROM BARTOW, CARROLL, COBB, CHEROKEE, DOUGLAS, AND PAULDING COUNTIES - AUSTELL, GA (OCTOBER 17, 2018)

## 2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS

- LEADERS ASKED TO PARTICIPATE IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA. 15 STAKEHOLDERS IN COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. EACH INTERVIEW WAS CONDUCTED BY GHPC STAFF AND LASTED APPROXIMATELY 45 MINUTES. ALL RESPONDENTS WERE ASKED THE SAME SET OF QUESTIONS DEVELOPED BY GHPC. THE PURPOSE OF THESE INTERVIEWS WAS FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITY SERVED BY THE

**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, AS WELL AS WAYS TO ADDRESS CITED CONCERNS.

3. LISTENING SESSIONS WITH WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS REGIONAL HEALTH BOARDS.

4. A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS HELD ON DECEMBER 6, 2018, AT THE WELLSTAR DEVELOPMENT CENTER.

- THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR LASTED APPROXIMATELY THREE HOURS. THE 25 PARTICIPANTS INCLUDED WELLSTAR TEAM MEMBERS AND COMMUNITY STAKEHOLDERS.

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 2018 COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA) INCLUDED WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS.

A JOINT 2018 CHNA FOR THE HOSPITALS (WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING, AND WINDY HILL) LOCATED IN ITS PRIMARY SERVICE AREA DEFINED AS ONE COMMUNITY.

THIS APPROACH IS THE SAME FROM THE 2015 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



**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.

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 LEGACY HOSPITAL CHNA REPORT MEETS THE REQUIREMENTS OF PARAGRAPH (B)(6)(I) OF THIS SECTION.

- WELLSTAR HEALTH SYSTEM COLLABORATED WITH OTHER HOSPITALS AND HEALTH SYSTEMS IN CONDUCTING THE 2018 CHNA FOR SPECIFIED QUANTITATIVE AND QUALITATIVE DATA INCLUDING KAISER PERMANENTE, PIEDMONT, AND GRADY.

- GUIDED AT THE SYSTEM LEVEL, WELLSTAR HOSPITALS SOLICITED THE HELP OF STATE AND LOCAL HEALTH DEPARTMENTS AND KEY INFORMANTS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND COLLABORATED IN LISTENING SESSIONS AND FOCUS GROUPS TO SOLICIT AND RECEIVE INPUT FROM RESIDENTS, INCLUDING ITS MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.

- THE 2018 CHNA REPORT DOCUMENTS THE JOINT CHNA PROCESS AND CONTAINS ALL OF THE ELEMENTS DESCRIBED IN PARAGRAPH (B)(6)(I) OF THE IRS'S 501(R) SECTION IN THE CODE OF REGULATIONS AS IT RELATES TO COMMUNITY HEALTH NEEDS ASSESSMENTS.

- THE WELLSTAR HEALTH SYSTEM BOARD OF TRUSTEES ADOPTED THE JOINT CHNA AND ITS IMPLEMENTATION STRATEGY ON JUNE 6, 2019.

- THE JOINT CHNA REPORT IS CLEARLY IDENTIFIED AS APPLYING TO THE HOSPITAL FACILITY. ALL OF WELLSTAR HOSPITALS ARE NOTED ON THE COVER OF THE JOINT

**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.

CHNA AND EACH HOSPITAL'S PRESIDENT IS LISTED AS MEMBERS OF THE WELLSTAR COMMUNITY BENEFIT OVERSIGHT COMMITTEE WITHIN THE CHNA, ALONG WITH A HOSPITAL-SPECIFIC PROFILES AND COUNTY-SPECIFIC PRIMARY AND SECONDARY DATA AND NOTED IN THE TRACKING PROGRESS SECTION.

- ALL OF THE COLLABORATING HOSPITAL FACILITIES AND ORGANIZATIONS INCLUDED IN THE JOINT CHNA REPORT DEFINE THEIR COMMUNITY TO BE THE SAME, YES, BASED UPON WELLSTAR'S:

- SYSTEM-BASED MODEL FOR DELIVERING MOST ALL COMMUNITY BENEFIT SERVICES AND EVALUATING ITS IMPACT (AGAIN, TO LEVERAGE THE ECONOMIES OF SCALE AND SERVICES TO DELIVER PROGRAM THAT ADDRESS THE PRIORITY NEEDS)
- OVERLAPPING HOSPITAL
- CATCHMENT AREAS
- SIMILAR COMMUNITY HEALTH NEEDS' KEY FINDINGS AND THEMES BASED UPON INTENSIVE QUANTITATIVE AND 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 DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSE TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS.

**Part V Facility Information** (continued)

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

THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

CAN BE FOUND ON THE FOLLOWING WEB ADDRESS:

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

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

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

THE CURRENT IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB  
ADDRESS:

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

SCHEDULE H, PART V, SECTION B, LINE 11

PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY:

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

**Part V Facility Information** (continued)

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

THE ORGANIZATIONS THAT TOOK PART IN THE HEALTH SUMMIT INCLUDED:

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

**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.

THIS ASSESSMENT ENGAGED COMMUNITY RESIDENTS TO DEVELOP A DEEPER UNDERSTANDING OF THE HEALTH NEEDS OF RESIDENTS THEY SERVE AS WELL AS THE EXISTING OPINIONS AND PERSPECTIVES RELATED TO THE HEALTH STATUS AND HEALTH NEEDS OF THE POPULATIONS IN COMMUNITY SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS.

GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS. RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUPS WERE CONDUCTED BY GHPC:

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

**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.

COUNTIES - AUSTELL, GA (OCTOBER 17, 2018)

FOCUS GROUPS AND LISTENING SESSIONS WERE RECORDED AND TRANSCRIBED WITH THE INFORMED CONSENT OF ALL PARTICIPANTS. GHPC ANALYZED AND SUMMARIZED DATA FROM THE FOCUS GROUPS AND LISTENING SESSIONS TO DETERMINE SIMILARITIES AND DIFFERENCES ACROSS POPULATIONS RELATED TO THE COLLECTIVE EXPERIENCE OF HEALTHCARE, HEALTH NEEDS AND RECOMMENDATIONS, WHICH IS SUMMARIZED IN THIS SECTION.

LEADERS OF GEORGIA STATE UNIVERSITY'S GEORGIA HEALTH POLICY CENTER HELPED GUIDE THE WELLSTAR HEALTH SYSTEM THROUGH THE PRIORITIZATION PROCESS AT THE HEALTH SUMMIT. FROM THE SIGNIFICANT HEALTH NEEDS IDENTIFIED BY CHNA RESEARCH CONDUCTED, THE FOLLOWING HEALTH NEEDS WERE VALUATED AS PRIORITY FOR THE COMMUNITY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING, AND WELLSTAR WINDY HILL HOSPITALS SERVE:

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

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

**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.

COMMUNITY HEALTH IMPROVEMENT SERVICES AND EDUCATION.

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

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

THE WELLSTAR CENTER FOR HEALTH EQUITY:

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

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

1. ACCESS TO CARE
2. WOMEN'S HEALTH
3. SUBSTANCE ABUSE
4. SUICIDE

**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.

5. FOOD INSECURITY

6. CANCER

WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE:

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

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

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

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

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

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

1. FOOD INSECURITY

- CONTEXT: FOOD INSECURITY IS AN IMPORTANT BUT OFTEN OVERLOOKED FACTOR



**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.

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

- EXAMPLE WELLSTAR INTERVENTIONS:

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

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

**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.

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

(FULTON)

- FIRST PRESBYTERIAN CHURCH OF DOUGLASVILLE (DOUGLAS)
  - NEW MERCY PARTNER SERVICES (SPALDING)
  - ROSWELL ORGANIZATION FOR COMMUNITY DEVELOPMENT (FULTON)
- IN 2021, WELLSTAR ALSO LAUNCHED THE FOOD RESCUE PROGRAM. WELLSTAR PARTNERS WITH TWO ORGANIZATIONS: SECOND HELPINGS ATLANTA AND GOODR TO REROUTE HIGH-QUALITY AND NUTRITIOUS MEALS TO NONPROFITS IN THE COMMUNITY. THESE ORGANIZATIONS THEN DELIVER/SERVE THESE MEALS TO COMMUNITY MEMBERS IN NEED.
- WELLSTAR DAY OF SERVICE: CREATES VOLUNTEER OPPORTUNITIES FOR WELLSTAR EMPLOYEES TO SUPPORT GEORGIA'S FOOD SUPPORT SYSTEM FOR VULNERABLE AND UNDERSERVED POPULATIONS. DUE TO COVID-19 RESTRICTIONS AND LIMITING LARGE GROUP EVENTS-DAY OF SERVICE WAS POSTPONED IN 2021. HOWEVER, DURING THAT SAME YEAR WELLSTAR DID LAUNCH THE COMMUNITYCARE PROGRAM AS AN OPPORTUNITY FOR WELLSTAR TEAM MEMBERS TO VOLUNTEER WITH COMMUNITY PARTNERS THAT PROVIDE FOOD AND HOUSING SUPPORT SERVICES FOR AT-RISK COMMUNITY MEMBERS. THE ORGANIZATIONS THAT WERE SUPPORTED BY COMMUNITYCARE IN 2021 INCLUDE:
- ATLANTA COMMUNITY FOOD BANK
  - COVENANT HOUSE
  - THE DRAKE HOUSE
  - FEEDING THE VALLEY

**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.

- FIVE LOAVES AND TWO FISH FOOD PANTRY
- FOODWELL ALLIANCE
- MUST MINISTRIES
- NEVER ALONE FOOD PANTRY
- NORTH FULTON COMMUNITY CHARITIES
- OPEN HAND ATLANTA
- OUR GIVING GARDEN
- THE SALVATION ARMY
- SWEETWATER MISSION
- WELLSTAR FOUNDATION
- WAREHOUSE OF HOPE FOOD BANK
- FOOD INSECURITY SCREENING: IMPLEMENTING THE PROCESS TO SCREEN PATIENTS FOR FOOD INSECURITY AND CONNECTING PATIENTS TO AVAILABLE RESOURCES AND INTERVENTIONS.
- IN 2021, WELLSTAR ESTABLISHED A NEW PARTNERSHIP WITH WHOLESOME WAVE GEORGIA AND THE WELLSTAR FOUNDATION. THROUGH THIS PARTNERSHIP WELLSTAR WILL INCREASE THE CAPACITY TO PROVIDE ON-SITE, REAL TIME REFERRALS AND REGISTRATION FOR SNAP/EBT AND OTHER FOOD RESOURCES AT THIN CONJUNCTION WITH PROGRAMS AT THE MOBILE MARKET, COMMUNITY CLINIC NETWORK AND CONGREGATIONAL HEALTH NETWORK. IN ADDITION, WHOLESOME WAVE WILL OFFER A TRAIN THE TRAINER PROGRAM THAT EDUCATES WELLSTAR TEAM MEMBERS TO ASSIST PATIENTS THAT HAVE FOOD ACCESS NEEDS.

## 2. OPIOIDS

- CONTEXT: DEVASTATING CONSEQUENCES OF THE OPIOID EPIDEMIC INCLUDE

**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.

INCREASES IN OPIOID MISUSE AND RELATED OVERDOSES, AS WELL AS THE RISING INCIDENCE OF NEWBORNS EXPERIENCING WITHDRAWAL SYNDROME DUE TO OPIOID USE AND MISUSE DURING PREGNANCY.

- EXAMPLE WELLSTAR INTERVENTIONS:

- GEORGIA SUPREME COURT PARTNERSHIP: PROVIDES ACCESS TO SUBSTANCE USE TREATMENT, PEER SUPPORT, MEDICAL TREATMENT AND OTHER SERVICES THROUGH COLLABORATIVE COMMUNITY PARTNERSHIPS FOR FAMILIES TO ASSURE HEALTHY PREGNANCIES AND HEALTHY DEVELOPMENT FOR YOUNG CHILDREN WITH SUBSTANCE USE EXPOSURE. THESE PARTNERS INCLUDE WELLSTAR WOMEN'S HEALTH SERVICE NETWORK, GEORGIA DEPARTMENT OF PUBLIC HEALTH, GEORGIA DEPARTMENT OF HUMAN SERVICES AND SUPREME COURT OF GEORGIA.

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

### 3. WOMEN'S HEALTH

- CONTEXT: THE PREGNANCY-RELATED MATERNAL MORTALITY RATIO IN GEORGIA WAS 40.8 PER 100,000 LIVE BIRTHS. THE MATERNAL DEATH RATE FOR BLACK WOMEN IN GEORGIA IS TWICE THAT FOR WHITE WOMEN IN GEORGIA AND 6 TIMES THE RATE FOR WHITE WOMEN, NATIONALLY.

- EXAMPLE WELLSTAR INTERVENTIONS:

- CLINICAL PRACTICE STANDARDS: SYSTEM-LEVEL COUNCILS MONITOR CLINICAL PRACTICES THROUGHOUT WELLSTAR HEALTH SYSTEM AND IMPLEMENT CARE MODELS

**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.

WITH EVIDENCE-BASED POLICIES, PROCEDURES, PROTOCOLS AND PATHWAYS, WHILE LOCAL INTERDISCIPLINARY COUNCILS MONITOR WOMEN'S HEALTH PRACTICES ON-SITE IN INDIVIDUAL WELLSTAR HOSPITALS. WELLSTAR'S WOMEN'S ALLIANCE FOR HEALTHIER OUTCOMES (WAHOO) TEAM HAS BEEN HARD AT WORK THROUGHOUT THE YEAR, ENSURING OUR CONTINUED DEDICATION TO ENSURING HEALTHIER OUTCOMES FOR EVERY WOMAN, EVERY TIME, THROUGHOUT WELLSTAR AND GEORGIA. THE ALLIANCE'S STRATEGIC PLAN FOCUSES ON IMPROVING OUTCOMES RELATED TO ONE OR TWO HIGH-RISK CLINICAL AREAS EACH FISCAL YEAR UTILIZING A PROCESS IMPROVEMENT CYCLE-BASED FRAMEWORK. ONCE WE REACH THE HARDWIRING PHASE OF THE ANNUAL CYCLE, WE WORK TO SUSTAIN AND DRIVE CONTINUAL IMPROVEMENTS IN THE FOCUS AREA, WHILE SIMULTANEOUSLY BEGINNING TO WORK ON THE NEXT YEAR'S CLINICAL FOCUS AREA.

- WOMEN AND CHILDREN RESOURCE CENTER: OFFERS PERINATAL EDUCATION AND SUPPORT SERVICES THROUGH THE WOMEN AND CHILDREN RESOURCE CENTER TO REACH MORE THAN 15,000 FAMILIES ANNUALLY.

- GME COMMUNITY CLINIC & BABIES BORN HEALTHY (BBH): PROVIDES PRENATAL SERVICES AT A REDUCED RATE FOR VULNERABLE AND UNDERSERVED WOMEN. BBH SERVICES ARE LIMITED AND COVER ROUTINE PRENATAL VISITS AND SOME LAB WORK.

- BLACK MATERNAL HEALTH EQUITY LAB:
  - WELLSTAR HEALTH SYSTEM JOINED A COLLABORATIVE OF ATLANTA ORGANIZATIONS PARTICIPATING IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S BETTER MATERNAL OUTCOMES BIRTH EQUITY LAB: "REDESIGNING SYSTEMS WITH BLACK WOMEN PROJECT." THIS IMPORTANT WORK WAS HOUSED AT THE CENTER FOR BLACK WOMEN'S WELLNESS IN ATLANTA. OTHER KEY STAKEHOLDERS INCLUDED THE CENTER FOR REPRODUCTIVE RIGHTS, EMORY UNIVERSITY'S ROLLINS SCHOOL OF

**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.

PUBLIC HEALTH, FIRST TEAM AMERICA, GEORGIA DEPARTMENT OF PUBLIC HEALTH, GRADY MEMORIAL HOSPITAL, HEALTHCARE GEORGIA FOUNDATION, MARCH OF DIMES, MOREHOUSE SCHOOL OF MEDICINE, GA OBGYN SOCIETY AND THE UNITED WAY OF GREATER ATLANTA.

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

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

**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.

MOVIE EVENTS, PODCASTS AND MANY OTHERS.

## 4. CANCER

- CONTEXT: LUNG, COLORECTAL, BREAST, AND PROSTATE CANCER ACCOUNT FOR 51 PERCENT OF ALL CANCER DEATHS IN GEORGIA.

- EXAMPLE WELLSTAR INTERVENTIONS:

- CANCER PREVENTION SCREENING PROGRAM: PROACTIVE, PREVENTATIVE CANCER SCREENING PROGRAM TO SUPPORT THE COMMUNITIES WELLSTAR SERVES:

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

- ESTABLISHED A NEW PROGRAM THAT SUPPORTS THE PATIENTS AND PHYSICIANS

**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.

THROUGH THE SCREENING AND NAVIGATION PROCESS WITH AN EXTENDED CARE MODEL THAT ENSURES THAT CARE IS CONTINUOUS AND WELL-COORDINATED.

- FOR THE PAST TEN YEARS, WELLSTAR HAS PROVIDED BREAST SCREENING AND DIAGNOSTIC SERVICES TO INDIVIDUALS WHO LACK ACCESS TO OR ARE UNABLE TO AFFORD THESE LIFE-SAVING SERVICES WITHIN WELLSTAR'S SERVICE AREAS. BY PROVIDING THESE SERVICES AT NO COST TO THOSE IN NEED, WE SEEK TO ELIMINATE EXISTING BREAST CANCER DISPARITIES AND DECREASE THE NUMBER OF LATE-STAGE BREAST CANCER DIAGNOSES BY PROVIDING ACCESS TO HEALTHCARE WITHIN THE COMMUNITIES WE SERVE. THIS PROGRAM INCREASES THE NUMBER OF REGULAR MAMMOGRAM SCREENINGS AND DIAGNOSTIC SERVICES PROVIDED, PARTICULARLY WITHIN HIGH-RISK COMMUNITIES, ENABLING WELLSTAR HEALTHCARE PROVIDERS TO DETECT BREAST CANCER AT AN EARLIER STAGE AND RESULTING IN BETTER TREATMENT OPTIONS AND IMPROVED OUTCOMES FOR OUR COMMUNITY MEMBERS.

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

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



**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.

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

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

## 5. SUICIDE

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

- EXAMPLE WELLSTAR INTERVENTIONS:

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

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

## 6. ACCESS TO PRIMARY CARE

- CONTEXT: ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE SERVICES IS IMPORTANT FOR PROMOTING AND MAINTAINING HEALTH, PREVENTING AND MANAGING

**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.

DISEASE, REDUCING UNNECESSARY DISABILITY AND PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY.

- EXAMPLE WELLSTAR INTERVENTIONS:

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

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

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

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

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

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

OR,

**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.

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

HOSPITAL ROLE AND RESPONSIBILITIES:

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

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

1. BEYOND THE SCOPE OF WELLSTAR SERVICES

**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.

2. NEEDS FURTHER INTERVENTION, BUT NO PLANS FOR EXPANDING CURRENT

COMMUNITY BENEFIT SERVICES AT THIS TIME

3. RELYING ON COMMUNITY PARTNERS TO LEAD EFFORTS WITH EXPERTISE IN THESE

AREAS WITH WELLSTAR IN A SUPPORTIVE ROLE.

SUCCESS IS MEASURED BY THE HOSPITALS' ABILITY TO:

1. REDUCE HEALTH DISPARITIES BY INCREASING CARE ACCESS AND SUPPORT

SERVICES TO UNDER-RESOURCED, AT-RISK COMMUNITY MEMBERS

2. STRENGTHEN COMMUNITY CAPACITY AND COLLABORATION FOR SHARED

RESPONSIBILITY TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITY THE

HOSPITALS SERVES

IN ADDITION, DID THE PROGRAM:

1. IMPROVE THE OVERALL HEALTH OF THE COMMUNITY THROUGH IMPROVED ACCESS TO

CARE AND A REDUCTION OF THE INCIDENCE AND PREVALENCE OF CHRONIC DISEASE?

2. SERVE AND ADVOCATE FOR THE MEDICALLY UNDERSERVED AND UNDER-RESOURCED

POPULATIONS WITH THE GOAL OF PROVIDING THE RIGHT CARE AT THE RIGHT PLACE?

3. IMPROVE THE DELIVERY AND REPORTING OF COMMUNITY BENEFIT SERVICES TO

BETTER DEMONSTRATE WELLSTAR HEALTH SYSTEM HOSPITALS' COMMITMENT TO

IMPROVE OVERALL COMMUNITY HEALTH?

4. IMPLEMENT IMPROVED FINANCIAL ASSISTANCE, BILLING AND COLLECTION

POLICIES THAT PROTECT PATIENTS AND REDUCE THE NUMBER OF PATIENTS RELYING

ON CHARITY CARE?

5. COLLABORATE WITH MULTI-SECTOR COMMUNITY PARTNERS TO RELIEVE OR REDUCE

THE BURDEN OF GOVERNMENT?

**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.

COVID-19 RESPONSE

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

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

**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.

BASIC HEALTH EDUCATION IN THE COMMUNITY.

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

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

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

**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.

ITS SLIDING SCALE FOR FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBILITY WELL BEYOND THE MINIMUM GOVERNMENT LEVELS TO 300% OF FPG. WELLSTAR HAS CHOSEN TO USE THE AVERAGE OF THE THREE BEST NEGOTIATED COMMERCIAL RATES AS THE TRIGGER TO NOT EXCEED IN THE APPLICATION OF THE DISCOUNTS/AMOUNTS CHARGED TO PATIENTS, ON OUR SLIDING SCALE.

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

FAP ELIGIBILITY CRITERIA - OTHER CRITERIA:

OTHER SPECIAL CIRCUMSTANCES MAY QUALIFY A PATIENT FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS. SPECIAL CIRCUMSTANCES MAY INCLUDE BUT NOT LIMITED TO:

- PATIENT DECEASED, WITH VERIFICATION THAT THERE IS NO ESTATE.
- UNABLE TO CONTACT PATIENT BUT PROPENSITY TO PAY SOFTWARE RETURNS A LOW ABILITY/LOW PROPENSITY DESIGNATION.

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

**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.

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.

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/ABOUT-US/POLICIES-PROCEDURES/PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX](https://www.wellstar.org/about-us/policies-procedures/pages/community-financial-assistance-policy.aspx)



**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 16B

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

[HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT AND CLICKING APPLICATION IN THE RIGHT NAVIGATION BOX TITLED RELATED DOCUMENTS](https://www.wellstar.org/community/community-health-needs-assessment-and-clicking-application-in-the-right-navigation-box-titled-related-documents). A WINDOW WILL APPEAR THAT ALLOW YOU TO SCROLL TO THE APPROPRIATE WELLSTAR HOSPITAL AND CLICK FOR A PDF VERSION OF THE APPLICATION TO PRINT OR DOWNLOAD.

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

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

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

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

PUBLICATION OF THE FINANCIAL ASSISTANCE POLICY (FAP):

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

**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 20E

ADDITIONAL EFFORTS MADE BEFORE COLLECTIONS ACTION INITIATED:

THE HOSPITAL FACILITY ALSO NOTIFIED INDIVIDUALS OF THE FINANCIAL

ASSISTANCE POLICY ONLINE AT:

[HTTP://WWW.WELLSTAR.ORG/PAGES/ONLINE-BILL-PAY.ASPX](http://WWW.WELLSTAR.ORG/PAGES/ONLINE-BILL-PAY.ASPX)

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	

Schedule H (Form 990) 2020

**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.

THE COMMUNITY BENEFIT REPORT CAN BE FOUND AT THE FOLLOWING LINK:

[HTTPS://WWW.WELLSTAR.ORG/HOSPITAL-TRANSPARENCY](https://www.wellstar.org/hospital-transparency)

**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.

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 DEBT CHARGES ARE THEN MULTIPLIED BY THE HOSPITAL FINANCIAL SURVEY CALCULATED COST TO CHARGE RATIO TO ARRIVE AT THE ESTIMATED BAD DEBT

**Part VI Supplemental Information**

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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.

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

**Part VI Supplemental Information**

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ADMISSIONS AND PATIENT ACCESS AREAS TO BE TRAINED IN IDENTIFYING PATIENTS THAT MIGHT QUALIFY FOR FINANCIAL ASSISTANCE. IT IS ALSO THE POLICY OF ALL WELLSTAR FACILITIES TO HAVE AT LEAST ONE EMPLOYEE OR CONTRACTOR AVAILABLE AT ALL TIMES, ESPECIALLY IN THE HOSPITALS WITH EMERGENCY ROOMS, WHO CAN PROVIDE ASSISTANCE WITH THE PAPERWORK NECESSARY TO HELP PATIENTS WHO WOULD QUALIFY FOR GOVERNMENTAL AND OTHER ASSISTANCE PROGRAMS.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

TO ASSESS THE CURRENT HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, WELLSTAR HEALTH SYSTEM, INC. CONDUCTED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA). THE 2018 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA) INCLUDED WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING 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.

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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 HEALTH SYSTEM. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO:

- CENTERS FOR DISEASE CONTROL AND PREVENTION
- COMMUNITY COMMONS
- COMMUNITY NEEDS INDEX
- COUNTY HEALTH RANKINGS AND ROADMAPS
- GEORGIA DEPARTMENT OF PUBLIC HEALTH
- GEORGIA PREVENTION PROJECT
- U.S. CENSUS BUREAU

MANY PUBLICLY AVAILABLE DATA SOURCES ARE ONLY AT THE COUNTY LEVEL AND NOT IN SMALLER SEGMENTS. HOWEVER, WHERE POSSIBLE, THE DATA WAS ANALYZED AT THE ZIP CODE OR CENSUS TRACT LEVEL TO GET A MORE COMPREHENSIVE UNDERSTANDING OF COMMUNITY HEALTH NEEDS. TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE HOSPITALS, SEVERAL TYPES OF QUALITATIVE DATA WERE USED. QUALITATIVE DATA INCLUDED:



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1. FOCUS GROUPS WITH RESIDENTS

- GHPC RECRUITED AND CONDUCTED TWO FOCUS GROUPS AMONG RESIDENTS LIVING IN THE COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. GHPC DESIGNED FACILITATION GUIDES FOR FOCUS GROUP DISCUSSIONS.
- RESIDENTS WERE RECRUITED USING A THIRD-PARTY RECRUITING FIRM. RECRUITMENT STRATEGIES FOCUSED ON RESIDENTS THAT HAD CHARACTERISTICS REPRESENTATIVE OF THE BROADER COMMUNITY, SPECIFICALLY AREAS THAT EXPERIENCE DISPARITIES AND LOW SOCIOECONOMIC STATUS. FOCUS GROUPS LASTED APPROXIMATELY 1.5 HOURS, DURING WHICH TIME TRAINED FACILITATORS LED SIX TO 12 PARTICIPANTS THROUGH A DISCUSSION ABOUT THE HEALTH OF THEIR COMMUNITY, HEALTH NEEDS, RESOURCES AVAILABLE TO MEET HEALTH NEEDS, AND RECOMMENDATIONS TO ADDRESS COMMUNITY HEALTH NEEDS. ALL PARTICIPANTS WERE OFFERED APPROPRIATE COMPENSATION (\$50) FOR THEIR TIME AND A LIGHT MEAL. THE FOLLOWING FOCUS GROUPS WERE CONDUCTED BY GHPC BETWEEN JANUARY 2016 AND JANUARY 2018:
  - WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS SERVICE AREA RESIDENTS -

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MARIETTA, GA (OCTOBER 2, 2018)

- RESIDENTS FROM BARTOW, CARROLL, COBB, CHEROKEE, DOUGLAS AND PAULDING

COUNTIES - AUSTELL, GA (OCTOBER 17, 2018)

## 2. ONE-ON-ONE INTERVIEWS WITH KEY STAKEHOLDERS

- LEADERS ASKED TO PARTICIPATE IN THE INTERVIEW PROCESS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING (1) PUBLIC HEALTH EXPERTISE, (2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA AND (3) REPRESENTATIVES OF UNDERSERVED POPULATIONS. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES AND OTHER INFORMATION RELEVANT TO THE CHNA. 15 STAKEHOLDERS IN COMMUNITY SERVED BY WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING AND WINDY HILL HOSPITALS. EACH INTERVIEW WAS CONDUCTED BY GHPC STAFF AND LASTED APPROXIMATELY 45 MINUTES. ALL RESPONDENTS WERE ASKED THE SAME SET OF QUESTIONS DEVELOPED BY GHPC. THE PURPOSE OF THESE INTERVIEWS WAS FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE COMMUNITY SERVED BY THE HOSPITALS, AS WELL AS WAYS TO ADDRESS CITED CONCERNS.

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3. LISTENING SESSIONS WITH WELLSTAR COBB, DOUGLAS, KENNESTONE, PAULDING  
AND WINDY HILL HOSPITALS REGIONAL HEALTH BOARDS.

4. A HEALTH SUMMIT WITH HOSPITAL AND COMMUNITY LEADERS HELD ON HELD  
DECEMBER 6, 2018, AT THE WELLSTAR DEVELOPMENT CENTER.

- THE HEALTH SUMMIT WAS FACILITATED BY GHPC IN PARTNERSHIP WITH WELLSTAR  
LASTED APPROXIMATELY THREE HOURS. THE 25 PARTICIPANTS INCLUDED WELLSTAR  
TEAM MEMBERS AND COMMUNITY STAKEHOLDERS.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE HOSPITAL PROVIDES NOTICE OF THE AVAILABILITY OF COMMUNITY FINANCIAL  
ASSISTANCE THROUGH THE FINANCIAL ASSISTANCE POLICY (FAP) VIA:

SIGNAGE

PATIENT BROCHURE

BILLING STATEMENT

COLLECTION ACTION LETTER

ONLINE AT:

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[HTTPS://WWW.WELLSTAR.ORG/ABOUT-US/POLICIES-](https://www.wellstar.org/about-us/policies-)

[PROCEDURES/PAGES/COMMUNITY-FINANCIAL-ASSISTANCE-POLICY.ASPX](https://www.wellstar.org/about-us/policies-)

KENNESTONE AND WINDY HILL HOSPITALS PROVIDE ITS PATIENTS WITH HOSPITAL PERSONNEL OR CONTRACTED PERSONNEL WHO ARE TRAINED IN ALL ASPECTS OF GOVERNMENTAL PROGRAMS, PAYMENTS PLANS, CHARITY DISCOUNTS, AND OTHER FINANCIAL ASSISTANCE OFFERED TO ASSIST THEM IN THEIR HOSPITAL BILLS. IF THE PATIENT IS ELIGIBLE FOR FEDERAL OR STATE ASSISTANCE PROGRAMS, A STAFF MEMBER IS KNOWLEDGEABLE IN THE STEPS NECESSARY TO QUALIFY THOSE INDIVIDUALS. IF A PATIENT IS INDIGENT OR CHARITY ELIGIBLE THEY WILL BE OFFERED ASSISTANCE THROUGH THE HOSPITAL'S CHARITY AND INDIGENT CARE POLICY INCLUDING THE STATE'S INDIGENT CARE TRUST FUND. IF THE PATIENT HAS NO OTHER INSURANCE AND FAILS TO QUALIFY FOR INDIGENT CARE ASSISTANCE, THE FINANCIAL COUNSELOR CAN THEN OFFER THE PATIENT AN OPPORTUNITY TO ACCEPT A PAYMENT PLAN WITH DISCOUNTED PAYMENT OPTIONS BASED ON THEIR ABILITY TO PAY IMMEDIATELY OR OVER TIME. ALL PATIENTS ARE AFFORDED THESE OPPORTUNITIES.

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SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS ARE LOCATED IN COBB, DOUGLAS AND PAULDING COUNTIES. THE FIVE HOSPITALS ARE ALL WITHIN A 26-MILE RADIUS OF EACH OTHER. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITALS IS DEFINED AS THE 28 ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR. THE BULK OF THESE ZIP CODES ARE LOCATED IN COBB COUNTY. ADDITIONAL COUNTIES WERE ADDED BY WELLSTAR COMMUNITY HEALTH COLLABORATIVE MEMBERS TO PROVIDE A MORE COMPREHENSIVE UNDERSTANDING OF THE GEOGRAPHICAL REGION SURROUNDING THE PRIMARY SERVICE AREA.

THE CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE 28 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 UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES.

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- CARROLL COUNTY ZIP CODES: 30180

- COBB COUNTY ZIP CODES: 30008, 30060, 30062, 30064, 30066, 30067,  
30068, 30080, 30082, 30101, 30106, 30126, 30127, 30144, 30152, 30168

- CHEROKEE COUNTY ZIP CODES: 30102, 30114, 30115, 30188, 30189

- DOUGLAS COUNTY ZIP CODES: 30122, 30134, 30135

- PAULDING COUNTY ZIP CODES: 30132, 30141, 30157

THE POPULATION IN GEORGIA IS ONE OF THE FASTEST GROWING IN THE NATION. IN GENERAL, THE COMMUNITIES SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS ARE YOUNGER, HIGHER-INCOME EARNING AND SLIGHTLY MORE DIVERSE THAN THE STATE AVERAGES. CHEROKEE AND COBB COUNTIES HAVE LARGER POPULATIONS OF HISPANIC RESIDENTS, WHILE DEKALB, DOUGLAS AND FULTON COUNTIES ALL HAVE LARGER POPULATIONS OF BLACK RESIDENTS. DEKALB AND FULTON COUNTIES ALSO HAVE LARGER ASIAN POPULATIONS. AMONG THE EIGHT COUNTIES SERVED BY WELLSTAR COBB, WELLSTAR DOUGLAS, WELLSTAR KENNESTONE, WELLSTAR PAULDING AND WELLSTAR WINDY HILL HOSPITALS, COBB AND DEKALB COUNTIES HAVE HIGHER

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POPULATIONS OF RESIDENTS WITH LIMITED ENGLISH-SPEAKING SKILLS WHEN COMPARED TO ALL OTHER COUNTIES IN THE SERVICE AREA. HOSPITAL AND COMMUNITY LEADERS NOTED THAT MEDICAL AND BEHAVIORAL HEALTHCARE SERVICES ARE NOT ALWAYS LINGUISTICALLY RELEVANT FOR RESIDENTS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH.

TOTAL POPULATION:

- BARTOW: 104,223
- CARROLL: 138,398
- CHEROKEE: 266,801
- COBB: 761,725
- DEKALB: 820,822
- DOUGLAS: 147,264
- FULTON: 1,110,620
- PAULDING: 114,186

MEDIAN HOUSEHOLD INCOME (2012-16):

- BARTOW: \$50,565

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- CARROLL: \$45,486
- CHEROKEE: \$72,586
- COBB: \$68,818
- DEKALB: \$52,623
- DOUGLAS: \$57,384
- FULTON: \$58,851
- PAULDING: \$60,971

MEDIAN AGE:

- BARTOW: 37.40
- CARROLL: 34.10
- CHEROKEE: 37.70
- COBB: 36.20
- DEKALB: 35.20
- DOUGLAS: 36.10
- FULTON: 35.00
- PAULDING: 35.40



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## RACE/ETHNIC DISTRIBUTION:

- BARTOW:

WHITE 77.70%

BLACK 10.70%

HISPANIC 8.50%

ASIAN/PACIFIC ISLAND 1.00%

LIMITED ENGLISH 2.90%

- CARROLL:

WHITE 70.40%

BLACK 19.30%

HISPANIC 6.70%

ASIAN/PACIFIC ISLAND 1.20%

LIMITED ENGLISH 2.70%

- CHEROKEE:

WHITE 77.90%

**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.

BLACK 7.10%

HISPANIC 10.50%

ASIAN/PACIFIC ISLAND 2.10%

LIMITED ENGLISH 5.20%

- COBB:

WHITE 50.80%

BLACK 27.60%

HISPANIC 13.20%

ASIAN/PACIFIC ISLAND 5.40%

LIMITED ENGLISH 7.60%

- DEKALB:

WHITE 29.40%

BLACK 52.10%

HISPANIC 9.40%

ASIAN/PACIFIC ISLAND 6.60%

LIMITED ENGLISH 9.00%

**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.

- DOUGLAS:

WHITE 43.30%

BLACK 43.20%

HISPANIC 9.00%

ASIAN/PACIFIC ISLAND 1.60%

LIMITED ENGLISH 4.50%

- FULTON:

WHITE 39.70%

BLACK 42.10%

HISPANIC 7.60%

ASIAN/PACIFIC ISLAND 8.10%

LIMITED ENGLISH 5.60%

- PAULDING:

WHITE 72.50%

BLACK 17.70%

**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.

HISPANIC 6.30%

ASIAN/PACIFIC ISLAND 1.10%

LIMITED ENGLISH 1.80%

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

AS STATED IN THE WELLSTAR HEALTH SYSTEM, INC. AND AFFILIATES AUDITED FINANCIAL STATEMENTS FOR THE PERIOD ENDED JUNE 30, 2020, 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

**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.

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, RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE. KENNESTONE HOSPITAL AND WINDY HILL HOSPITAL COMMITTED APPROXIMATELY \$120 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, 322 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS 11 INPATIENT HOSPITALS: WELLSTAR ATLANTA MEDICAL CENTER, WELLSTAR ATLANTA

**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.

MEDICAL CENTER SOUTH, WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER  
(ANCHORED BY WELLSTAR KENNESTONE HOSPITAL), WELLSTAR WEST GEORGIA MEDICAL  
CENTER, AND WELLSTAR COBB, DOUGLAS, NORTH FULTON, PAULDING, SPALDING  
REGIONAL, SYLVAN GROVE AND WINDY HILL HOSPITALS. AS A NOT-FOR-PROFIT,  
WELLSTAR CONTINUES TO REINVEST IN THE HEALTH OF THE COMMUNITIES IT SERVES  
WITH NEW TECHNOLOGIES AND TREATMENTS. FOR MORE INFORMATION, VISIT  
[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 KENNESTONE AND WINDY HILL 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

**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

**2020**

**Open to Public  
Inspection**

Name of the organization

KENNESTONE HOSPITAL, INC.

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) 2020

**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 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	ALAN R. MUSTER, MD SVP SPECIALTY DIVISION WMG	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 501,746.	118,674.	132,654.	51,200.	38,104.	842,378.	116,927.	
2	ANDREW LEE VP CHIEF DIV. OFF. (END. 12/20)	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 251,175.	0.	73,177.	31,804.	29,420.	385,576.	0.	
3	ANDREW W. COX VP CHIEF OF STAFF&LEADER. DEV.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 244,291.	37,145.	10,290.	15,380.	29,781.	336,887.	0.	
4	ANTHONY J. BUDZINSKI EVP & CFO	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 734,356.	192,675.	22,159.	44,161.	32,813.	1,026,164.	0.	
5	AVIRAL SINGH VP BRAND & MARKET STRATEGY	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 234,114.	45,580.	10,341.	22,967.	33,727.	346,729.	0.	
6	AVRIL P. BECKFORD, MD TRUSTEE & CHIEF PEDIATRIC OFF.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 184,128.	270,228.	9,101.	28,816.	4,491.	496,764.	0.	
7	BARBARA B. COREY SVP MANAGED CARE	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 395,474.	79,621.	16,688.	22,750.	25,081.	539,614.	0.	
8	BETH KOST SVP, CHIEF COMPLIANCE OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 388,908.	78,110.	135,734.	51,200.	28,074.	682,026.	120,112.	
9	BETTY A. BRAKOVICH VP CNO PATIENT CARE SERVICES	(i) 232,380.	(ii) 28,054.	(iii) 205,004.	31,700.	13,950.	511,088.	193,588.
	(ii) 0.	0.	0.	0.	0.	0.	0.	
10	BRADFORD B. NEWTON VP INFO.TECH.ADMIN. (END.12/20)	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 255,688.	39,633.	9,950.	25,857.	24,624.	355,752.	0.	
11	CANDICE L. SAUNDERS PRESIDENT & CEO	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 1,397,844.	714,332.	372,126.	51,162.	32,821.	2,568,285.	350,539.	
12	CAROL TODD VP ASST. GENERAL COUNSEL	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 206,003.	31,299.	38,061.	21,710.	21,523.	318,596.	27,665.	
13	CARRIE O. PLIETZ EVP & COO HOSP DIV (END 10/20)	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 619,832.	850.	12,602.	43,875.	30,227.	707,386.	0.	
14	CASWELL SAMMS VP FINANCE CFO&OPS (END.12/20)	(i) 310,323.	(ii) 9,900.	(iii) 50,838.	16,167.	17,574.	404,802.	41,631.
	(ii) 0.	0.	0.	0.	0.	0.	0.	
15	CONSTANCE BRADLEY VP OPERATIONS & COO (END.6/21)	(i) 352,694.	(ii) 74,616.	(iii) 25,704.	31,174.	24,905.	509,093.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	
16	DANIEL ABAD VP TOTAL & CHIEF TM ENGAGE OFF	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 269,833.	41,010.	10,240.	24,811.	14,159.	360,053.	0.	



**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
<b>1</b>	DANYALE ZIGLOR VP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	229,803.	34,971.	37,524.	44,700.	15,478.	362,476.	27,495.
<b>2</b>	DAVID HAFNER FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	18,643.	0.	0.	0.	0.	18,643.	0.
<b>3</b>	DAVID JONES EVP CHIEF HR OFFICER	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	492,601.	129,943.	18,949.	6,347.	17,945.	665,785.	0.
<b>4</b>	DAVID W. PRESTON SVP BRAND EXP. & COMMUNICATION	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	369,593.	75,056.	14,437.	28,570.	23,797.	511,453.	0.
<b>5</b>	DOUGLAS ARVIN, CPA, MBA FORMER SVP FINANCE	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	0.	0.	699,797.	2,119.	3,792.	705,708.	324,433.
<b>6</b>	ELIZABETH H. LOUDERMILK VP FINANCIAL PLANNING	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	289,137.	44,937.	10,614.	31,700.	30,581.	406,969.	0.
<b>7</b>	ELIZABETH H. PAPETTI VP OPS. HOSPITAL DIVISION	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	240,916.	40,737.	9,059.	25,186.	26,605.	342,503.	0.
<b>8</b>	ELLEN WRIGHT VP HIM CDI & POLICIES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	202,955.	30,929.	9,761.	23,493.	19,733.	286,871.	0.
<b>9</b>	FREDA LYON VP SYSTEM EMERGENCY SERVICES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	226,332.	34,461.	12,364.	27,069.	25,801.	326,027.	0.
<b>10</b>	IVY SPENCER VP CNO	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	209,486.	34,985.	10,835.	23,897.	18,684.	297,887.	0.
<b>11</b>	JAMES L. HORNSBY, JR, M TRUSTEE & PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	285,896.	145,511.	1,329.	44,394.	33,194.	510,324.	0.
<b>12</b>	JAMES M. SWARTZ VP ACCOUNTING	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	264,674.	40,307.	9,326.	37,629.	25,769.	377,705.	0.
<b>13</b>	JASON D. STEVENS SVP DEPUTY GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	322,059.	49,517.	14,523.	43,953.	25,784.	455,836.	0.
<b>14</b>	JASON L. KELSEY VP REHAB. & SPORTS MED. SRVCS.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	206,183.	31,421.	10,198.	43,501.	37,947.	329,250.	0.
<b>15</b>	JEFFREY A. COOPER VP OPERATIONS KENNESTONE	(i)	254,420.	39,442.	10,773.	49,305.	10,164.	364,104.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
<b>16</b>	JENNIFER GARBER VP HUMAN RESOURCES	(i)	255,983.	39,907.	9,519.	16,153.	33,041.	354,603.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

**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 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 J. GIUSTI VP CLINICAL OUTCOMES	(i)	0.	0.	0.	0.	0.	0.
	(ii)	344,432.	52,398.	11,770.	31,700.	23,150.	463,450.
2 JESSICA KOVALESKY VP CARE COORDINATOR	(i)	0.	0.	0.	0.	0.	0.
	(ii)	267,039.	31,894.	9,523.	25,200.	17,991.	351,647.
3 JILL M. CASE-WIRTH SVP NURSING SERVICES	(i)	0.	0.	0.	0.	0.	0.
	(ii)	388,288.	77,904.	414,330.	31,700.	11,702.	923,924.
4 JOHN A. BRENNAN EVP CHIEF CLIN. INTEG. OFFICER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	878,121.	228,327.	308,480.	31,700.	37,861.	1,484,489.
5 JONATHAN D. MAURER VP INFO.SEC.&CISO(END. 12/20)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	191,998.	707.	64,554.	19,124.	12,399.	288,782.
6 JOSEPH A. REPERT SVP FINANCE (BEG. 8/20)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	181,734.	60,000.	11,423.	29,150.	5,337.	287,644.
7 JOSEPH BRAUD VP INFORMATION TECHNOLOGY OPS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	261,651.	54,740.	10,461.	3,409.	23,495.	353,756.
8 JOSEPH L. BRYWCZYNSKI SVP HLT PARKS DEV.(END. 11/20)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	301,758.	67,170.	98,273.	48,275.	25,307.	540,783.
9 JUDITH WHITE VP LABORATORY SERVICES SYSTEM	(i)	0.	0.	0.	0.	0.	0.
	(ii)	238,853.	0.	11,355.	24,849.	17,609.	292,666.
10 KATHARINE LEONARD VP REAL ESTATE & FACILITY DVLP	(i)	0.	0.	0.	0.	0.	0.
	(ii)	221,537.	19,309.	7,035.	8,781.	12,649.	269,311.
11 KEM M. MULLINS EVP AMBULATORY & BUS. DEV.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	649,966.	181,324.	14,424.	24,500.	36,832.	907,046.
12 KIMBERLY J. RYAN SENIOR VP (END. 12/20)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	451,698.	0.	431,127.	31,700.	27,828.	942,353.
13 KIMBERLY TAACA VP OPS SPECIALTY DIVISION	(i)	0.	0.	0.	0.	0.	0.
	(ii)	234,633.	31,285.	9,059.	24,410.	14,312.	313,699.
14 KRISTEN S. TRICE VP DIAGNOSTIC OUTREACH	(i)	0.	0.	0.	0.	0.	0.
	(ii)	204,479.	61,118.	36,850.	20,102.	30,862.	353,411.
15 LAURA DANNELS VP & CHIEF TALENT OFFICER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	264,816.	28,756.	18,336.	19,645.	16,211.	347,764.
16 LEANNE COOK VP CONSUMER ENGAGEMENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	213,347.	32,460.	10,851.	22,534.	37,724.	316,916.

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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 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	LEO E. REICHERT EVP & GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	644,855.	169,197.	387,791.	31,700.	39,664.	1,273,207.	364,799.
2	LINDA HUFFER VP POST ACUTE SERVICES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	307,336.	35,245.	95,209.	34,620.	11,302.	483,712.	30,499.
3	LOUIS LOVETT MD PHYSICIAN GROUP	(i)	374,248.	28,840.	5,623.	51,200.	30,175.	490,086.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	MARCUS P. CHARLSON, MD VP SURGERY	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	233,824.	35,575.	37,678.	14,909.	27,674.	349,660.	28,330.
5	MARIANNE HATFIELD VP CNO PAT CARE SVCS (BEG. 9/20)	(i)	114,663.	75,000.	23,290.	8,991.	3,144.	225,088.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MARY B. CHATMAN, PHD SVP & HOSPITAL PRESIDENT	(i)	580,795.	132,932.	12,971.	42,904.	24,435.	794,037.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MARY L. TAVERNARO VP HUMAN RESOURCES OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	289,280.	44,005.	106,016.	50,330.	26,584.	516,215.	93,950.
8	MAXWELL S. KAGAN VP FINANCE & CFO	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	270,182.	45,458.	9,328.	24,035.	30,536.	379,539.	0.
9	MEREDITH BASS VP FIN & HOSP CFO (BEG. 7/21)	(i)	228,408.	19,095.	1,587.	43,892.	25,303.	318,285.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	MICHAEL G. PAUL VP FACILITIES ENG SUPPORT SVCS	(i)	217,415.	33,735.	15,765.	13,780.	21,641.	302,336.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	MICHAEL T. MCCULLOUGH SVP SUPPLY CHAIN	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	336,548.	48,825.	13,550.	31,591.	27,974.	458,488.	0.
12	MONTE WILSON FORMER HOSPITAL PRESIDENT	(i)	0.	0.	198,207.	0.	0.	198,207.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	NICKOLOS A. YAITSKY VP HEAD OF DIGITAL PLATFORMS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	140,005.	20,000.	4,375.	21,722.	14,271.	200,373.	0.
14	PAUL D. MURPHREE VP MEDICAL OUTCOMES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	385,941.	58,627.	15,340.	30,901.	33,488.	524,297.	0.
15	PAUL DOUGLASS, MD TRUSTEE & PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	437,727.	310,080.	-38,919.	31,700.	12,970.	753,558.	0.
16	REBECCA L. RUHL VP FACILITY COMPLIANCE OPS.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	179,667.	30,425.	33,749.	3,500.	28,508.	275,849.	23,421.

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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 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	RICHARD S. SIEGEL FORMER VP CARDIO.&CVM ADMN	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	40,526.	0.	226,906.	2,841.	3,265.	273,538.	225,615.
2	ROB SCHREINER EVP & PRESIDENT MEDICAL GROUP	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	578,076.	151,648.	24,159.	31,700.	13,832.	799,415.	0.
3	ROBERT J. DECOUX VP CORPORATE MED. STAFF SVCS.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	192,449.	28,130.	10,250.	29,290.	19,939.	280,058.	0.
4	ROSEANN PENA VP OPERATIONS (END. 5/21)	(i)	219,899.	34,144.	11,273.	13,934.	880.	280,130.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	SANDRA LUCIUS VP HEAD OF CARE PLATFORMS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	258,633.	39,386.	181,581.	31,180.	1,766.	512,546.	166,392.
6	SEAN P. TURNER VP REV. CYC. MGMT. (END. 2/21)	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	336,058.	51,074.	10,745.	11,998.	20,753.	430,628.	0.
7	SHALABH BANSAL DIR - MEDICAL QUALITY	(i)	381,521.	59,997.	586.	0.	17,537.	459,641.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	SHALIMA PANNIKODE SVP CHIEF INFO. & DIGITAL OFF.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	290,774.	0.	5,830.	14,830.	16,340.	327,774.	0.
9	SHYROLL MORRIS VP ONC.&DIG.HEALTH (END. 2/21)	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	297,276.	38,233.	9,953.	43,875.	12,442.	401,779.	0.
10	SNEHAL H. DOSHI SVP ANCILLARY & SUPPORT SVCS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	241,037.	34,456.	10,419.	44,700.	31,631.	362,243.	0.
11	SONYA E. ALDY VP TALENT ACQUISITION	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	234,976.	35,715.	41,769.	19,289.	24,321.	356,070.	31,065.
12	SOPHIA L. MCINTYRE SVP AMB.CARE DIV.(BEG. 10/20)	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	92,309.	75,000.	46,663.	10,768.	135.	224,875.	0.
13	SOPHIA MARSHALL VP ORGANIZATION COMMUNICATIONS	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	249,976.	37,260.	9,059.	23,703.	14,917.	334,915.	0.
14	STEPHEN VAULT VP STRATEGIC COMMUNITY DEV.	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	228,710.	35,124.	37,827.	23,741.	10,646.	336,048.	28,415.
15	STEVEN HUNT VP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	208,957.	34,485.	9,438.	24,550.	33,892.	311,322.	0.
16	STEVEN OWEIDA, MD FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	
		(ii)	46,847.	0.	0.	0.	0.	46,847.	0.

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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 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 STUART DOWNS VP NURSING OPS. (END. 3/21)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	318,825.	136,336.	9,708.	44,625.	34,401.	543,895.
2 SUSAN JACKSON VP PHARMACY SVCS (BEG. 5/21)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	208,476.	13,760.	497.	23,945.	22,691.	269,369.
3 T.E. "RUSTY" DURHAM FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	15,007.	0.	0.	0.	0.	15,007.
4 TERESA BYRD DIR - OB GYN PROGRAM GME	(i)	407,033.	47,982.	586.	24,513.	10,376.	490,490.
	(ii)	0.	0.	0.	0.	0.	0.
5 THOMAS A. DRAPER VP CARDIO. ADMIN. (BEG. 8/20)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	105,000.	35,000.	45,596.	9,471.	9,797.	204,864.
6 TIMOTHY HANEY FORMER SVP RE FAC & DVLP SVC	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	1,015,968.	1,144.	2,876.	1,019,988.
7 VALERY A. AKOPOV, MD SVP HOSPITAL DIVISION WMG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	494,290.	107,420.	19,870.	31,700.	28,468.	681,748.
8 VARMA RAMESWAR, MD VP PEDIATRIC OPERATIONS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	213,541.	32,564.	39,660.	38,297.	13,419.	337,481.
9 VIKRAM REDDY VP & CHIEF MEDICAL OFFICER	(i)	410,637.	115,739.	21,537.	21,000.	28,349.	597,262.
	(ii)	0.	0.	0.	0.	0.	0.
10 VIKTORIA NURPEISOV DIR - FAMILY MEDICINE PROGRAM	(i)	311,329.	127,143.	1,772.	24,513.	910.	465,667.
	(ii)	0.	0.	0.	0.	0.	0.
11 ZENOBIA JONES FOSTER ASSOC DIR - INTERNAL MED GME	(i)	298,429.	220,338.	2,374.	24,513.	32,105.	577,759.
	(ii)	0.	0.	0.	0.	0.	0.
12 STEPHEN L. BADGER FORMER VP STRATEGIC SERVICES	(i)	0.	0.	0.	0.	0.	0.
	(ii)	446,165.	57,606.	61,217.	51,200.	38,020.	654,208.
13 PETER R. JUNGBLUT, MD FORMER SVP & MEDICAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.
	(ii)	343,752.	129,343.	3,804.	51,200.	33,954.	562,053.
14 JACQUELYN ALT FORMER VP OPERATIONS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	241,402.	44,059.	9,921.	51,200.	4,323.	350,905.
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:

PURSUANT TO THEIR RESPECTIVE EMPLOYMENT AGREEMENTS, THE FOLLOWING GROUPS OF OFFICERS ARE ENTITLED TO SEVERANCE PAYMENTS BASED ON THEIR

**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.

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 2020 CALENDAR  
YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION:

ANDREW LEE	62,296
DOUGLAS ARVIN, CPA, MBA	368,271
JONATHAN D. MAURER	54,946
MONTE A. WILSON	198,207
TIMOTHY HANEY	366,319

SCHEDULE J, PART I, LINE 4B

PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

DURING THE YEAR, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE  
PRESIDENTS AND CERTAIN PHYSICIANS PARTICIPATED IN A SUPPLEMENTAL  
NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC.

**Part III Supplemental Information**

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

THE AMOUNTS RELATED TO THIS PLAN ARE INCLUDED IN SCHEDULE J, PART II,  
COLUMN (C).

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN  
SCHEDULE J, PART II, COLUMN (B):

ALAN R. MUSTER, MD	116,927
BETH KOST	120,112
BETTY A. BRAKOVICH	193,588
CANDICE L. SAUNDERS	350,539
CAROL TODD	27,665
CASWELL SAMMS	41,631
DANYALE ZIGLOR	27,495
DOUGLAS ARVIN, CPA, MBA	324,433
JILL M. CASE-WIRTH	393,421
JOHN A. BRENNAN	291,228
JOSEPH L. BRYWCZYNSKI	67,443
KIMBERLY J. RYAN	416,211
KRISTEN S. TRICE	27,103
LEO E. REICHERT	364,799



**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.

LINDA HUFFER	30,499
MARCUS P. CHARLSON, MD	28,330
MARY L. TAVERNARO	93,950
REBECCA L. RUHL	23,421
RICHARD S. SIEGEL	225,615
SANDRA LUCIUS	166,392
SONYA E. ALDY	31,065
STEPHEN VAULT	28,415
STEPHEN L. BADGER	42,595
TIMOTHY HANEY	647,529
VARMA RAMESWAR, MD	28,700

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS TO OFFICERS:

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

**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.

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

KENNESTONE HOSPITAL, INC.

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

58-2032904

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,

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

#### HISTORY

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

#### AFFILIATES:

- COBB HOSPITAL, INC.;
- DOUGLAS HOSPITAL INC.;
- KENNESTONE HOSPITAL, INC.;
- PAULDING MEDICAL CENTER, INC.;

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

SERVICES

WELLSTAR HEALTH SYSTEM IS ABLE TO OFFER A FULL RANGE OF HEALTHCARE SERVICES THROUGH ITS AFFILIATES. THE SERVICES OFFERED INCLUDE BUT ARE NOT LIMITED TO:

- MOST MAJOR INPATIENT CLINICAL SERVICES,
- OUTPATIENT SERVICES,
- DIAGNOSTIC AND THERAPEUTIC SERVICES,
- ANCILLARY AND SUPPORT SERVICES,
- URGENT CARE SERVICES,
- HOME HEALTH SERVICES,
- SKILLED NURSING SERVICES AND
- HOSPICE SERVICES.

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 322 PHYSICIAN PRACTICES AND SEVERAL URGENT CARE CENTERS. THE SYSTEM IS THUS ABLE TO PROVIDE A COMPLETE CONTINUUM OF CARE FOR THE COMMUNITY IT SERVES. THE FOLLOWING STATEMENTS OF COMMUNITY BENEFIT AND PROGRAM SERVICE ACCOMPLISHMENTS REPRESENT SYSTEM-WIDE ACTIVITY FOR WELLSTAR HEALTH SYSTEM, INC. (THE "SYSTEM") - EIN 58-1649541.

ALL AFFILIATED ENTITIES OF THE SYSTEM EXCEPT THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) OPERATE AS CHARITABLE ORGANIZATIONS CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. THE FOLLOWING EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS

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IDENTIFIES A BROAD OVERVIEW OF THE CHARITABLE PURPOSE FOR THE SYSTEM.

THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THROUGH ITS AFFILIATES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS COMMUNITY FINANCIAL AID POLICY.

IN FISCAL YEAR 2021 AND 2020, WELLSTAR AFFILIATE HOSPITALS MADE \$309.8 MILLION AND \$329.1 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

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DEPARTMENTS AND HEALTH FAIRS. THE COSTS OF THESE SERVICES ARE INCLUDED IN UNRESTRICTED REVENUE, GAINS AND OTHER SUPPORT IN EXCESS OF EXPENSES AND LOSSES IN THE FINANCIAL STATEMENTS. THE PHYSICIANS OF THE SYSTEM MAKE SIGNIFICANT CONTRIBUTIONS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY, INCLUDING INVOLVEMENT IN MANY COMMUNITY ACTIVITIES PROMOTING HEALTH AWARENESS AND IMPROVEMENT, EMERGENCY ROOM CARE, AND DELIVERY OF CARE TO THE INDIGENT POPULATION OF THE SYSTEM'S SERVICE AREA. THE SYSTEM ALSO MADE SIGNIFICANT CONTRIBUTIONS TO THE NURSING PROGRAM AT A LOCAL UNIVERSITY. THIS FINANCIAL SUPPORT HAS HELPED TO GROW THE PROGRAM, WHICH BENEFITS THE SYSTEM AS WELL AS THE COMMUNITY. THE SYSTEM AND ALL BUT ONE OF ITS AFFILIATES HAVE BEEN RECOGNIZED AS ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AND, THEREFORE, RELATED INCOME IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. ONE OF THE SYSTEM'S AFFILIATES IS A CONTROLLED FOREIGN CORPORATION NOT SUBJECT TO FEDERAL INCOME TAX. THE PHYSICIAN HOSPITAL ORGANIZATION (EIN 58-2116179) IS A TAXABLE AFFILIATE OF THE SYSTEM AND FILES IRS FORM 1120 US CORPORATION INCOME TAX RETURN."

#### FINANCIAL & DATA STATISTICS

##### SERVICES PROVIDED SYSTEM-WIDE:

LICENSED BEDS - 2,775

ADULT DISCHARGES - 107,476

NEWBORN DISCHARGES - 13,659

EMERGENCY ROOM VISITS - 539,521

SURGERIES - 62,704



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CATH LAB/PACEMAKERS/EP - 17,516

NON-ED O/P RADIOLOGY PROCEDURES - 508,290

MED/SURG. SHORT STAY CASES - 230

GI LAB PROCEDURES - 10,408

RADIOLOGY ONCOLOGY PROCEDURES - 40,330

COMMUNITY BENEFIT PROGRAMS

SAFE KIDS:

WELLSTAR IS A CO-LEAD AGENCY FOR SAFE KIDS COBB COUNTY ALONG WITH COBB AND DOUGLAS PUBLIC HEALTH, AND WELLSTAR SPALDING HOSPITAL IS THE LEAD AGENCY FOR SAFE KIDS SPALDING THAT LAUNCHED IN JANUARY 2019. SAFE KIDS COBB COUNTY AND SAFE KIDS SPALDING ARE COMMITTED TO REDUCING AND PREVENTING ACCIDENTAL INJURIES TO CHILDREN AGES 19 AND UNDER BY HOSTING SAFETY EDUCATION EVENTS AND PROGRAMS, DISTRIBUTING SAFETY EDUCATION MATERIALS AND EQUIPMENT TO FAMILIES IN NEED. SAFETY AREAS OF FOCUS INCLUDE: CHILD PASSENGER, PEDESTRIAN, WHEEL, HOME, POISON PREVENTION AND WATER. EQUIPMENT DISTRIBUTION INCLUDES: CAR AND BOOSTER SEATS, BICYCLE HELMETS AND REFLECTORS, SMOKE/CARBON MONOXIDE ALARMS, HOME SAFETY KITS AND LIFEJACKETS. MOST OF THE EVENTS ARE FREE AND OPEN TO THE PUBLIC. THE IMPORTANT MESSAGE TAUGHT AT THESE EVENTS IS THAT SAFETY BEGINS WITH THE PARENTS AND CAREGIVERS. DURING THE PANDEMIC, PROGRAMMING AND OUTREACH WAS VERY MINIMAL WITH SAFE KIDS COBB DUE TO COVID, HOWEVER SOME VIRTUAL CAR SEAT CHECKS AND APPOINTMENTS WERE COMPLETED ALONG WITH THE CAR SEAT DISTRIBUTION PROGRAM AT COBB AND KENNESTONE HOSPITALS.

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THE GOOD LIFE CLUB:

WELLSTAR PROVIDES A SPECIAL PROGRAM FOR AREA RESIDENTS AGE 50 AND OLDER CALLED THE GOOD LIFE CLUB. THIS PROGRAM PROVIDES HEALTHY AGING RESOURCES AND PROMOTES HEALTH, WELLNESS, AND AN ACTIVE LIFESTYLE THROUGH CLASSES, HEALTH SCREENINGS AND OTHER OPPORTUNITIES. A SMALL ONE-TIME FEE COVERS A LIFETIME MEMBERSHIP AND INCLUDES:

- HEALTH AND WELLNESS EDUCATION AND PROGRAMS
- A QUARTERLY NEWSLETTER
- DISCOUNTED PARKING AT HOSPITALS AND OTHER RETAIL DISCOUNTS
- TRAVEL DISCOUNTS

THE GOOD LIFE CLUB CURRENTLY HAS MORE THAN 3,000 MEMBERS.

COMMUNITY ACTIVITIES -

RECOGNIZING THE CRITICAL NEED TO ADDRESS THE NURSING SHORTAGE IN GEORGIA AND INCREASE THE NUMBER OF QUALIFIED NURSES WHO CAN JOIN THE WORKFORCE, WELLSTAR IS COMMITTED TO PROACTIVELY ADDRESSING THE NURSING SHORTAGE.

WITH QUALITY EDUCATION AND TRAINING, WELLSTAR HAS EXPANDED ITS CLINICAL AFFILIATION WITH MERCER UNIVERSITY'S SCHOOL OF NURSING TO CREATE A NEW ACCELERATED BACHELOR OF SCIENCE IN NURSING ("ABSN") PROGRAM WITH THE POTENTIAL TO GRADUATE AN ADDITIONAL 300 NURSES PER YEAR IN ADDITION TO THE TRADITIONAL BSN PROGRAM AT MERCER. THIS PROGRAM ACCEPTS INDIVIDUALS WITH A BACHELOR OF SCIENCE (BS) AND GRADUATES THEM WITH A BACHELOR OF NURSING (BSN) IN 12-MONTHS.

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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 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

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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.

**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.

**CLINICS:**

WELLSTAR IS AFFILIATED WITH SEVERAL CLINICS WHICH PROVIDE FREE OR SLIDING SCALE HEALTH SERVICES TO PERSONS WHO CANNOT AFFORD TO PAY OR THOSE WHO ARE NOT EXPECTED TO PAY.

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## WOMEN &amp; CHILDREN RESOURCE CENTERS:

WOMEN'S HEALTH PATIENT EDUCATION AND SUPPORT SERVICES PROVIDES SERVICES BASED OUT OF COBB, DOUGLAS, KENNESTONE, NORTH FULTON, ATLANTA MEDICAL CENTER, SPALDING, AND WEST GEORGIA HOSPITALS. THESE SERVICES DELIVER MUCH NEEDED SUPPORT FOR MOTHERS AND THEIR NEWBORN BABIES THROUGH INPATIENT AND OUTPATIENT LACTATION CONSULTATIONS, LACTATION NICU CONSULTS, BREASTFEEDING SUPPORT GROUPS, PUMP RENTALS, WARM LINE PHONE CALLS, BEREAVEMENT SUPPORT GROUPS, IN-PERSON AND E-CHILDBIRTH NEWBORN CARE, GRANDPARENTING, SIBLING, AND BREASTFEEDING CLASSES, Q&A CALL IN SESSIONS, AS WELL AS OTHER EDUCATIONAL OPPORTUNITIES. THESE PROGRAMS DEMONSTRATE WELLSTAR'S COMMITMENT TO THE HEALTH AND WELL-BEING OF THE NEW MOTHERS AND THEIR BABIES IN OUR COMMUNITY. IN FY2021 THE UNREIMBURSED COSTS ASSOCIATED WITH THE PROGRAM TOTALED MORE THAN \$825,811 WITH MORE THAN 38,136 PATIENT/FAMILY INTERACTIONS PARTICIPATING IN PRENATAL AND CHILDBIRTH PROGRAMS.

IN FY2021 THE TOTAL UNCOMPENSATED CARE, OTHER COMMUNITY BENEFITS AND COMMUNITY INVESTMENTS PROVIDED BY WELLSTAR WAS OVER \$ 1.1 BILLION.

## COMMITMENT TO THE COMMUNITY BREAKDOWN:

CHARITY & INDIGENT (UNCOMPENSATED CARE COSTS) - \$ 309,795,000  
 MEDICAID SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 164,541,000  
 MEDICARE SHORTFALLS (UNCOMPENSATED CARE COSTS) - \$ 274,848,000  
 OTHER PATIENTS (UNCOMPENSATED CARE COSTS) - \$ 66,053,000  
 TOTAL UNCOMPENSATED CARE - \$ 915,237,000

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OTHER COMMUNITY PROGRAMS (PARTICIPATION IN COALITIONS) - \$ 10,000

OTHER COMMUNITY PROGRAMS (COMMUNITY HEALTH EDUCATION) - \$ 438,000

OTHER COMMUNITY PROGRAMS (HEALTH CARE SUPPORT) - \$ 10,884,000

TOTAL OTHER COMMUNITY PROGRAMS - \$ 11,532,000

COMMUNITY INVESTMENTS (FUNDS BACK INTO INFRASTRUCTURE) - \$ 162,808,000

COMMUNITY INVESTMENTS (ALLIED HLTH/MEDICAL EDUCATION) - \$ 11,666,000

COMMUNITY INVESTMENTS (OPERATIONS - STAFF/SOFTWARE) - \$ 1,150,000

TOTAL COMMUNITY INVESTMENTS - \$ 175,624,000

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 2,747 PHYSICIANS INCLUDING 47,085 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 ATLANTA MEDICAL CENTER WAS RECOGNIZED BY THE LOWN INSTITUTE HOSPITALS INDEX IN THEIR LIST OF "MOST RACIALLY INCLUSIVE HOSPITALS INDEX." THE INSTITUTE ASSESSED HOW WELL A HOSPITAL'S MEDICARE PATIENTS

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MATCHED THE HOSPITAL'S SURROUNDING COMMUNITIES. HOSPITALS UNDERSERVING COMMUNITIES OF COLOR RECEIVED LOWER RANKINGS. WELLSTAR ATLANTA MEDICAL CENTER RANKED 19TH IN THE COUNTRY OVERALL.

WELLSTAR COBB HOSPITAL WAS RECOGNIZED BY THE INTERNATIONAL ASSOCIATION FOR HEALTHCARE SECURITY AND SAFETY (IAHSS) WITH ITS PROGRAM OF DISTINCTION AWARD. HOSPITALS WERE JUDGED BASED ON THE PERCENTAGE OF TRAINED OR HIGHLY TRAINED STAFF MEMBERS AND OFFICERS EMPLOYED AT THE LOCATION, WITH A PERCENTAGE GREATER THAN 70%. WELLSTAR COBB IS THE ONLY HOSPITAL IN GEORGIA WITH THIS DISTINCTION.

WELLSTAR HEALTH SYSTEM WAS NAMED IN TWO OF FORTUNE MAGAZINE'S LISTS, INCLUDING "100 BEST COMPANIES TO WORK FOR" AND "2021 BEST WORKPLACES IN HEALTHCARE AND BIOPHARMA." FORTUNE MAGAZINE'S LISTS, BOTH NATIONAL AND INTERNATIONAL, ARE JUDGED BASED ON EMPLOYEE SURVEY RESULTS WITH SPECIAL ATTENTION PAID TO "HOW TRUSTWORTHY, CARING AND FAIR THE COMPANY IS IN TIMES OF CRISES; EMPLOYEES' PHYSICAL, EMOTIONAL AND FINANCIAL HEALTH; AND THE COMPANY'S BROADER COMMUNITY IMPACT."

WELLSTAR PAULDING HOSPITAL WAS AWARDED THE PRESTIGIOUS MALCOLM BALDRIGE NATIONAL QUALITY AWARD BY THE U.S. DEPARTMENT OF COMMERCE. ONE OF ONLY FIVE WINNERS, WELLSTAR PAULDING IS ONE OF ONLY THREE NON-PROFITS TO WIN THIS YEAR. THE AWARD IS JUDGED BASED ON BEST PRACTICES, ORGANIZATIONAL RESULTS AS WELL AS FAVORABLE LEVELS AND TRENDS. ONLY 16 AWARDS ARE HANDED OUT ANNUALLY IF ENOUGH BUSINESS MEET THE CRITERIA.

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WELLSTAR HEALTH SYSTEM RECEIVED THE "EXCELLENCE IN PATIENT EXPERIENCE - LARGE HEALTH SYSTEM" AWARD BY NRC HEALTH FOR 2020. THE AWARD IS GIVEN BASED ON REAL-TIME ANALYTICS OF HOSPITAL PERFORMANCE AND FEEDBACK OUT OF 35 SYSTEMS. AWARDEES ARE NOTED TO INTEGRATE THEIR ANALYTICS AND PERFORMANCE TO FIND ACTIONABLE SOLUTIONS AND ESTABLISH ENHANCED CONTINUUMS OF CARE FROM THESE SYSTEMS.

WORKING MOTHER NAMED WELLSTAR HEALTH SYSTEM ON THEIR "2020 WORKING MOTHER BEST COMPANY FOR DADS" AWARD LIST. PLACEMENT ON THEIR LIST WAS DETERMINED BY THE AVAILABILITY OF "EITHER SUBSTANTIAL PAID GENDER-NEUTRAL OR PATERNITY LEAVE, PLUS OTHER BENEFITS THAT HELP DADS BE THEIR BEST AT HOME AND AT WORK." OF 200 COMPETING COMPANIES, ONLY 85 WERE SELECTED FOR THE LIST ACROSS THE ENTIRE COUNTRY.

WELLSTAR NORTH FULTON HOSPITAL WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AT MULTIPLE LEVELS FOR CARE. THEIR "BRONZE ACHIEVEMENT AWARDS FOR MISSION: LIFELINE - NSTEMI" AND "GOLD ACHIEVEMENT AWARDS FOR MISSION: LIFELINE - STEMI RECEIVING CENTER" WERE GRANTED FOR "OUTSTANDING PERFORMANCE IN HIGH-QUALITY SYSTEMS CARE PERFORMANCE MEETING OR EXCEEDING GUIDELINES."

WELLSTAR KENNESTONE HOSPITAL WAS RECOGNIZED FOR ADVANCED ORTHOPEDICS PERFORMANCE BY THE ACADEMY OF MEDICAL-SURGICAL NURSES (AMSN) AND THE MEDICAL-SURGICAL NURSING CERTIFICATION BOARD (MSNCB) WITH THE AMSN PRISM



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AWARD. THIS AWARD IS BASED ON HIGH-QUALITY, CONTINUED PERFORMANCE THAT IS PEER-REVIEWED BY A BOARD OF NURSES OVER A PERIOD OF 14 WEEKS. WINNERS OF THIS AWARD DEMONSTRATE QUALITY OF CARE, ENERGY, EVIDENCE-BASED PRACTICE, RETENTION OF NURSES, EFFECTIVE LEADERSHIP, AND A HEALTHY PRACTICE ENVIRONMENT.

FORM 990, PART IV, LINE 12B

AUDITED FINANCIAL STATEMENTS

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

FORM 990, PART IV, LINE 24A

TAX EXEMPT BOND REPORTING

FOR PURPOSES OF THE FORM 990 REPORTING, WELLSTAR HEALTH SYSTEM, INC. (EIN 58-1649541) WILL LIST ALL TAX-EXEMPT BONDS ISSUED SINCE JANUARY 1, 2003 ON SCHEDULE K AS IT TYPICALLY ALLOCATES THE PROCEEDS OF THE BONDS TO

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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, LINES 7A & 7B

POWERS OF THE BOARD

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

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

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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  
DOCUMENT. ALL CONFLICTS, POTENTIAL CONFLICTS AND INCIDENCES OF  
NON-COMPLIANCE ARE REFERRED TO THE CHIEF COMPLIANCE OFFICER. THE CCO  
TAKES APPROPRIATE ACTION TO COMPLETELY RESOLVE ALL IDENTIFIED CONFLICTS  
AND INCIDENCES OF NON-COMPLIANCE.

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

COMPENSATION OF OFFICERS

WELLSTAR HEALTH SYSTEM, INC. HAS ENGAGED SULLIVAN COTTER TO WORK WITH THE  
GOVERNING BOARD AND COMPENSATION COMMITTEE TO REVIEW AND RECOMMEND

Name of the organization KENNESTONE HOSPITAL, INC.	Employer identification number 58-2032904
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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 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

Name of the organization KENNESTONE HOSPITAL, INC.	Employer identification number 58-2032904
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COMPLEXITY AND SCALE TO WELLSTAR. TO ASSIST THE COMMITTEE IN FULFILLING ITS DUTIES, THE COMMITTEE ENGAGED SULLIVAN COTTER TO PROVIDE MARKET COMPENSATION DATA TO COMPARE TO THE WELLSTAR POSITIONS WHOSE COMPENSATION THE COMMITTEE OVERSEES. THE COMMITTEE USES THIS DATA TO PROVIDE CONTEXT WHEN MAKING DECISIONS IN ADMINISTERING THE COMPENSATION PROGRAM. ACCURATE MINUTES OF THE COMMITTEE'S DISCUSSION AND DECISIONS ARE RECORDED DURING EACH COMMITTEE MEETING AND REVIEWED AND PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

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

Name of the organization KENNESTONE HOSPITAL, INC.	Employer identification number 58-2032904
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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).

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 \$(411,166,433) RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR.

Name of the organization

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

ATTACHMENT 1FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A)</u> TOTAL FEES	<u>(B)</u> PROGRAM SERVICE EXP.	<u>(C)</u> MANAGEMENT AND GENERAL	<u>(D)</u> FUNDRAISING EXPENSES
PURCHASED SERVICES	111,934,685.	65,456,167.	46,478,518.	0.
OTHER FEES	8,254,558.	7,563,320.	691,238.	0.
TOTALS	<u>120,189,243.</u>	<u>73,019,487.</u>	<u>47,169,756.</u>	<u>0.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

**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
(1) COBB HOSPITAL, INC. 58-0968382 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(2) DOUGLAS HOSPITAL, INC. 58-2026750 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(3) PAULDING MEDICAL CENTER, INC. 58-2095884 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(4) WELLSTAR FOUNDATION, INC. 58-1627413 793 SAWYER ROAD MARIETTA, GA 30062-2222	FOUNDATION	GA	501(C)(3)	12 II	WHS, INC.	X	
(5) WELLSTAR HEALTH SYSTEM, INC. 58-1649541 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	12 II	N/A		X
(6) WELLSTAR ATLANTA MEDICAL CENTER, INC. 81-0837031 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(7) WELLSTAR NORTH FULTON HOSPITAL, INC. 81-0851756 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	

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

Schedule R (Form 990) 2020



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

**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
(1) WELLSTAR SPALDING REGIONAL HOSPITAL, INC. 81-0864789 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(2) WEST GEORGIA HEALTH SERVICES, INC. 20-5497622 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.	X	
(3) WEST GEORGIA MEDICAL CENTER, INC. 20-5497506 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WGHS, INC.	X	
(4) VERNON WOODS RETIREMENT COMMUNITY, INC. 58-2575049 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	10	WGHS, INC.	X	
(5) WEST GEORGIA HEALTH FOUNDATION, INC. 20-0936376 793 SAWYER ROAD MARIETTA, GA 30062-2222	FOUNDATION	GA	501(C)(3)	12 II	WGHS, INC.	X	
(6) WELLSTAR SYLVAN GROVE HOSPITAL, INC. 81-0875069 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X	
(7) MEDICAL PARK FOUNDATION, INC. 58-1303478 793 SAWYER ROAD MARIETTA, GA 30062-2222	FOUNDATION	GA	501(C)(3)	7	WGHS, INC.	X	

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

Schedule R (Form 990) 2020

**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 793 SAWYER ROAD	PARKING	GA	N/A	N/A								
(2) KENNESTONE EAST PARKING DECK 793 SAWYER ROAD	PARKING	GA	N/A	N/A								
(3) GRIFFIN IMAGING, LLC 793 SAWYER ROAD	IMAGING CENTER	GA	N/A	N/A								
(4) WELLSTAR SPALD. EMS/SPALD. 911 793 SAWYER ROAD	OFF. BLDG/EMS CTR	GA	N/A	N/A								
(5) NORTH FULTON PARKING DECK, LP 793 SAWYER ROAD	PARKING	GA	N/A	N/A								
(6) SPALDING HEALTH SYSTEM, LLC 793 SAWYER ROAD	PHYS. HOSP. ORG.	GA	N/A	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 PRAC.	GA	WGHS, INC.	C CORP					
(3) WELLSTAR HEALTH PLAN, INC. 46-1922499 793 SAWYER ROAD MARIETTA, GA 30062-2222	HEALTH INSURANCE	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) . . . . .		X
<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)													
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(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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

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

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