

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

B Check if applicable: C Name of organization: KENNESTONE HOSPITAL, INC. D Employer identification number: 58-2032904 E Telephone number: (770) 956-7827 G Gross receipts \$: 2,304,291,241. F Name and address of principal officer: KETUL J. PATEL, 793 SAWYER ROAD, MARIETTA, GA 30062-2222. I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527. J Website: WWW.WELLSTAR.ORG. K Form of organization: X Corporation Trust Association Other. L Year of formation: 1993 M State of legal domicile: GA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2-6 Activities & Governance. 7a-7b Revenue and Expenses. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer JOHN KERNDL, EVP & CFO, Date 05/09/2026. Paid Preparer Use Only: Print/Type preparer's name JOANNE KRUEGER, Preparer's signature, Date 05/09/2026, Check self-employed, PTIN P01235586, Firm's name PWC US TAX LLP, Firm's EIN 92-0460586, 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. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments

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

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

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 1,581,234,290. including grants of \$ 125,000. ) (Revenue \$ 2,152,314,604. )

SEE SCHEDULE O

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

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

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

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

**4e** Total program service expenses 1,412,594,691.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a 8,002</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span> . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span> . . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span> . . . . .		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span> . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span> . . . . .		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span> . . . . .		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span> . . . . .		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JSA 770-956-7827

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CANDICE SAUNDERS PRESIDENT & CEO	1.00 49.00			X				NONE	4,958,202.	111,721.
(2) LEO REICHERT EVP & GENERAL COUNSEL	1.00 49.00			X				NONE	1,501,286.	118,680.
(3) HANK CAPPS EVP CHIEF INFO & DIGITAL OFFCR	1.00 49.00			X				NONE	1,456,940.	122,478.
(4) DAVID JONES EVP CHIEF PEOPLE OFFICER	1.00 49.00			X				NONE	1,367,993.	91,526.
(5) MARY CHATMAN EVP ACUTE CARE OPERATIONS	1.00 49.00			X				430,168.	915,620.	112,311.
(6) KEM MULLINS EVP AMBULATORY OPS & BUS DEV	1.00 49.00			X				NONE	1,347,183.	84,804.
(7) MICHAEL MCCULLOUGH SVP SUPPLY CHAIN	1.00 49.00						X	NONE	1,183,436.	97,280.
(8) SUSAN GRANT EVP CHIEF NURS EXEC (END 1/25)	1.00 49.00			X				NONE	1,119,495.	90,856.
(9) ALAN MUSTER SVP SPECIALTY DIVISION WMG	1.00 49.00						X	NONE	951,925.	136,217.
(10) WILLIAM BELLANDO SVP CHIEF INFO OFFICER	1.00 49.00						X	NONE	973,353.	113,265.
(11) JOSEPH REPERT SVP FINANCE & CFO	1.00 49.00						X	NONE	946,489.	111,996.
(12) VALERY AKOPOV SVP HOSPITAL DIVISION WMG	1.00 49.00						X	NONE	943,159.	94,359.
(13) JULIE TEER SVP & WELLSTAR FOUNDATION PRES	1.00 49.00			X				NONE	967,637.	50,702.
(14) ARIF AZIZ, M.D. TRUSTEE & PHYSICIAN(END 12/24)	1.00 49.00	X						NONE	861,272.	101,567.

**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 ) CATHERINE ANDREWS SVP & COO KH	34.00 16.00						X	824,106.	NONE	84,654.
( 16 ) PRANAV JAIN VP CHIEF IH OFF & HEAD OF CP	1.00 49.00						X	NONE	782,654.	82,942.
( 17 ) ANTHONY BUDZINSKI EVP & CFO (END 4/24)	1.00 49.00						X	NONE	815,226.	43,967.
( 18 ) BETH KOST SVP CHIEF COMPLIANCE OFFICER	1.00 49.00			X				NONE	750,761.	87,807.
( 19 ) SNEHAL DOSHI SVP ANCILLARY AND SUPPORT SVC	1.00 49.00						X	NONE	727,383.	94,852.
( 20 ) BARBARA COREY SVP MANAGED CARE	1.00 49.00						X	NONE	708,162.	101,705.
( 21 ) LAURA DANNELS VP CHIEF LEARNING OFFICER	1.00 49.00						X	NONE	727,704.	58,842.
( 22 ) DANIEL ABAD SVP TAL STRAT & TOTAL REWARDS	1.00 49.00						X	NONE	671,526.	82,714.
( 23 ) JASON STEVENS SVP DEPUTY GENERAL COUNSEL	1.00 49.00						X	NONE	631,108.	110,168.
( 24 ) MARIANNE HATFIELD VP CNO PATIENT CARE SERVICES	50.00 NONE						X	658,527.	NONE	75,643.
( 25 ) JON-PAUL CROOM SVP & HOSPITAL PRESIDENT	1.00 49.00						X	NONE	602,907.	116,614.
<b>1b Sub-total</b>								1,912,801.	25,911,421.	2,377,670.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,583,746.	16,833,169.	3,114,750.
<b>d Total (add lines 1b and 1c)</b>								5,496,547.	42,744,590.	5,492,420.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,765

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) REMINGTON FOSS SVP HOSPITAL PRESIDENT WG	1.00 49.00						X	NONE	623,838.	93,108.
( 27 ) FRED A LYON VP SYSTEM EMERGENCY SERVICES	1.00 49.00						X	NONE	624,229.	80,019.
( 28 ) MATTHEW TERRY SVP CHIEF STRATEGY OFFICER	1.00 49.00						X	NONE	617,449.	80,919.
( 29 ) SANDRA LUCIUS VP HEAD CARE PLAT (END 12/24)	1.00 49.00						X	NONE	601,651.	95,657.
( 30 ) NICKOLOS YAITSKY VP CHIEF AI OFF & HEAD OF EA	1.00 49.00						X	NONE	593,766.	74,321.
( 31 ) DAVID PRESTON VP BRAND AND MARKETING	1.00 49.00						X	NONE	615,176.	43,772.
( 32 ) LE JOYCE NAYLOR SVP & CHIEF DIVERSITY & INCLUS	1.00 49.00						X	NONE	561,495.	88,792.
( 33 ) RICHARD FREEMAN EVP CHIEF PHYSICIAN EXECUTIVE	1.00 49.00			X				NONE	604,459.	25,899.
( 34 ) DANYALE ZIGLOR VP HUMAN RESOURCE	1.00 49.00						X	NONE	537,425.	85,327.
( 35 ) ELIZABETH LOUDERMILK VP FINANCIAL PLANNING	1.00 49.00						X	NONE	520,489.	96,259.
( 36 ) EDUARDO ESTRELLA ASSOC DIR OB GYN PROGRAM GME	50.00 NONE					X		478,251.	NONE	112,532.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) JAMES L HORNSBY TRUSTEE & PHYSICIAN	1.00 49.00	X					NONE	469,768.	117,101.	
( 38 ) VIKTORIA NURPEISOV DIR FAMILY MEDICINE PROG GME	50.00 NONE					X	520,628.	NONE	43,963.	
( 39 ) JOSEPH BRAUD VP INFO SECURITY & CISO	1.00 49.00					X	NONE	501,085.	62,563.	
( 40 ) MEREDITH BASS VP FINANCE & HOSPITAL CFO	50.00 NONE					X	455,887.	NONE	88,079.	
( 41 ) TERESA BYRD DIR OB GYN PROGRAM GME	50.00 NONE					X	459,697.	NONE	82,621.	
( 42 ) PAUL DOUGLASS, M.D. TRUSTEE & PHYSICIAN	1.00 49.00	X					NONE	454,029.	87,403.	
( 43 ) VANDANA BHIDE AVP ASSOC CMO KHHW	50.00 NONE					X	458,863.	NONE	80,197.	
( 44 ) MICKEY BANSAL AVP, ACOMO	50.00 NONE					X	483,031.	NONE	39,214.	
( 45 ) JAMES SWARTZ VP ACCOUNTING	1.00 49.00					X	NONE	440,233.	77,479.	
( 46 ) ANDREW COX VP CHIEF OF STAFF & LEADERSHIP	50.00 NONE					X	NONE	433,678.	82,568.	
( 47 ) JOHN HATFIELD EVP CHIEF EXTERNAL AFFAIRS OFF	1.00 49.00			X			NONE	485,840.	29,448.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) STEPHEN VAULT VP STRATEGIC COMMUNITY DEVELOP	1.00 49.00						X	NONE	426,528.	57,058.
( 49 ) KIMBERLY TAACA VP WMG OPS SPECIALTY DIV	1.00 49.00						X	NONE	397,829.	82,358.
( 50 ) MAXWELL KAGAN VP FINANCE & CFO WMG	1.00 49.00						X	NONE	408,688.	67,504.
( 51 ) SOPHIA MCINTYRE SVP WMG AMB CAR DIV (END 4/23)	1.00 49.00						X	NONE	468,520.	NONE
( 52 ) ELIZABETH PAPETTI VP WMG OPS HOSPITAL DIV	1.00 49.00						X	NONE	397,679.	67,875.
( 53 ) SUSAN WRIGHT VP PHARMACY SVCS	1.00 49.00						X	NONE	392,073.	67,601.
( 54 ) THOMAS DRAPER VP CARDIOVASCULAR SERVICE LINE	1.00 49.00						X	NONE	396,030.	59,505.
( 55 ) VARMA RAMESWAR VP PEDIATRIC OPS AND SVC LINE	1.00 49.00						X	NONE	363,870.	88,383.
( 56 ) BETTY BRAKOVICH VP CNO PATIENT CARE SERVICES	50.00 NONE						X	359,054.	NONE	86,627.
( 57 ) JOE CASTANON VP CONTRACTING & VAL ANALYSIS	1.00 49.00						X	NONE	377,256.	65,263.
( 58 ) KRISTEN TRICE VP DIAGNOSTIC OUTREACH	1.00 49.00						X	NONE	358,108.	82,838.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59 ) JESSICA KOVALESKY ----- VP CARE COORDINATION & POP HLT	1.00 49.00						X	NONE	394,821.	36,932.
( 60 ) HANNAH HENRY (END 01/03/2025) ----- VP OPERATIONS KENNESTONE	50.00 NONE						X	368,335.	NONE	60,010.
( 61 ) SANA BRUNO ----- VP LABORATORY SERVICES SYSTEM	1.00 49.00						X	NONE	342,496.	77,825.
( 62 ) DONALD ZARKOU ----- VP OF ONCOLOGY SERVICE LINE	1.00 49.00						X	NONE	323,024.	90,750.
( 63 ) SHARON ROBINSON ----- VP FOUNDATION STRATEGY & GRWTH	1.00 49.00						X	NONE	331,768.	81,334.
( 64 ) CAROL TODD ----- VP ASST GENERAL COUNSEL	1.00 49.00						X	NONE	325,496.	85,736.
( 65 ) MICHAEL GARRARD ----- AVP REHABILITATION WRWSH	1.00 49.00						X	NONE	335,402.	67,049.
( 66 ) ROBERT DECOUX ----- VP CORPORATE MED STAFF SVCS	1.00 49.00						X	NONE	316,156.	82,222.
( 67 ) ELLEN RUSSELL ----- VP HIM CDI & POLICIES	1.00 49.00						X	NONE	294,571.	55,484.
( 68 ) STEVEN HUNT ----- VP HUMAN RESOURCE (END 10/24)	1.00 49.00						X	NONE	337,565.	NONE
( 69 ) PHILLIP COULE ----- VP AND CHIEF MEDICAL OFFICER	1.00 49.00						X	NONE	208,060.	22,282.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(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) PAUL MURPHREE, M.D. ----- VP MEDICAL OUTCOMES (END 4/24)	1.00 49.00						X	NONE	156,933.	22,425.
( 71) JENNIFER GIUSTI ----- VP CLINICAL OUTCOMES(END 4/24)	1.00 49.00						X	NONE	123,430.	37,057.
( 72) JOEL SHU ----- VP WELLSTAR CP (END 1/24)	1.00 49.00						X	NONE	138,696.	3,391.
( 73) FRANK ROS ----- TRUSTEE	1.00 49.00	X						NONE	54,889.	NONE
( 74) MITZI MOORE ----- TRUSTEE	1.00 49.00	X						NONE	40,514.	NONE
( 75) ED RICHARDSON ----- TRUSTEE	1.00 49.00	X						NONE	37,753.	NONE
( 76) W. CHARLES BROCK ----- TRUSTEE	1.00 49.00	X						NONE	34,976.	NONE
( 77) O. SCOTT SWAYZE, M.D. ----- TRUSTEE	1.00 49.00	X						NONE	33,814.	NONE
( 78) MARK BERRY ----- TRUSTEE	1.00 49.00	X						NONE	31,902.	NONE
( 79) KEITH PARKER ----- TRUSTEE	1.00 49.00	X						NONE	31,712.	NONE
( 80) GREG MORGAN ----- TRUSTEE	1.00 49.00	X						NONE	31,708.	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81 ) H. SPEER BURDETTE, III TRUSTEE	1.00 49.00	X						NONE 31,111.	NONE	
( 82 ) EDWARD TATE TRUSTEE	1.00 49.00	X						NONE 30,481.	NONE	
( 83 ) DAVID BOTTOMS TRUSTEE	1.00 49.00	X						NONE 30,129.	NONE	
( 84 ) JAMES L. HOLMES TRUSTEE	1.00 49.00	X						NONE 27,901.	NONE	
( 85 ) JOHN MCKIBBEN TRUSTEE	1.00 49.00	X						NONE 27,042.	NONE	
( 86 ) JAY CUNNINGHAM TRUSTEE	1.00 49.00	X						NONE 26,359.	NONE	
( 87 ) DAVID HAFNER FORMER DIRECTOR	NONE NONE						X	NONE 24,026.	NONE	
( 88 ) RANDALL BENTLEY, SR FORMER DIRECTOR	NONE NONE						X	NONE 14,150.	NONE	
( 89 ) CONNIE KIRK FORMER TRUSTEE	1.00 15.00						X	NONE 12,619.	NONE	
( 90 ) ALLEN SEPARK FORMER TRUSTEE	1.00 15.00						X	NONE 10,935.	NONE	
( 91 ) GRETCHEN CORBIN (BEG 10/24) TRUSTEE	1.00 49.00	X						NONE 1,539.	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part 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>	3,482,325.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	NONE				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		3,482,325.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b>		PATIENT REVENUE		622110	2,150,845,744.	2,150,845,744.		
<b>b</b>		INDEPENDENT & ASSISTED LIVING REVENUE		623110	29,712.	29,712.		
<b>c</b>		WELLNESS CENTER		622110	1,439,148.	1,439,148.		
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			2,152,314,604.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			4,402,594.		4,402,594.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .			NONE			
	<b>5</b>	Royalties . . . . .			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
					18,149,847.			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	18,149,847.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			18,149,847.		18,149,847.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . .			NONE			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		NONE				
<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE		NONE		
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
	<b>11a</b>	PHARMACY/RETAIL PHARMACY		446110	88,251,265.	44,598.	88,206,667.	
	<b>b</b>	CAFETERIA		722514	10,072,915.		10,072,915.	
	<b>c</b>	PARKING REVENUE		812930	2,819,799.		2,819,799.	
	<b>d</b>	All other revenue . . . . .		900099	24,797,892.		24,797,892.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			125,941,871.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				2,304,291,241.	2,152,314,604.	44,598.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	125,000.	125,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,042,209.	2,433,767.	608,442.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	699,571,646.	559,659,529.	139,912,117.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	25,537,395.	25,537,395.		
9 Other employee benefits . . . . .	118,701,801.	81,405,050.	37,296,751.	
10 Payroll taxes . . . . .	38,528,240.	38,528,240.		
11 Fees for services (nonemployees):				
a Management . . . . .	180,817,778.	180,817,778.		
b Legal . . . . .	26,422.	26,422.		
c Accounting . . . . .	4,145.	4,145.		
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 206,028,662.	116,196,583.	89,832,079.	
12 Advertising and promotion . . . . .	586,525.	586,525.		
13 Office expenses . . . . .	13,844,714.	13,844,714.		
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	17,476,616.	17,476,241.	375.	
17 Travel . . . . .	3,496,407.	833,830.	2,662,577.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	NONE			
20 Interest . . . . .	16,324,932.	15,310,257.	1,014,675.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	83,912,886.	60,296,662.	23,616,224.	
23 Insurance . . . . .	17,431,531.	17,431,531.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	402,054,310.	401,390,298.	664,012.	
b NON-MEDICAL SUPPLIES	11,022,100.	7,135,146.	3,886,954.	
c REPAIRS & MAINTENANCE	33,656,452.	33,656,452.	NONE	
d ALL OTHER EXPENSES	6,692,185.	8,538,725.	-1,846,540.	
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,878,881,956.	1,581,234,290.	297,647,666.	NONE
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	NONE	<b>1</b>	NONE
	<b>2</b> Savings and temporary cash investments . . . . .	1,401,381.	<b>2</b>	2,825,270.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	335,096,265.	<b>4</b>	372,915,034.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	37,121,119.	<b>8</b>	42,356,887.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,077,510.	<b>9</b>	14,794,223.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1814301570.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 830,270,446.	788,333,493.	<b>10c</b> 984,031,124.
	<b>11</b> Investments - publicly traded securities . . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	44,099,153.	<b>15</b>	45,982,013.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,215,128,921.	<b>16</b>	1,462,904,551.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	141,828,576.	<b>17</b>	166,084,106.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	675,909,709.	<b>25</b>	652,141,113.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	817,738,285.	<b>26</b>	818,225,219.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	397,390,636.	<b>27</b>	644,679,332.
	<b>28</b> Net assets with donor restrictions . . . . .	NONE	<b>28</b>	NONE
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<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 . . . . .	397,390,636.	<b>32</b>	644,679,332.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,215,128,921.	<b>33</b>	1,462,904,551.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,304,291,241.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,878,881,956.
3	Revenue less expenses. Subtract line 2 from line 1	3	425,409,285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	397,390,636.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-178,120,589.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	644,679,332.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

<b>Name of the organization</b> KENNESTONE HOSPITAL, INC.	<b>Employer identification number</b> 58-2032904
--	---

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

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

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

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

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

Schedule A (Form 990) 2024

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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019 . . . . .			
b	From 2020 . . . . .			
c	From 2021 . . . . .			
d	From 2022 . . . . .			
e	From 2023 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . . .			
b	Excess from 2021 . . . .			
c	Excess from 2022 . . . .			
d	Excess from 2023 . . . .			
e	Excess from 2024 . . . .			

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

KENNESTONE HOSPITAL, INC.

58-2032904

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

**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	\$ 3,482,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

KENNESTONE HOSPITAL, INC.

Employer identification number

58-2032904

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

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

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

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

Supplemental Financial Statements

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

KENNESTONE HOSPITAL, INC.

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: 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, 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 2d 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: Revenue, Assets. 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., 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.

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		88,928,426.		88,928,426.
b Buildings . . . . .		816,811,077.	366,396,966.	450,414,111.
c Leasehold improvements . . . . .		317,994,269.	12,282,399.	305,711,870.
d Equipment . . . . .		591,330,667.	451,259,372.	140,071,295.
e Other . . . . .		-762,869.	-331,710.	-1,094,578.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				984,031,124.

**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, line 12, col. (B)) . . .		

**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, line 13, col. (B)) . . .		

**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, line 15, col. (B)). . . . .	

**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	619,003,468.
(3) OTHER LONG-TERM LIABILITIES	33,137,645.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . .	652,141,113.

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.

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

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

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

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

**Part XIII Supplemental Information**

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

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

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

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

WELLSTAR HAS EVALUATED ITS TAX POSITIONS AND DOES NOT BELIEVE THERE ARE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2025, OR 2024."

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
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 <b>KENNESTONE HOSPITAL, INC.</b>	Employer identification number <b>58-2032904</b>
--	---

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125,000</u> %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<input checked="" type="checkbox"/>	

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial assistance at cost (from Worksheet 1) . . . . .			111,352,379.	46,660,979.	64,691,400.	3.44
<b>b</b> Medicaid (from Worksheet 3, column a).			157,552,468.	152,669,035.	4,883,433.	0.26
<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 . .			268,904,847.	199,330,014.	69,574,833.	3.70
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			260,120.	NONE	260,120.	0.01
<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 . . . . .			260,120.	NONE	260,120.	0.01
<b>k Total.</b> Add lines 7d and 7j . . . . .			269,164,967.	199,330,014.	69,834,953.	3.71

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2024

**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 benefit expense	(d) Direct offsetting revenue	(e) Net community benefit 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 FAP. 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	632,149,120.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	772,323,709.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-140,174,589.
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? 3

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> KENNESTONE HOSPITAL 677 CHURCH STREET MARIETTA GA 30060 WWW.WELLSTAR.ORG	X	X					X		HEALTH PARK INPATIENT HOSPICE	
<b>2</b> WINDY HILL HOSPITAL 2540 WINDY HILL ROAD MARIETTA GA 30067 WWW.WELLSTAR.ORG	X	X							LONG TERM ACUTE CARE	
<b>3</b> WELLSTAR ATLANTA MEDICAL CENTER 303 PARKWAY DRIVE NE ATLANTA GA 30312-1212 WWW.WELLSTAR.ORG	X	X		X	X		X			
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

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

		Yes	No
<b>Community Health Needs Assessment (CHNA)</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2024</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2024</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
a	If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

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

		Yes	No
<b>Community Health Needs Assessment (CHNA)</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2024</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2024</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
a	If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: WELLSTAR ATLANTA MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

		Yes	No
<b>Community Health Needs Assessment (CHNA)</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2024</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2024</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
a	If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>125.0000</u> % for eligibility for discounted care of <u>300.0000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>125.0000</u> % for eligibility for discounted care of <u>300.0000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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? . . . . .	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<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: WELLSTAR ATLANTA MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>125.0000</u> % for eligibility for discounted care of <u>300.0000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
<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):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** (continued)

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

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: WELLSTAR ATLANTA MEDICAL CENTER

		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 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:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
<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):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

Name of hospital facility or letter of facility reporting group: 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:		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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.		<b>X</b>
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.		<b>X</b>

**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: WELLSTAR ATLANTA MEDICAL CENTER

		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:		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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

Schedule H (Form 990) 2024

**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 2025 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS.

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

THESE HOSPITALS ARE PROUD TO BE PART OF WELLSTAR, THE LARGEST HEALTH SYSTEM IN GEORGIA, WITH 11 HOSPITALS, 2,900 PHYSICIANS AND ADVANCED PRACTITIONERS ON MEDICAL STAFF, 240 MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE AND HOMECARE, WELLSTAR IS THERE FOR FAMILIES WHEN AND WHERE NEEDED.

WELLSTAR COBB HOSPITAL

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

WELLSTAR KENNESTONE HOSPITAL

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

WELLSTAR WINDY HILL

WELLSTAR WINDY HILL OFFERS SPECIALIZED, LEADING-EDGE HEALTHCARE SERVICES. A 115-BED FACILITY, WELLSTAR WINDY HILL 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

**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.

STRATEGY EVERY THREE YEARS TO BETTER MEET THE HEALTH NEEDS OF UNDER-RESOURCED POPULATIONS LIVING IN THE COMMUNITIES THEY SERVE. WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION PLANNING PROCESS. THE COMPREHENSIVE CHNA THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION 501(R) ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS" CAN BE ACCESSED HERE:  
[HTTPS://WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.wellstar.org/community/community-health-needs-assessment)

SCHEDULE H, PART V, SECTION B, LINE 5

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

INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES:

THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR COBB, KENNESTONE, AND WINDY HILL. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO:

- U.S. BUREAU OF LABOR STATISTICS
- GEORGIA BUREAU OF INVESTIGATION
- GEORGIA DEPARTMENT OF PUBLIC HEALTH'S ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM (OASIS)
- GEORGIA UNITED FOR ASSET LIMITED, INCOME - CONSTRAINED, EMPLOYED (ALICE)
- GEORGIA RURAL HEALTH INNOVATION CENTER'S GEORGIA HEALTH DATA HUB
- HEALTH RESOURCES SERVICES ADMINISTRATION'S HEALTH PROFESSIONAL SHORTAGE AREAS DATABASE
- BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)
- GEORGIA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)
- U.S. CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY

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

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

**Part 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.

## QUALITATIVE DATA INCLUDED:

## 1. KEY INFORMANT INTERVIEWS

- 22 INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES FROM NON-GOVERNMENTAL ORGANIZATIONS, STATE AGENCIES, AND ACADEMIC INSTITUTIONS.

## 2. FOCUS GROUPS WITH RESIDENTS AND WELLSTAR HEALTH SYSTEM TEAM MEMBERS

- 16 TOTAL FOCUS GROUP DISCUSSIONS WERE CONDUCTED: 9 WITH WELLSTAR HEALTH SYSTEM TEAM MEMBERS INCLUDING SERVICE LINE LEADERS, HOSPITAL PRESIDENTS, AND REPRESENTATIVES FROM COMMUNITY HEALTH PROGRAMS, THE WELLSTAR CENTER FOR HEALTH EQUITY, SYSTEM AND QUALITY GOVERNANCE, AND PATIENTS; 7 WITH COMMUNITY MEMBERS TO REPRESENT ONE EACH FOR EACH OF WELLSTAR'S SERVICE AREAS.

## 3. COMMUNITY SUMMITS

- 7 COMMUNITY SUMMITS - ONE IN EACH SERVICE AREA - WITH COMMUNITY MEMBERS AND REPRESENTATIVES FROM WELLSTAR'S EXISTING AND POTENTIAL PARTNERS. THE INTERVIEWS, FOCUS GROUP DISCUSSIONS AND SUMMITS EXPLORED COMMUNITY CONTEXTS AND HEALTH NEEDS. INTERVIEWEES WERE ASKED TO 1) IDENTIFY COMMUNITY HEALTH NEEDS, 2) PROVIDE THEIR PERSPECTIVE ON WHICH COMMUNITY HEALTH NEEDS WELLSTAR SHOULD PRIORITIZE OVER THE NEXT 3 YEARS, AND 3) RECOMMEND SPECIFIC STRATEGIES TO ADDRESS THOSE NEEDS.

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

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

## ORGANIZATIONS INCLUDED IN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA):

AS AN INTEGRATED HEALTH SYSTEM, WELLSTAR HEALTH SYSTEM SUBMITTED A JOINT 2025 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT INCLUDED WELLSTAR COBB HOSPITAL, KENNESTONE HOSPITAL, AND WINDY HILL. THE 2025 CHNA FOR THE HOSPITALS (WELLSTAR COBB, KENNESTONE, AND WINDY HILL) DEFINE ITS PRIMARY SERVICE AREA AS ONE COMMUNITY.

IN 2022, WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS LIKEWISE WERE INCLUDED IN A JOINT ASSESSMENT OF COMMUNITY NEED. IN 2019, THE THREE HOSPITALS WERE INCLUDED IN AN ASSESSMENT OF COMMUNITY NEED FOR TWO OTHER WELLSTAR HOSPITALS (DOUGLAS AND PAULDING HOSPITALS) SERVING RESIDENTS IN 28 ZIP CODE AREAS. THE FOOTPRINT OF THE SERVICE AREA HAS CHANGED WITH ZIP CODES 30328 (FULTON COUNTY) AND 30096 (GWINNETT COUNTY) BEING REPLACED BY 30114 (CHEROKEE COUNTY) AND 30068 (COBB COUNTY), AND THE COUNTIES INCLUDED IN THIS ASSESSMENT DECREASED FROM EIGHT TO THREE (CHEROKEE, COBB, AND FULTON).

THIS CONSOLIDATION APPROACH IS SIMILAR TO THE 2015 AND 2018 CHNA REPORTS

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

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

- THE JOINT WELLSTAR HOSPITAL CHNA REPORT MEETS THE REQUIREMENTS OF SECTION 501(R)(3).

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

- THE 2025 CHNA REPORT DOCUMENTS THE CHNA PROCESS AND CONTAINS ALL OF THE ELEMENTS DESCRIBED IN THE IRS'S 501(R)(3) SECTION IN THE CODE OF REGULATIONS AS IT RELATES TO COMMUNITY HEALTH NEEDS ASSESSMENTS.

- THE WELLSTAR HEALTH SYSTEM BOARD OF TRUSTEES ADOPTED THE JOINT CHNA AND ITS IMPLEMENTATION STRATEGY ON JUNE 5, 2025.

- THE JOINT CHNA REPORT IS CLEARLY IDENTIFIED AS APPLYING TO THE HOSPITAL FACILITY. ALL OF WELLSTAR HOSPITALS ARE NOTED ON THE COVER OF THE JOINT CHNA. THE CHNA INCLUDES RELEVANT COUNTY-SPECIFIC PRIMARY AND SECONDARY DATA.

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

- SYSTEM-BASED MODEL FOR DELIVERING MOST ALL COMMUNITY BENEFIT SERVICES AND EVALUATING ITS IMPACT (AGAIN, TO LEVERAGE THE ECONOMIES OF SCALE AND SERVICES TO DELIVER PROGRAM THAT ADDRESS THE PRIORITY NEEDS)

- OVERLAPPING HOSPITAL

- CATCHMENT AREAS

- SIMILAR COMMUNITY HEALTH NEEDS' KEY FINDINGS AND THEMES BASED UPON INTENSIVE QUANTITATIVE AND QUALITATIVE DATA AND THE WORK OF THE WELLSTAR COMMUNITY HEALTH COLLABORATIVE TO IDENTIFY THE PRIORITY NEEDS OF THE OVERALL COMMUNITY (REPRESENTATIVES FROM WELLSTAR SERVICES LINES, HOSPITALS, DEPARTMENTS AND THE COMMUNITY STAKEHOLDERS) BASED ON THE SEVERITY OF THE NEED AND ASSETS OF WELLSTAR AND ITS COMMUNITY STAKEHOLDERS AND PARTNERS TO ADDRESS THE NEED.

**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 7A

WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS. THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS:  
WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT AND CLICKING ON "WELLSTAR COBB MEDICAL CENTER, WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER, AND WELLSTAR WINDY HILL". A THREE-YEAR REVIEW CAN BE FOUND AT THE SAME ADDRESS.

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

WELLSTAR COBB, WELLSTAR KENNESTONE, AND WELLSTAR WINDY HILL HOSPITALS SERVE THE SAME GEOGRAPHICAL COMMUNITY AND HAVE CHOSEN TO COMPLETE A JOINT CHNA AND IMPLEMENTATION STRATEGIES TO MEET 501(R) REQUIREMENTS. THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND ON THE FOLLOWING WEB ADDRESS:  
WWW.WELLSTAR.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT AND CLICKING ON "WELLSTAR COBB MEDICAL CENTER, WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER, AND WELLSTAR WINDY HILL". A THREE-YEAR REVIEW AND IMPLEMENTATION STRATEGY CAN BE FOUND AT THE SAME ADDRESS.

SCHEDULE H, PART V, SECTION B, LINE 11

PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY:  
WELLSTAR CONTRACTED WITH GEORGIA HEALTH POLICY CENTER (GHPC) TO COLLABORATE ON ITS 2025 CHNA TO IDENTIFY NEEDS AND RESOURCES IN ITS COMMUNITY. GHPC EXAMINED SECONDARY DATA AND CONSIDERED INPUT FROM PUBLIC HEALTH EXPERTS AND COMMUNITY LEADERS AND REPRESENTATIVES. UPON REVIEW OF THE PRIMARY AND SECONDARY DATA, WELLSTAR USED A SET OF CRITERIA, INCLUDING IMPORTANCE TO STAKEHOLDERS, RELATIVE BURDEN, CURRENT CAPACITY, EXISTING COMMUNITY HEALTH INITIATIVES, AND DISPARITIES TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FACING THE COMMUNITY. GHPC DOCUMENTED THEM IN A WRITTEN CHNA REPORT AND AN ACCOMPANYING IMPLEMENTATION STRATEGY.  
FROM THE SIGNIFICANT HEALTH NEEDS IDENTIFIED BY CHNA RESEARCH CONDUCTED, THE FOLLOWING HEALTH NEEDS WERE VALUATED AS PRIORITY FOR ALL HOSPITALS IN WELLSTAR HEALTH SYSTEM:

1. ACCESS
2. BEHAVIORAL HEALTH
3. FOOD ACCESS AND HEALTHY LIVING

**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.

4. HEALTHY AGING

5. MATERNAL AND CHILD HEALTH

ADDITIONAL NEEDS IN THE WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS SERVICE AREA

7. BUILT ENVIRONMENT

8. CANCER

9. DENTAL CARE

10. HIV

11. POVERTY/JOB SECURITY

WHEN COMPARED TO 2022, THE 2025 COMMUNITY HEALTH NEEDS FOR WELLSTAR COBB HOSPITAL, KENNESTONE HOSPITAL, AND WINDY HILL REFLECT RECURRING SYSTEMIC NEEDS FOR ACCESS TO HEALTH CARE AND THE IMPORTANCE OF ADDRESSING HEALTH RELATED SOCIAL NEEDS. USING THE RESEARCH-BASED "FIVE DIMENSIONS OF ACCESS" FRAMEWORK TO ORGANIZE FINDINGS ON ACCESS, GHPC SYNTHESIZED PRIMARY AND SECONDARY DATA TO DESCRIBE COMMUNITY NEED FOR HEALTHCARE TO BE AVAILABLE, ACCESSIBLE, AFFORDABLE, ACCOMODATING, AND ACCEPTABLE. THE LEADING 2022 COMMUNITY HEALTH NEEDS DID NOT CHANGE AND ARE INCLUDED IN THE NEWLY STATED 2025 COMMUNITY HEALTH NEEDS.

THROUGH THE CHNA PROCESS, THE HEALTH SYSTEM PRIORITIZED AND ESTABLISHED IMPLEMENTATION STRATEGIES FOR FIVE PRIORITY AREAS. IMPLEMENTATION STRATEGIES FOR EACH NEED WERE RECOMMENDED DURING KEY STAKEHOLDER INTERVIEWS AND FOCUS GROUPS WITH SENIOR LEADERSHIP. THE STRATEGIES WERE LATER REVIEWED BY WELLSTAR'S SENIOR LEADERSHIP AND VETTED BY THE WELLSTAR BOARD OF TRUSTEES' COMMUNITY ADVOCACY AND ENGAGEMENT COMMITTEE, THE WELLSTAR BOARD OF TRUSTEES AND THE WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE, THE CONDUITS FOR SYSTEM-WIDE DELIVERY OF EQUITY CENTRIC IMPROVEMENT SERVICES AND EDUCATION. IMPLEMENTATION STRATEGIES WERE ALSO INFORMED BY COMMUNITY MEMBERS WHO ATTENDED A COMMUNITY SUMMIT. DURING THE SUMMIT, GHPC GUIDED ATTENDEES THROUGH A HEALTH NEEDS PRIORITIZATION PROCESS, AND USED GROUP EXERCISES TO SOLICIT INSIGHTS ON STRATEGIES AND PARTNERS WELLSTAR SHOULD ADOPT TO ADDRESS PRIORITIZED HEALTH NEEDS. ACTION AREAS FOR IMPLEMENTATION TO IMPROVE COMMUNITY HEALTH ARE INFLUENCED BY THE FULL SPECTRUM OF THE PUBLIC HEALTH SYSTEM, IN WHICH WELLSTAR COBB HOSPITAL, KENNESTONE HOSPITAL, AND WINDY HILL PLAY A VITAL ROLE. EACH ACTION AREA IS FACILITATED UNDER WELLSTAR'S CENTER FOR HEALTH EQUITY.

WELLSTAR CENTER FOR HEALTH EQUITY:

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

THE FIVE STRATEGIC DOMAINS FOR THE CENTER FOR HEALTH EQUITY BASED ON INSIGHTS FROM THE 2025 CHNA ARE AS FOLLOWS:

1. ACCESS
2. BEHAVIORAL HEALTH
3. FOOD ACCESS AND HEALTHY LIVING
4. HEALTHY AGING

**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. MATERNAL AND CHILD HEALTH

WELLSTAR CENTER FOR HEALTH EQUITY COMMITTEE:

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

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

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

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

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

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

## 1. ACCESS

- CONTEXT: ACCORDING TO COMMUNITY LEADERS, THERE ARE MANY REASONS FOR POOR ACCESS TO APPROPRIATE HEALTHCARE, INCLUDING LACK OF AFFORDABLE INSURANCE, LACK OF SERVICE PROVIDERS, PROVIDER BURNOUT, LACK OF TRUST, AND LACK OF RELIABLE PUBLIC TRANSPORTATION. ACCESS TO COMPREHENSIVE, QUALITY, CULTURALLY COMPETENT HEALTH CARE SERVICES IS IMPORTANT FOR PROMOTING AND MAINTAINING HEALTH, PREVENTING AND MANAGING DISEASE, REDUCING UNNECESSARY DISABILITY AND PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY.

-EXAMPLE WELLSTAR INTERVENTIONS:

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

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

**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.

INFORMATION, IMPLEMENT PROGRAMS AT TRUSTED NEIGHBORHOOD-BASED SITES AND STRENGTHEN THE ORGANIZATIONS TO PROVIDE WHOLE-PERSON SUPPORT. THE CONGREGATIONAL HEALTH NETWORK'S PASSPORT TO HEALTH PROGRAM EMPOWERS PARTICIPANTS TO OWN THEIR HEALTH CARE WHILE PARTNERING WITH PRACTITIONERS AND COMMUNITY HEALTH WORKERS DURING THEIR JOURNEY OF LEARNING ABOUT HEART AND CARDIAC WELLNESS, WOMEN'S HEALTH, COLORECTAL CANCER SCREENING TOOL KITS, SIGNS OF STROKE, NUTRITIOUS EATING, EXERCISE AND ACTIVE LIVING TIPS, AND MENTAL HEALTH AWARENESS.

-COMMUNITY TRANSFORMATION PROGRAM: INCREASING ACCESS TO CARE AND SOCIAL SUPPORT THROUGH TECHNOLOGY; WELLSTAR COMMUNITY HEALTH AND CENTER FOR HEALTH EQUITY FUNDS NON-PROFIT COMMUNITY-BASED PARTNERS TO LEVERAGE TECHNOLOGY TO PRODUCE LONG-TERM, SUSTAINABLE CHANGES IN COMMUNITIES WE SERVE. INITIATIVES ARE TAILORED TO A COMMUNITY NEED AND IN ALIGNMENT WITH EACH PARTNER'S MISSION. AT THE END OF 12 MONTHS, PARTNERS ARE EXPECTED TO DEMONSTRATE IMPROVEMENTS IN:

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

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

-MAMMOGRAPHY VOUCHER DISTRIBUTION: PARTNERSHIP WITH THE WELLSTAR FOUNDATION'S TEAM MEMBER GIVING CAMPAIGN AND THE NATIONAL BREAST CANCER FOUNDATION PROVIDES FREE MAMMOGRAMS FOR UNDERSERVED WOMEN WITH A FOCUS ON OUTREACH TO AFRICAN AMERICAN AND HISPANIC WOMEN.

-PROSTATE CANCER SCREENING: TO INCREASE ACCESS TO SCREENING AND EDUCATION RESOURCES IN MEDICALLY UNDERSERVED COMMUNITIES, WELLSTAR COMMUNITY HEALTH PARTNERS WITH WELLSTAR UROLOGY, WELLSTAR LABORATORY OUTREACH SERVICES, AND FAITH COMMUNITIES WITHIN THE WELLSTAR CONGREGATIONAL HEALTH NETWORK TO OFFER FREE PROSTATE CANCER SCREENING IN HIGH-RISK ZIP CODES.

## 2. BEHAVIORAL HEALTH

-CONTEXT: BEHAVIORAL HEALTH ENCOMPASSES ISSUES RELATED TO MENTAL HEALTH (EMOTIONAL AND PSYCHOLOGICAL WELLBEING), BEHAVIORAL HEALTH (A STATE OF MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING OR BEHAVIORS THAT AFFECT WELLNESS), AND COGNITIVE HEALTH (THE BRAIN'S ABILITY TO LEARN, REMEMBER, AND REASON).

-EXAMPLE WELLSTAR INTERVENTIONS:

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

**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.

FOR COMMUNITY RESIDENTS UNABLE TO RECEIVE CARE TRADITIONALLY DUE TO COST, TRANSPORTATION CHALLENGES, OR LIMITED ACCESS TO BROADBAND SERVICES. THE PROGRAM HAS FURTHER EXPANDED TO INCLUDE FUNDING TO CONGREGATIONS TO ESTABLISH BEHAVIORAL HEALTH MINISTRIES TO SERVE CONGREGANTS.

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

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

### 3. FOOD ACCESS AND HEALTHY LIVING

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

-EXAMPLE WELLSTAR INTERVENTIONS:

-MOBILE MARKET: IN NOVEMBER 2020, WELLSTAR LAUNCHED A NEW "MOBILE MARKET" COLLABORATION WITH GOODR, A COMMUNITY-BASED ORGANIZATION THAT PROVIDES RE-DISTRIBUTION OF FOOD RESOURCES FOR PEOPLE IN NEED. THE JOINT INITIATIVE ADDRESSES FOOD ACCESS FOR VULNERABLE COMMUNITIES IN WELLSTAR'S SERVICE AREAS. PARTIALLY FUNDED BY THE WELLSTAR FOUNDATION, THIS PROGRAM ENABLES THE HEALTH SYSTEM TO PROVIDE VITAL COMMUNITY NEEDS THAT IMPACT HEALTH AND WELL-BEING, OFFERING "PEOPLECARE. MORE THAN HEALTHCARE." THE OVERALL GOAL OF THE NEW WELLSTAR ON WHEELS: MOBILE MARKET IS TO ADDRESS FOOD INSECURITY WITH A ROUTINE AND RELIABLE FOOD SOURCE IN THE COMMUNITIES SERVED BY WELLSTAR. TO THAT END, THE MOBILE MARKET PROGRAM PROVIDES POP-UP FARMERS MARKETS TO ADDRESS FOOD ACCESS AND PROVIDE A DIGNIFIED SHOPPING EXPERIENCE THAT OFFERS HEALTHY, FAMILY-FRIENDLY FOOD OPTIONS. CLIENTS PRE-REGISTER FOR THIS PROGRAM AND ARE ABLE TO CHOOSE ITEMS THAT ARE CULTURALLY SENSITIVE AND APPEALING TO THEIR HOUSEHOLDS. THE MARKET ALSO PROVIDES ON-SITE HEALTH EDUCATION IN ALIGNMENT WITH HEALTH AWARENESS MONTHS. CLIENTS ARE ALSO CONNECTED TO A BENEFITS SPECIALIST TO ASSIST FAMILIES WITH ENROLLMENT INTO PUBLIC FOOD PROGRAMS.

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

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

- FOOD INSECURITY SCREENING AND CONNECTION TO RESOURCES USING WELLSTAR FIND HELP: ENSURING SYSTEMIZATION OF THE PROCESS TO SCREEN PATIENTS AT-RISK FOR READMISSION FOR FOOD INSECURITY AND CONNECT PATIENTS TO

**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.

AVAILABLE RESOURCES AND INTERVENTIONS USING A BRANDED PROPRIETARY TOOL (FINDHELP) FOR CONNECTIONS TO LOW-COST AND NO-COST COMMUNITY RESOURCES.

## 4. HEALTHY AGING

- CONTEXT: HEALTH CHALLENGES FACING ADULTS AGED 65 AND OLDER INCLUDE LIMITED ACCESS TO TRANSPORTATION, BEING ON A LIMITED OR FIXED INCOME, POOR NUTRITION, LIMITED PHYSICAL ACTIVITY, PROVIDER SHORTAGES, POOR CONTINUITY OF CARE, LIMITED OR DIMINISHING HEALTH LITERACY, AND LIMITED ACCESS TO HEALTH ADVOCATES.

- EXAMPLE WELLSTAR INTERVENTIONS:

-COMMUNITY HEALTH APPROACH: WELLSTAR WILL IDENTIFY AN EVIDENCE-BASED COMMUNITY HEALTH PROGRAM TO SUPPORT HEALTHY AGING CONCEPTS SUCH AS SOCIAL COHESION AND HEALTH SYSTEM NAVIGATION.

-CLINICAL INTEGRATION: WELLSTAR WILL ADVANCE ALIGNMENT WITH AGE-FRIENDLY HEALTH SYSTEM PRIORITIES.

## 5. MATERNAL AND CHILD HEALTH

- CONTEXT: GEORGIA HAS MORE ADVERSE BIRTH OUTCOMES WHEN COMPARED TO NATIONAL OUTCOMES. THESE DISPROPORTIONATELY HIGH NUMBERS MAY BE DUE IN PART TO INSUFFICIENT PRENATAL CARE. BETWEEN 2019-2023, 9.1% OF PREGNANT WOMEN RECEIVED LATE OR NOT PRENATAL CARE COMPARED TO 7.0% ACROSS THE COUNTRY. BLACK WOMEN IN GEORGIA EXPERIENCE MORE THAN TWO TIMES THE RATE OF INFANT MORTALITY AND LOW INFANT BIRTHWEIGHT THAN WHITE WOMEN, AND MORE THAN THREE TIMES THE RATE OF INFANT MORTALITY AND LOW INFANT BIRTHWEIGHT THAN ASIAN WOMEN.

- EXAMPLE WELLSTAR INTERVENTIONS:

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

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

-OPERATION M.I.S.T. (MONITOR, INTERVENE, SURVIVE, AND THRIVE): OPERATION MIST PROMOTES MATERNAL VITALITY BY REDUCING MATERNAL MORTALITY WITH A MISSION TO MONITOR PHYSIOLOGICAL CHANGES IN CONCEIVING, PREGNANT AND POSTPARTUM BIRTH GIVERS. WELLSTAR COMMUNITY HEALTH SUPPORTS THIS PARTNERSHIP BY PROVIDING AN ASSESSMENT OF SOCIAL DETERMINANTS OF HEALTH (SDOH) AND RESOURCE REFERRAL CONNECTION FOR EACH OF THE PARTICIPANTS.

SUPPORTING DEPARTMENT ROLES AND RESPONSIBILITIES:

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

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

-GOVERNMENT RELATIONS: LEAD ADVOCACY WITH LAWMAKERS, GOVERNMENT AGENCIES AND ORGANIZATIONS AT THE LOCAL, STATE AND FEDERAL LEVELS AND SHAPE POLICY

**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 BETTER ENSURE THE LAWS AND REGULATIONS IMPLEMENTED FURTHER ADVANCE THE BEST INTERESTS OF PATIENTS AND OUR COMMUNITIES.

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

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

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

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

WELLSTAR LEVERAGES SYSTEM RESOURCES TO TRACK PROGRESS WITHIN AND EVALUATE PROJECTS AND PROGRAMS. ELECTRONIC DATA COLLECTION AND DATA VISUALIZATION VIA DASHBOARDS ALLOWS WELLSTAR TO VISUALIZE OUTCOMES AND COMMUNICATE SUCCESSES. 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 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

**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 BURDEN OF GOVERNMENT?

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

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

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

FAP ELIGIBILITY CRITERIA - OTHER CRITERIA:  
 OTHER SPECIAL CIRCUMSTANCES MAY QUALIFY A PATIENT FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS. SPECIAL CIRCUMSTANCES MAY INCLUDE BUT NOT LIMITED TO:  
 - PATIENT DECEASED, WITH VERIFICATION THAT THERE IS NO ESTATE.  
 - UNABLE TO CONTACT PATIENT BUT PROPENSITY TO PAY SOFTWARE RETURNS A LOW ABILITY/LOW PROPENSITY DESIGNATION.

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

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:  
 IN ORDER TO QUALIFY FOR FINANCIAL ASSISTANCE, COOPERATION WITH WELLSTAR HEALTH SYSTEM HOSPITAL FINANCIAL ASSISTANCE STAFF IS NECESSARY IN IDENTIFYING AND DETERMINING ALTERNATIVE SOURCES OF PAYMENT OR COVERAGE FROM PUBLIC AND PRIVATE PAYMENT PROGRAMS. IN PARTICULAR, ALL APPLICANTS FILING A FAP APPLICATION FOR FINANCIAL ASSISTANCE MUST PROVIDE PROOF OF HOUSEHOLD INCOME AND HOUSEHOLD ASSETS BY PROVIDING ANY OR ALL OF THE FOLLOWING THAT ARE APPLICABLE:  
 - PROVIDE THREE (3) MONTHS OF THE MOST RECENT PAYCHECK STUBS OR A STATEMENT FROM EMPLOYER VERIFYING GROSS WAGES  
 - IRS W-2 ISSUED DURING THE PAST YEAR  
 - MOST RECENT IRS FORM 1040  
 - MOST RECENT TWO (2) MONTHS OF BANK STATEMENTS FOR EACH CHECKING,

**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.

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

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

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

[HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL-ASSISTANCE-PROGRAM-POLICY](https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy) AND CLICKING "APPLICATION" IN THE RIGHT NAVIGATION BOX TITLED "RESOURCES". A WINDOW WILL APPEAR CONTAINING THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM APPLICATION IN ITS ENTIRETY.

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

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

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

**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 16J

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

SCHEDULE H, PART V, SECTION B, LINE 20E

ADDITIONAL EFFORTS MADE BEFORE COLLECTIONS ACTION INITIATED:  
THE HOSPITAL FACILITY ALSO NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY ONLINE AT:  
[HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL-ASSISTANCE-PROGRAM-POLICY](https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy)  
FURTHERMORE, THE HOSPITAL FACILITY UTILIZES A PROPENSITY TO PAY SOFTWARE. INDIVIDUALS WITH A LOW ABILITY/LOW PROPENSITY DESIGNATION MAY QUALIFY FOR FULL INDIGENT OR SLIDING SCALE CHARITY BENEFITS.

**Part V Facility Information** (continued)

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

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

Name and address	Type of facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information.

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

SCHEDULE H, PART I, LINE 6A

PUBLICATION OF COMMUNITY BENEFIT REPORT:

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

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

**Part VI Supplemental Information**

Provide the following information.

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

SCHEDULE H, PART I, LINE 7

COST TO CHARGE RATIO:

FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND AFFILIATES (INCLUDING KENNESTONE AND WINDY HILL HOSPITALS) HAVE ESTIMATED THE CURRENT YEAR COST TO CHARGE RATIO FOR EACH HOSPITAL AS IT IS REPORTED IN THE ANNUAL COMMUNITY BENEFIT REPORT AND AS IT WILL BE REPORTED IN THE STATE'S ANNUAL HOSPITAL FINANCIAL SURVEY.

SCHEDULE H, PART III, SECTION A, LINE 2

METHODOLOGY USED TO ESTIMATE BAD DEBT:

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

**Part VI Supplemental Information**

Provide the following information.

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

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

SCHEDULE H, PART III, SECTION B, LINE 8

MEDICARE SHORTFALLS:

KENNESTONE AND WINDY HILL HOSPITALS ARE PROVIDERS OF INPATIENT AND  
OUTPATIENT SERVICES TO MEDICARE PROGRAM BENEFICIARIES AT DETERMINED  
RATES. WITHOUT THE PARTICIPATION IN THE MEDICARE PROGRAM THESE PATIENTS  
MAY NOT HAVE HAD CONVENIENT ACCESS TO THOSE SERVICES.  
THE MEDICARE SHORTFALL ON SCHEDULE H, PART III, SECTION B, LINE 7  
REPRESENTS THE UNCOMPENSATED DIFFERENCE BETWEEN THE EXPECTED  
REIMBURSEMENT AND THE MEDICARE CHARGES FOR THOSE SERVICES STATED AT COST.  
WE DETERMINE A COST TO CHARGE RATIO FOR MEDICARE PATIENTS AS PART OF THE  
ANNUAL FILING OF THE MEDICARE COST REPORT.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 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 III, SECTION C, LINE 9B

COLLECTION PRACTICES:

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 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 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 2025JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED WELLSTAR COBB HOSPITAL, KENNESTONE HOSPITAL, AND WINDY HILL. THE CHNA WAS A COLLABORATIVE EFFORT INVOLVING WELLSTAR EXECUTIVE LEADERSHIP, HOSPITAL LEADERSHIP, PUBLIC HEALTH AGENCIES, AND A MULTI-SECTOR COALITION OF COMMUNITY STAKEHOLDERS.

INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES:

THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR WELLSTAR COBB, KENNESTONE, AND WINDY HILL HOSPITALS. DATA SOURCES INCLUDE, BUT ARE NOT LIMITED TO:

- U.S. BUREAU OF LABOR STATISTICS
- GEORGIA BUREAU OF INVESTIGATION
- GEORGIA DEPARTMENT OF PUBLIC HEALTH'S ONLINE ANALYTICAL STATISTICAL

**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.

INFORMATION SYSTEM (OASIS)

- GEORGIA UNITED FOR ASSET LIMITED, INCOME - CONSTRAINED, EMPLOYED

(ALICE)

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

- HEALTH RESOURCES SERVICES ADMINISTRATION'S HEALTH PROFESSIONAL SHORTAGE

AREAS DATABASE

- BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

- GEORGIA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

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

SECONDARY DATA WERE ANALYZED AT THE ZIP CODE AND COUNTY LEVEL. MOST

PUBLICLY AVAILABLE DATA ARE NOT AVAILABLE AT A SUB-COUNTY LEVEL. WHERE

SMALLER DATA POINTS WERE AVAILABLE (I.E. FOR CENSUS TRACTS OR ZIP CODES),

THEY WERE INCLUDED.

TO BETTER UNDERSTAND THE EXPERIENCE AND NEEDS OF RESIDENTS SERVED BY THE

HOSPITALS, SEVERAL TYPES OF PRIMARY DATA WERE COLLECTED. PRIMARY DATA

COLLECTION INCLUDED:

QUALITATIVE DATA INCLUDED:

1. KEY INFORMANT INTERVIEWS

**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.

- 22 INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES FROM NON-GOVERNMENTAL ORGANIZATIONS, STATE AGENCIES, AND ACADEMIC INSTITUTIONS.

2. FOCUS GROUPS WITH RESIDENTS AND WELLSTAR HEALTH SYSTEM TEAM MEMBERS

- 16 TOTAL FOCUS GROUP DISCUSSIONS WERE CONDUCTED: 9 WITH WELLSTAR HEALTH SYSTEM TEAM MEMBERS INCLUDING SERVICE LINE LEADERS, HOSPITAL PRESIDENTS, AND REPRESENTATIVES FROM COMMUNITY HEALTH PROGRAMS, THE WELLSTAR CENTER FOR HEALTH EQUITY, SYSTEM AND QUALITY GOVERNANCE, AND PATIENTS; 7 WITH COMMUNITY MEMBERS TO REPRESENT ONE EACH FOR EACH OF WELLSTAR'S SERVICE AREAS.

3. COMMUNITY SUMMITS

- 7 COMMUNITY SUMMITS - ONE IN EACH SERVICE AREA - WITH COMMUNITY MEMBERS AND REPRESENTATIVES FROM WELLSTAR'S EXISTING AND POTENTIAL PARTNERS.

THE INTERVIEWS, FOCUS GROUP DISCUSSIONS AND SUMMITS EXPLORED COMMUNITY

CONTEXTS AND HEALTH NEEDS. INTERVIEWWS WERE ASKED TO 1) IDENTIFY

COMMUNITY HEALTH NEEDS, 2) PROVIDE THEIR PERSPECTIVE ON WHICH COMMUNITY

HEALTH NEEDS WELLSTAR SHOULD PRIORITIZE OVER THE NEXT 3 YEARS, AND 3)

RECOMMEND SPECIFIC STRATEGIES TO ADDRESS THOSE NEEDS.

THE WELLSTAR COMMUNITY HEALTH DEPARTMENT AND COMMUNITY HEALTH NEEDS

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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.

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

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

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

- SIGNAGE
- PATIENT BROCHURE
- BILLING STATEMENT
- COLLECTION ACTION LETTER
- ONLINE AT:

**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.

HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL-ASSIS  
TANCE-PROGRAM-POLICY

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

**Part VI Supplemental Information**

Provide the following information.

- 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 VI, LINE 4

COMMUNITY INFORMATION:

WELLSTAR COBB HOSPITAL, WELLSTAR KENNESTONE HOSPITAL, AND WELLSTAR WINDY HILL ARE IN MARIETTA AND AUSTELL, GEORGIA IN COBB COUNTY APPROXIMATELY 20 MILES NORTHWEST OF ATLANTA. THE THREE HOSPITALS ARE ALL WITHIN A 15-MILE RADIUS. FOR THE PURPOSES OF THIS CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITALS IS DEFINED AS THE 40 ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR. SPECIFIC COUNTIES WERE SELECTED IF THE ZIP CODES INCLUDED MORE THAN 30 PERCENT OF THE COUNTY POPULATION. BARTOW, CHEROKEE, COBB, DOUGLAS, AND PAULDING COUNTIES MET THE CRITERIA FOR INCLUSION.

THE CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE 40 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. THE ZIP CODES ARE AS FOLLOWS: 30008, 30060, 30062, 30064, 30066, 30067, 30068, 30069, 30080,

**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.

30082, 30101, 30102, 30103, 30106, 30107, 30114, 30115, 30120, 30121,  
 30122, 30126, 30127, 30132, 30134, 30135, 30137, 30141, 30144, 30145,  
 30152, 30153, 30157, 30168, 30171, 30178, 30183, 30184, 30187, 30188, AND  
 30189.

COBB COUNTY HAD THE LARGEST POPULATION IN THE SERVICE AREA WITH 771,952  
 RESIDENTS, WHILE BARTOW COUNTY HAD THE SMALLEST WITH 112,816 RESIDENTS.  
 DOUGLAS AND PAULDING COUNTIES HAD A YOUNGER POPULATION COMPARED TO THE  
 REST OF THE SERVICE AREA AND STATE AND NATIONAL AVERAGES, WITH LOWER  
 MEDIAN AGES (36.7 AND  
 36.6 YEARS RESPECTIVELY). ACROSS THE SERVICE AREA AND STATE, ABOUT A  
 QUARTER OF RESIDENTS WERE UNDER 18 YEARS OF AGE. THE AGE DISTRIBUTIONS IN  
 BARTOW AND CHEROKEE COUNTIES ALSO REFLECT STATE AND NATIONAL TRENDS,  
 WHERE THE NEXT LARGEST PERCENTAGE OF THE POPULATION WERE ADULTS AGED 65  
 AND OVER (14.2% IN BARTOW AND 15.0% IN CHEROKEE). THIS IS INDICATIVE OF  
 AN ADULT POPULATION FACING THE DUAL RESPONSIBILITIES OF CARING FOR BOTH  
 CHILDREN  
 AND AGING ADULTS AT THE SAME TIME.

TOTAL POPULATION (2022):

**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.

- BARTOW: 112,816

- CHEROKEE: 281,278

- COBB: 771,952

- DOUGLAS: 147,316

- PAULDING: 178,421

MEDIAN HOUSEHOLD INCOME (2018-22):

- BARTOW: \$74,812

- CHEROKEE: \$100,824

- COBB: \$94,244

- DOUGLAS: \$76,930

- PAULDING: \$89,237

MEDIAN AGE (2018-2022):

- BARTOW: 38.2

- CHEROKEE: 39.7

- COBB: 37.2

- DOUGLAS: 36.7

- PAULDING: 36.6

RACE/ETHNIC DISTRIBUTION (2018-2022):

**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.

- BARTOW:

BLACK: 10.9%

ASIAN: 1.1%

HISPANIC: 9.6%

NON-HISPANIC WHITE: 79.9%

LIMITED ENGLISH: 3.5%

- CHEROKEE:

BLACK: 7.1%

ASIAN: 2.0%

HISPANIC: 11.2%

NON-HISPANIC WHITE: 80.8%

LIMITED ENGLISH: 5.3%

- COBB:

BLACK: 27.5%

ASIAN: 5.6%

HISPANIC: 13.5%

NON-HISPANIC WHITE: 52.8%

LIMITED ENGLISH: 7.2%

**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.

- DOUGLAS:

BLACK: 48.9%

ASIAN: 1.9%

HISPANIC: 10.7%

NON-HISPANIC WHITE: 39.4%

LIMITED ENGLISH 4.7%

- PAULDING:

BLACK: 21.0%

ASIAN: 01.1%

HISPANIC: 7.6%

NON-HISPANIC WHITE: 68.9%

LIMITED ENGLISH: 2.3%

**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 VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

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

**Part VI Supplemental Information**

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.

RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE. KENNESTONE HOSPITAL AND WINDY HILL HOSPITAL COMMITTED APPROXIMATELY \$266 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 NATIONALLY RECOGNIZED FOR OUR INCLUSIVE CULTURE, EXCEPTIONAL DOCTORS AND TEAM MEMBERS, AND PERSON, HIGH-QUALITY CARE. WELLSTAR THOUGHTFULLY REINVESTS IN PREVENTION, WELLNESS PROGRAMS AND CHARITY CARE, AND PROVIDES ACCESS TO COMPASSIONATE, WORLD-CLASS CARE THROUGH AN EXPANSIVE SYSTEM OF 11 HOSPITALS, 329 MEDICAL OFFICE LOCATIONS, 11 CANCER CENTERS, 91 REHABILITATION CENTERS, 35 IMAGING CENTERS, 20 URGENT CARE LOCATION. FIVE HEALTH PARKS, THREE HOSPICE FACILITIES AND TWO RETIREMENT VILLAGES. FOR MORE INFORMATION, VISIT: [HTTPS://WWW.WELLSTAR.ORG](https://www.wellstar.org)

**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 VI, LINE 7

STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT:

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

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

KENNESTONE HOSPITAL, INC.

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

58-2032904

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MT. PARAN SCHOOL PO BOX 724557 ATLANTA, GA 31139	58-2273158	501(C)(3)SC	125,000.				SPONSORSHIPS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
- Enter total number of other organizations listed in the line 1 table . . . . . \_\_\_\_\_

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

Schedule I (Form 990) (Rev. 12-2024)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING THE USE OF GRANT/SCHOLARSHIP FUNDS:

WELLSTAR HEALTH SYSTEM, INC. AND ITS AFFILIATES HAVE SET ASIDE FUNDS FOR CONTRIBUTIONS AND SPONSORSHIPS ON AN ANNUAL BASIS THAT PROVIDE ASSISTANCE TO NATIONAL AND LOCAL ORGANIZATIONS AND INDIVIDUALS IN THE FURTHERANCE OF THE COMMUNITY NEED. WELLSTAR ALSO HAS SEVERAL AGREEMENTS WITH AREA COLLEGES AND UNIVERSITIES TO PROMOTE HEALTHCARE RELATED CAREER OPPORTUNITIES. ALL SCHOLARSHIPS ARE AWARDED BASED ON SPECIFIC QUALIFICATIONS WITHOUT REGARD TO AGE, GENDER, OR ETHNICITY.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)

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

**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) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALAN MUSTER 1 SVP SPECIALTY DIVISION WMG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	588,432.	228,235.	135,258.	60,315.	75,902.	1,088,142.	NONE
ALLEN SEPARK 2 FORMER TRUSTEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	10,935.	NONE	NONE	NONE	NONE	10,935.	NONE
ANDREW COX 3 VP CHIEF OF STAFF & LEADERSHIP	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	353,746.	70,606.	9,326.	24,036.	58,532.	516,246.	NONE
ANTHONY BUDZINSKI 4 EVP & CFO (END 4/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	325,861.	287,932.	201,433.	19,734.	24,233.	859,193.	NONE
ARIF AZIZ, M.D. 5 TRUSTEE & PHYSICIAN(END 12/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	615,688.	221,408.	24,176.	60,411.	41,156.	962,839.	NONE
BARBARA COREY 6 SVP MANAGED CARE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	477,971.	118,184.	112,007.	32,777.	68,928.	809,867.	NONE
BETH KOST 7 SVP CHIEF COMPLIANCE OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	502,653.	125,408.	122,700.	37,552.	50,255.	838,568.	NONE
BETTY BRAKOVICH 8 VP CNO PATIENT CARE SERVICES	(i)	262,808.	52,013.	44,233.	32,623.	54,004.	445,681.	26,279.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CANDICE SAUNDERS 9 PRESIDENT & CEO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	2,000,953.	1,367,578.	1,589,671.	60,350.	51,371.	5,069,923.	536,578.
CAROL TODD 10 VP ASST GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	258,502.	54,595.	12,399.	32,180.	53,556.	411,232.	NONE
CATHERINE ANDREWS 11 SVP & COO KH	(i)	504,379.	205,091.	114,636.	53,439.	31,215.	908,760.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONNIE KIRK 12 FORMER TRUSTEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	12,619.	NONE	NONE	NONE	NONE	12,619.	NONE
DANIEL ABAD 13 SVP TAL STRAT & TOTAL REWARDS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	426,546.	170,446.	74,534.	52,208.	30,506.	754,240.	NONE
DANYALE ZIGLOR 14 VP HUMAN RESOURCE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	300,310.	181,002.	56,113.	51,276.	34,051.	622,752.	NONE
DAVID HAFNER 15 FORMER DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	24,026.	NONE	NONE	NONE	NONE	24,026.	NONE
DAVID JONES 16 EVP CHIEF PEOPLE OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	666,694.	370,777.	330,522.	59,026.	32,500.	1,459,519.	168,750.

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID PRESTON 1 VP BRAND AND MARKETING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	405,434.	130,923.	78,819.	NONE	43,772.	658,948.	NONE
DONALD ZARKOU 2 VP OF ONCOLOGY SERVICE LINE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	257,670.	51,427.	13,927.	32,338.	58,412.	413,774.	NONE
EDUARDO ESTRELLA 3 ASSOC DIR OB GYN PROGRAM GME	(i)	366,070.	106,936.	5,245.	49,226.	63,306.	590,783.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH LOUDERMILK 4 VP FINANCIAL PLANNING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	341,037.	166,274.	13,178.	42,681.	53,578.	616,748.	NONE
ELIZABETH PAPETTI 5 VP WMG OPS HOSPITAL DIV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	310,898.	76,348.	10,433.	29,625.	38,250.	465,554.	NONE
ELLEN RUSSELL 6 VP HIM CDI & POLICIES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	234,832.	46,872.	12,867.	17,424.	38,060.	350,055.	NONE
FREDA LYON 7 VP SYSTEM EMERGENCY SERVICES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	275,974.	65,584.	282,671.	34,884.	45,135.	704,248.	266,838.
HANK CAPPS 8 EVP CHIEF INFO & DIGITAL OFFCR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	713,211.	584,401.	159,328.	61,204.	61,274.	1,579,418.	NONE
HANNAH HENRY (END 01/0 9 VP OPERATIONS KENNESTONE	(i)	278,928.	79,112.	10,295.	29,576.	30,434.	428,345.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES L HORNSBY 10 TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	323,908.	135,986.	9,874.	59,712.	57,389.	586,869.	NONE
JAMES SWARTZ 11 VP ACCOUNTING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	306,971.	123,516.	9,746.	29,092.	48,387.	517,712.	NONE
JASON STEVENS 12 SVP DEPUTY GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	421,709.	109,293.	100,106.	62,215.	47,953.	741,276.	NONE
JENNIFER GIUSTI 13 VP CLINICAL OUTCOMES(END 4/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	119,597.	NONE	3,833.	30,794.	6,263.	160,487.	NONE
JESSICA KOVALESKY 14 VP CARE COORDINATION & POP HLT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	306,467.	77,668.	10,686.	21,062.	15,870.	431,753.	NONE
JOE CASTANON 15 VP CONTRACTING & VAL ANALYSIS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	305,832.	62,595.	8,829.	12,058.	53,205.	442,519.	NONE
JOEL SHU 16 VP WELLSTAR CP (END 1/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	23,251.	115,045.	400.	2,269.	1,122.	142,087.	NONE

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN HATFIELD 1 EVP CHIEF EXTERNAL AFFAIRS OFF	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	400,000.	75,000.	10,840.	4,587.	24,861.	515,288.	NONE
JON-PAUL CROOM 2 SVP & HOSPITAL PRESIDENT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	400,608.	109,186.	93,113.	61,597.	55,017.	719,521.	NONE
JOSEPH BRAUD 3 VP INFO SECURITY & CISO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	336,274.	67,117.	97,694.	6,938.	55,625.	563,648.	28,464.
JOSEPH REPERT 4 SVP FINANCE & CFO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	511,555.	202,629.	232,305.	60,100.	51,896.	1,058,485.	106,747.
JULIE TEER 5 SVP & WELLSTAR FOUNDATION PRES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	582,150.	145,246.	240,241.	12,868.	37,834.	1,018,339.	107,415.
KEM MULLINS 6 EVP AMBULATORY OPS & BUS DEV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	856,242.	300,398.	190,543.	24,800.	60,004.	1,431,987.	NONE
KIMBERLY TAACA 7 VP WMG OPS SPECIALTY DIV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	313,123.	73,875.	10,831.	52,277.	30,081.	480,187.	NONE
KRISTEN TRICE 8 VP DIAGNOSTIC OUTREACH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	262,080.	86,108.	9,920.	29,490.	53,348.	440,946.	NONE
LAURA DANNELS 9 VP CHIEF LEARNING OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	419,168.	236,636.	71,900.	28,095.	30,747.	786,546.	NONE
LE JOYCE NAYLOR 10 SVP & CHIEF DIVERSITY & INCLUS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	375,440.	93,672.	92,383.	59,676.	29,116.	650,287.	NONE
LEO REICHERT 11 EVP & GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	817,170.	285,436.	398,680.	60,100.	58,580.	1,619,966.	204,292.
MARIANNE HATFIELD 12 VP CNO PATIENT CARE SERVICES	(i)	407,534.	132,251.	118,742.	32,796.	42,847.	734,170.	40,753.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY CHATMAN 13 EVP ACUTE CARE OPERATIONS	(i)	420,991.	NONE	9,177.	26,170.	17,369.	473,707.	NONE
	(ii)	432,505.	302,145.	180,970.	39,203.	29,569.	984,392.	NONE
MATTHEW TERRY 14 SVP CHIEF STRATEGY OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	414,918.	103,522.	99,009.	27,754.	53,165.	698,368.	NONE
MAXWELL KAGAN 15 VP FINANCE & CFO WMG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	317,075.	80,930.	10,683.	29,250.	38,254.	476,192.	NONE
MEREDITH BASS 16 VP FINANCE & HOSPITAL CFO	(i)	357,003.	88,339.	10,545.	52,458.	35,621.	543,966.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL GARRARD 1 AVP REHABILITATION WRWSH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	271,211.	54,131.	10,060.	15,032.	52,017.	402,451.	NONE
MICHAEL MCCULLOUGH 2 SVP SUPPLY CHAIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	450,840.	202,650.	529,946.	36,515.	60,765.	1,280,716.	421,152.
MICKEY BANSAL 3 AVP, ACMO	(i)	438,526.	43,095.	1,410.	NONE	39,214.	522,245.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICKOLOS YAITSKY 4 VP CHIEF AI OFF & HEAD OF EA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	316,493.	189,757.	87,516.	16,904.	57,417.	668,087.	29,048.
PAUL DOUGLASS, M.D. 5 TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	373,636.	68,430.	11,963.	30,847.	56,556.	541,432.	NONE
PAUL MURPHREE, M.D. 6 VP MEDICAL OUTCOMES (END 4/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	149,297.	NONE	7,636.	9,673.	12,752.	179,358.	NONE
PHILLIP COULE 7 VP AND CHIEF MEDICAL OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	204,474.	1,680.	1,906.	12,372.	9,910.	230,342.	NONE
PRANAV JAIN 8 VP CHIEF IH OFF & HEAD OF CP	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	498,722.	199,287.	84,645.	52,511.	30,431.	865,596.	NONE
RANDALL BENTLEY, SR 9 FORMER DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	14,150.	NONE	NONE	NONE	NONE	14,150.	NONE
REMINGTON FOSS 10 SVP HOSPITAL PRESIDENT WG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	414,336.	103,072.	106,430.	47,664.	45,444.	716,946.	NONE
RICHARD FREEMAN 11 EVP CHIEF PHYSICIAN EXECUTIVE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	420,680.	100,000.	83,779.	10,109.	15,790.	630,358.	NONE
ROBERT DECOUX 12 VP CORPORATE MED STAFF SVCS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	210,558.	42,027.	63,571.	44,522.	37,700.	398,378.	49,297.
SANA BRUNO 13 VP LABORATORY SERVICES SYSTEM	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	275,093.	55,708.	11,695.	25,212.	52,613.	420,321.	NONE
SANDRA LUCIUS 14 VP HEAD CARE PLAT (END 12/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	314,725.	188,706.	98,220.	54,424.	41,233.	697,308.	31,472.
SHARON ROBINSON 15 VP FOUNDATION STRATEGY & GRWTH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	267,821.	53,456.	10,491.	37,110.	44,224.	413,102.	NONE
SNEHAL DOSHI 16 SVP ANCILLARY AND SUPPORT SVC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	416,042.	113,534.	197,807.	39,190.	55,662.	822,235.	99,242.

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SOPHIA MCINTYRE 1 SVP WMG AMB CAR DIV (END 4/23)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	468,520.	NONE	NONE	468,520.	NONE
STEPHEN VAULT 2 VP STRATEGIC COMMUNITY DEVELOP	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	299,051.	72,399.	55,078.	29,309.	27,749.	483,586.	NONE
STEVEN HUNT 3 VP HUMAN RESOURCE (END 10/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	8,793.	NONE	328,772.	NONE	NONE	337,565.	113,506.
SUSAN GRANT 4 EVP CHIEF NURS EXEC (END 1/25)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	621,005.	216,914.	281,576.	59,152.	31,704.	1,210,351.	155,249.
SUSAN WRIGHT 5 VP PHARMACY SVCS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	317,366.	63,346.	11,361.	36,949.	30,652.	459,674.	NONE
TERESA BYRD 6 DIR OB GYN PROGRAM GME	(i)	395,668.	61,495.	2,534.	44,523.	38,098.	542,318.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS DRAPER 7 VP CARDIOVASCULAR SERVICE LINE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	292,157.	68,980.	34,893.	29,375.	30,130.	455,535.	25,350.
VALERY AKOPOV 8 SVP HOSPITAL DIVISION WMG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	580,944.	219,327.	142,888.	38,325.	56,034.	1,037,518.	NONE
VANDANA BHIDE 9 AVP ASSOC CMO KHWH	(i)	384,821.	59,164.	14,878.	48,000.	32,197.	539,060.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VARMA RAMESWAR 10 VP PEDIATRIC OPS AND SVC LINE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	289,827.	57,846.	16,197.	60,170.	28,213.	452,253.	NONE
VIKTORIA NURPEISOV 11 DIR FAMILY MEDICINE PROG GME	(i)	335,225.	183,114.	2,289.	23,000.	20,963.	564,591.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM BELLANDO 12 SVP CHIEF INFO OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	520,024.	340,987.	112,342.	54,930.	58,335.	1,086,618.	NONE
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 1A

THE ITEMS, AS INDICATED IN LINE 1A, WERE PROVIDED, IN SOME INSTANCES, TO BOARD MEMBERS AND TO CERTAIN EMPLOYED INDIVIDUALS LISTED IN FORM 990, PART VII BY THE ORGANIZATION. THE ORGANIZATION FOLLOWS IRS GUIDELINES AND THESE ITEMS WERE ADDED AS TAXABLE INCOME AS APPROPRIATE.

SCHEDULE J, PART I, LINE 1B

REIMBURSEMENT POLICY:

WHILE WELLSTAR HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF THE ITEMS LISTED IN SCHEDULE J, PART I, LINE 1A, THE ORGANIZATION FOLLOWS IRS GUIDELINES IN THE PAYMENT OF ANY OF THESE ITEMS TO INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A. THESE ITEMS ARE ADDED AS TAXABLE WAGES ON THE INDIVIDUAL'S FORM W-2 AS APPROPRIATE.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

**Part III Supplemental Information**

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

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

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

THE FOLLOWING OFFICERS RECEIVED SEVERANCE PAY DURING THE 2024 CALENDAR YEAR FROM EITHER THE ORGANIZATION OR A RELATED ORGANIZATION:

SOPHIA MCINTYRE	468,520
STEVEN HUNT	214,931

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):

BETTY BRAKOVICH	26,279
ROBERT DECOUX	49,297
CANDICE SAUNDERS	536,578
DAVID JONES	168,750
FREDA LYON	266,838
JOE REPPERT	106,747
JOSEPH BRAUD	28,464
JULIE TEER	107,415
LEO REICHERT	204,292
MICHAEL MCCULLOUGH	421,152
MARIANNE HATFIELD	40,753
NICKOLOS YAITSKY	29,048
SANDRA LUCIUS	31,472

**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.

SNEHAL DOSHI	99,242
SUSAN GRANT	155,249
THOMAS DRAPER	25,350
STEVEN HUNT	113,506

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS TO OFFICERS:

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

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

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

**Part III Supplemental Information**

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

THAT TIME.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

**FORM 990, PART I, 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

ABOUT WELLSTAR

AT WELLSTAR, PEOPLE ARE AT THE CENTER OF EVERYTHING WE DO AND EVERY  
DECISION WE MAKE. AS A NOT-FOR-PROFIT ORGANIZATION, WE HAVE MADE A  
GENERATIONAL COMMITMENT TO TRANSFORM HEALTHCARE FOR ALL. WE WORK TO  
ENSURE EVERY PERSON HAS ACCESS TO PERSONALIZED CARE THAT HELPS THEM SPEND  
MORE TIME BEING A PERSON, RATHER THAN A PATIENT. THAT'S WHAT WE MEAN WHEN  
WE SAY WE'RE MORE THAN HEALTHCARE-WE'RE PEOPLECARE.

WELLSTAR IS NATIONALLY RECOGNIZED FOR OUR INCLUSIVE CULTURE, EXCEPTIONAL  
DOCTORS AND TEAM MEMBERS, AND PERSONAL, HIGH-QUALITY CARE. WE  
THOUGHTFULLY REINVEST IN PREVENTION, WELLNESS PROGRAMS AND CHARITY CARE,  
AND PROVIDE ACCESS TO COMPASSIONATE, WORLD-CLASS CARE THROUGH OUR  
EXPANSIVE SYSTEM OF 11 HOSPITALS, 329 MEDICAL OFFICE LOCATIONS, 11 CANCER  
CENTERS, 91 REHABILITATION CENTERS, 35 IMAGING CENTERS, 20 URGENT CARE  
LOCATIONS, FIVE HEALTH PARKS, THREE HOSPICE FACILITIES AND TWO RETIREMENT  
VILLAGES. TO LEARN MORE ABOUT HOW WE CARE FOR THE COMMUNITIES WE SERVE,  
VISIT WELLSTAR.ORG.

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

MISSION, VISION AND VALUES

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

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

. OUR VALUES ARE TO SERVE WITH COMPASSION, PURSUE EXCELLENCE AND  
HONOR EVERY VOICE.

MILESTONES

WELLSTAR HAS A BREADTH OF HISTORICAL FIRSTS, INCLUDING, BUT NOT LIMITED  
TO:

. PERFORMED THE NATION'S FIRST LAPAROSCOPIC GALLBLADDER REMOVAL AT  
KENNESTONE REGIONAL MEDICAL CENTER (1988), NOW KNOWN AS WELLSTAR  
KENNESTONE REGIONAL MEDICAL CENTER

. ACQUIRED GEORGIA'S FIRST OPEN HIGH-FIELD MRI SCANNER AT PAULDING  
HOSPITAL (2008), NOW KNOWN AS WELLSTAR PAULDING MEDICAL CENTER

. FIRST ORTHOPEDIC CENTER IN GEORGIA TO ACHIEVE THE JOINT  
COMMISSION'S CERTIFICATES OF DISTINCTION IN BOTH MANAGEMENT OF HIP  
FRACTURE AND ADVANCED TOTAL JOINT REPLACEMENT AT WELLSTAR KENNESTONE  
REGIONAL MEDICAL CENTER (2018)

. LAUNCHED CATALYST BY WELLSTAR, A FIRST-OF-ITS-KIND GLOBAL DIGITAL  
HEALTH AND INNOVATION CENTER (2021)

. RECOGNIZED AS THE ONLY HEALTHCARE SYSTEM IN GEORGIA AND ONE OF 25

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

NATIONWIDE TO RECEIVE A \$2 MILLION GRANT FROM THE U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES THROUGH THE SUBSTANCE ABUSE AND MENTAL HEALTH  
SERVICES ADMINISTRATION (2023)

. NAMED THE SECOND HIGHEST PROVIDER OF CHARITY CARE IN THE NATION BY  
MODERN HEALTHCARE (2023)

. FIRST HEALTH SYSTEM IN GEORGIA AND THE FIFTH IN THE NATION TO BE  
ACCREDITED AS A NETWORK CANCER PROGRAM RUN BY THE AMERICAN COLLEGE OF  
SURGEONS

. FIRST HEALTH SYSTEM IN THE NATION TO OFFER SHARECARE DIGITAL HEALTH  
AND WELLNESS APP TO ITS TEAM MEMBERS

COVERAGE AT A GLANCE

WHEN WE SAY WE SERVE THE COMMUNITY, WE MEAN IT. WELLSTAR MEDICAL CENTERS,  
HEALTH PARKS, MEDICAL OFFICES AND OTHER FACILITIES ARE CONVENIENTLY  
LOCATED ACROSS THE STATE OF GEORGIA.

. 11 HOSPITALS

. 2,729 LICENSED BEDS

. 5 HEALTH PARKS

. 20 URGENT CARE LOCATIONS

. 329+ MEDICAL OFFICES

. 11 CANCER CENTERS

. 91 REHABILITATION CENTERS

. 35 IMAGING CENTERS

. 3 HOSPICE FACILITIES

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

- . 2 RETIREMENT VILLAGES
- . 9 PEDIATRIC CENTERS
- . 11 SLEEP LABS
- . 7 WOUND CARE CENTERS
- . 10 COUNTIES OFFERING HOME HEALTH SERVICES

WITH MORE THAN 1 MILLION PATIENT VISITS IN 2024, THE WELLSTAR HEALTH PARKS IN EAST COBB, ACWORTH, AVALON, CHEROKEE AND VININGS PROVIDED PATIENTS WITH SEAMLESS CARE AND CONVENIENT ACCESS TO PRIMARY CARE, SPECIALISTS, OUTPATIENT PROCEDURES, PHARMACY, URGENT CARE, PHYSICAL THERAPY AND IMAGING--ALL AT A SINGLE LOCATION. IT'S PART OF OUR COMMITMENT TO OFFER ACCESS TO QUALITY HEALTHCARE AT THE RIGHT TIME AND PLACE FOR OUR PATIENTS.

CLINICAL EXPERTISE

LED BY PHYSICIANS AND OTHER CLINICIANS, OUR SERVICE LINES SUPPORT AND CONNECT PEOPLE, PROCESSES AND TECHNOLOGIES. EXPERTS WITHIN EACH SPECIALTY BRING THEIR INSIGHT AND INNOVATION TO COLLEAGUES ACROSS OUR SYSTEM. THE RESULT IS BETTER PATIENT CARE AND A HEALTHIER COMMUNITY. OUR CLINICAL SPECIALTIES INCLUDE:

- . BEHAVIORAL HEALTH
- . CARDIOVASCULAR
- . DIGESTIVE HEALTH
- . EMERGENCY CARE

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

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

OMB No. 1545-0047

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

**2024**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

KENNESTONE HOSPITAL, INC.

58-2032904

- . HOSPITAL MEDICINE
- . MUSCULOSKELETAL
- . NEURO CARE
- . ONCOLOGY
- . PEDIATRICS
- . PRIMARY CARE
- . PULMONARY
- . SURGERY
- . WOMEN'S HEALTH

COMMUNITY NEEDS

WELLSTAR REMAINS DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY. WE CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS?(CHNAS) TO HELP US BETTER UNDERSTAND THE UNIQUE HEALTHCARE NEEDS OF OUR COMMUNITIES. BY WORKING WITH A DIVERSE GROUP OF COMMUNITY LEADERS AND THE GEORGIA HEALTH POLICY CENTER, WE COLLECT COMPREHENSIVE DATA FOR OUR CHNAS. WE IMPLEMENT A PLAN BASED ON THIS DATA TO DEVELOP ACTIONABLE AND MEASURABLE PROGRAMS AND SERVICES TO OPTIMIZE PATIENT OUTCOMES AND IMPROVE OVERALL COMMUNITY HEALTH.

THE AREAS LISTED BELOW EMERGED AS PRIORITY FOR THE COMMUNITIES THAT WELLSTAR SERVES AND INFORM THE WELLSTAR CENTER FOR HEALTH EQUITY PROGRAMS AND PARTNERSHIPS.

- . ACCESS TO CARE
- . BEHAVIORAL HEALTH

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

. FOOD ACCESS AND HEALTHY LIVING

. HOUSING

. PEDIATRICS

. WOMEN'S HEALTH

FOR MORE INFORMATION ON WELLSTAR COMMUNITY HEALTH NEEDS ASSESSMENT, VISIT  
OUR COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE.

INNOVATION

WELLSTAR HAS A VISION FOR HEALTHCARE THAT CONTINUES TO EVOLVE AND EQUIP  
US TO BRING THE BEST TECHNOLOGY AND THE BEST CARE TO OUR COMMUNITIES. WE  
LAUNCH STRATEGIC PARTNERSHIPS, PILOT NEW THERAPIES, DEVELOP LESS-INVASIVE  
PROCEDURES AND ADVANCE TECHNOLOGIES TO TRANSFORM HEALTHCARE AND IMPROVE  
PEOPLE'S LIVES. THIS IS WHY WE LAUNCHED CATALYST BY WELLSTAR, A  
FIRST-OF-ITS-KIND GLOBAL DIGITAL HEALTH AND INNOVATION CENTER, AND WHY WE  
BUILT CATALYST VOICE, AN ONLINE COMMUNITY FOR OVER 100,000 WELLSTAR  
PATIENTS TO HELP SHAPE THE FUTURE OF HEALTHCARE.

HERE ARE SOME EXAMPLES OF ADVANCEMENTS OVER THE PAST FEW YEARS.

. INVESTED IN AN ADVANCED ELECTRONIC MEDICAL SYSTEM WITH ARTIFICIAL  
INTELLIGENCE TECHNOLOGY (AI) THAT ALLOWS FOR EARLY WARNING DETECTION,  
ANTICIPATES NEEDS OF PATIENTS BASED ON THEIR PROFILES AND DETERMINES IF  
PATIENTS MAY BE PREDISPOSED TO DISEASE OR INFECTION BASED ON FAMILY  
HISTORY, MEDICAL HISTORY AND DNA

. USE OF AI TO IDENTIFY LARGE VESSEL BLOCKAGE, WHICH INCREASES THE

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

RISK OF STROKE, AND IDENTIFY KEY TERMS TO SCREEN FOR LUNG NODULES

. WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER IS THE FIRST HOSPITAL  
IN GEORGIA TO OFFER PARENTS A PRIVATE 24/7 LIVESTREAM OF THEIR BABY IN  
THE NEONATAL INTENSIVE CARE UNIT THROUGH NICVIEW, A BEDSIDE CAMERA  
SYSTEM.

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 SERVICE AREAS BEING IN BARTOW, CHEROKEE, COBB,  
DOUGLAS, PAULDING, FULTON, BUTTS, SPALDING, RICHMOND, COLUMBIA AND TROUP  
COUNTIES.

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 MARCH 2016 WELLSTAR ACQUIRED THE ASSETS OF ATLANTA MEDICAL  
CENTER (MERGED WITH KENNESTONE HOSPITAL ON 9-30-22) , NORTH FULTON

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

HOSPITAL, SPALDING HOSPITAL, SYLVAN GROVE HOSPITAL FROM ANOTHER ORGANIZATION IN A PURCHASE AGREEMENT. IN APRIL 2016 WELLSTAR HEALTH SYSTEM, INC BECAME THE SOLE CORPORATE MEMBER OF WEST GEORGIA HEALTH SERVICES, INC AND ITS AFFILIATED ENTITIES, INCLUDING WEST GEORGIA MEDICAL CENTER, THROUGH A MEMBER SUBSTITUTION AGREEMENT IN 2023, WELLSTAR HEALTH SYSTEM, INC, THROUGH A MEMBER SUBSTITUTION AGREEMENT, BECAME THE SOLE CORPORATE MEMBER OF AU HEALTH SYSTEM, INC. (CHANGED THE NAME TO WELLSTAR MCG HEALTH, INC) AND ITS AFFILIATE ENTITIES INCLUDING AU MEDICAL CENTER INC, AU MEDICAL ASSOCIATES, INC, WELLSTAR MCG HEALTH WARM SPRINGS, INC. AND OTHER SUBSIDIARY ENTITIES. WELLSTAR HEALTH SYSTEM IS A PARENT CORPORATION, WHICH PROVIDES OVERALL COORDINATION INCLUDING GOVERNING BODY TO ITS 11 AFFILIATE HOSPITALS, WELLSTAR MEDICAL GROUP, LLC, WELLSTAR FOUNDATION, INC AND OTHER SUBSIDIARY ENTITIES:

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

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

- WELLSTAR MCG HEALTH WARM SPRINGS, INC.
- WINDY HILL HOSPITAL, A SUB ACUTE PROVIDER OF KENNESTONE HOSPITAL, 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,
- PRIMARY CARE & SPECIALTY PHYSICIAN SERVICES,
- URGENT CARE SERVICES,
- HOME HEALTH SERVICES,
- SKILLED NURSING SERVICES AND
- HOSPICE SERVICES.

THE 11 HOSPITAL LOCATIONS ARE ACUTE CARE FACILITIES WITH INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES.

THE SYSTEM INCLUDES A RESIDENTIAL FACILITY ON THE KENNESTONE HOSPITAL CAMPUS, CALLED ATHERTON PLACE. ATHERTON PLACE ALSO HOUSES AN ASSISTED LIVING UNIT AS AN ADDITIONAL LEVEL OF CARE.

PAULDING MEDICAL CENTER IS HOME TO A FULL CARE NURSING HOME, PAULDING NURSING CENTER AND WEST GEORGIA MEDICAL CENTER IS ALSO HOME TO TWO FULL

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

CARE NURSING HOMES.

VERNON WOODS RETIREMENT COMMUNITY IS AN ASSISTED LIVING FACILITY.

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

THE SYSTEM IS COMPLEMENTED WITH APPROXIMATELY 533 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.

THE AFFILIATED ENTITIES OF THE WELLSTAR 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, EXCEPT FOUR OF ITS AFFILIATES THAT OPERATE AS OTHER THAN  
NOT-FOR-PROFIT ENTITIES INCLUDING (1) WELLSTAR HEALTH PLAN, INC, A STATE  
OF GEORGIA LICENSED HEALTH MAINTENANCE ORGANIZATION (EIN 46-1922499), (2)  
PHYSICIAN HOSPITAL ORGANIZATION, INC (EIN 58-2116179), (3) WEST GEORGIA  
HEALTH PHYSICIANS, INC (EIN 27-5125341), (4) COMMUNITY ASSURANCE COMPANY,  
LTD., A CAYMAN DOMICILED CAPTIVE INSURANCE COMPANY (EIN 58-1649541).

THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY

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

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

OMB No. 1545-0047

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

**2024**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

KENNESTONE HOSPITAL, INC.

58-2032904

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.

**FINANCIAL & DATA STATISTICS**

IN FISCAL YEAR 2025 AND 2024, WELLSTAR AFFILIATE HOSPITALS MADE \$55.8  
MILLION AND \$56.2 MILLION.

FINANCIAL DATA AND STATISTICS

	2022 (1)	2023 (1)	2024 (1)	2025 (1)
LICENSED BEDS	3,775	2,775	2,729	2,741
STAFFED BEDS	2,103	1,803 (2)	2,310	2,326
INPATIENT ADMISSIONS	104,092	103,514	127,931	138,729
INPATIENT CENSUS DAYS	586,122	526,966	652,691	677,845
OBSERVATION PATIENTS	26,146	22,134	21,548	20,798
AVERAGE LENGTH OF STAY	5.46	5.09	5.1	4.89
AVERAGE DAILY CENSUS	1,556	1,469	1,783	1,896
OUTPATIENT VISITS	1,197,691	1,350,792	2,287,668	1,919,917
EMERGENCY ROOM VISITS	558,476	520,914	592,415	609,761
DELIVERIES	13,626	13,126	14,344	14,953
INPATIENT SURGERY CASES	19,979	20,252	26,658	28,463
OUTPATIENT SURGERY CASES	41,275	42,726	54,407	56,936
CASE MIX INDEX (3)	1.7621	1.7046	1.6842	1.7302
(ENTIRE SYSTEM)				
CASE MIX INDEX	1.9300	1.8636	1.8492	1.8529
(KENNESTONE)				

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

(1) DOES NOT INCLUDE UTILIZATION STATISTICS FOR WCMG AND ITS CONSOLIDATED  
SUBSIDIARIES, ACQUIRED AUGUST 29, 2023

(2) THE REDUCTION IN STAFF BEDS AS OF JUNE 30, 2023, IS ATTRIBUTABLE  
PRIMARILY TO THE CLOSURE OF AMC, WHICH CLOSED ON NOVEMBER 1, 2022

(3) ALL PATIENT CASE MIX INDEX EXCLUDING NEWBORN, INPATIENT REHAB PATIENTS  
AND PSYCHIATRIC PATIENTS

STRATEGIC COMMUNITY ENGAGEMENT -

AS A NOT-FOR-PROFIT HEALTH SYSTEM, WELLSTAR'S PASSION FOR PEOPLE EXTENDS  
BEYOND OUR SYSTEM AND INTO THE COMMUNITIES WE SERVE. WELLSTAR IS  
COMMITTED TO ELEVATING OUR COMMUNITIES AND OUR HEALTH SYSTEM'S ROLE AS A  
TRUSTED LEADER IN ADVANCING COMMUNITY HEALTH AND WELL-BEING THROUGH  
EFFECTIVE STRATEGIC PARTNERSHIPS, STAKEHOLDER ENGAGEMENT, AND EQUITY  
DRIVEN APPROACHES WHILE DELIVERING MEANINGFUL IMPACT FOR OUR TEAM  
MEMBERS, PATIENTS, CONSUMERS, AND THE BROADER COMMUNITY. REINVESTING IN  
OUR COMMUNITIES AND ENGAGING IN COLLABORATIVE PARTNERSHIPS THAT ALIGN  
WITH OUR MISSION, VISION, AND VALUES TO IMPROVE THE HEALTH AND WELL-BEING  
OF ALL THE PEOPLE AND COMMUNITIES WE SERVE ACHIEVES POSITIVE COMMUNITY  
IMPACT AND OUTCOMES. COMMUNITY BASED PARTNERSHIPS MAY INCLUDE MISSION  
ALIGNED AND NONPROFIT PARTNERS SUCH AS THE AMERICAN HEART ASSOCIATION,  
AMERICAN CANCER SOCIETY, GEORGIA ALLIANCE FOR BREAST CANCER, MARCH OF  
DIMES, ATLANTA COMMUNITY FOOD BANK, MUST MINISTRIES AND OTHER  
ORGANIZATIONS ADDRESSING PRIORITY HEALTH NEEDS INCLUDING SOCIAL

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

DETERMINANTS OF HEALTH AS DEFINED BY WELLSTAR'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. PARTNERSHIPS ALSO INCLUDE BUSINESS AND CIVIC ORGANIZATIONS SUCH AS CHAMBERS OF COMMERCE, ROTARY/KIWANIS CLUBS AND LOCAL MUNICIPALITIES TO AMPLIFY WELLSTAR'S HEALTH IMPACT MESSAGING AND TO ALLOW FOR DIRECT SERVICE AND CONTRIBUTION TO THE SUCCESS OF OUR LOCAL COMMUNITIES. ACADEMIC AND WORKFORCE DEVELOPMENT PARTNERS ALIGN WITH WELLSTAR'S STRATEGIES TO CREATE PIPELINES FOR BOTH CLINICAL AND NON-CLINICAL HEALTHCARE CAREERS AND INCLUDE LOCAL SCHOOL DISTRICTS AND OTHER SECONDARY EDUCATION INSTITUTIONS, AND NONPROFIT PARTNERS FOCUSED ON CAREER DEVELOPMENT FOR THE CLIENTS THEY SERVE. WELLSTAR ENGAGES BOTH LEADERS AND TEAM MEMBERS IN COMMUNITY OUTREACH WITH MANY LEADERS SERVING ON COMMUNITY AND NONPROFIT BOARDS AND OUR TEAM MEMBERS INCLUDING INCLUSION COUNCIL AND BUSINESS RESOURCE GROUP MEMBERS SUPPORTING WELLSTAR'S COMMUNITYCARE PROGRAM THAT PROVIDES OPPORTUNITIES TO ENGAGE WITH COMMUNITY PARTNERS THROUGH VOLUNTEERISM AND COMMUNITY SERVICE ACTIVITIES SUCH AS COLLECTION OF GOODS FOR DONATION.

WELLSTAR HEALTH SYSTEM'S COMMUNITY ACTIVITIES TO ADDRESS GEORGIA'S NURSING SHORTAGE

WELLSTAR HEALTH SYSTEM CONTINUES TO STRENGTHEN ITS COMMUNITY INITIATIVES THROUGH ACADEMIC PARTNERSHIPS TO STRATEGICALLY ADDRESS GEORGIA'S NURSING SHORTAGE. WELLSTAR IS COMMITTED TO BUILDING A STRONGER CLINICAL WORKFORCE TO ENHANCE PRACTICE READY NURSES ENTERING THE PROFESSION. WELLSTAR SERVES AS A PREMIER CLINICAL SITE SUPPORTING SCHOOLS OF NURSING COHORTS AND

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

SENIOR PRACTICUM PLACEMENTS. OUR ACADEMIC PARTNERSHIP MODEL AIMS TO SUPPORT THE STUDENT NURSE EXPERIENCE, FACULTY EXPERIENCE, EDUCATIONAL PROCESS, AND DEVELOPMENT/MENTORING OF OUR NURSING PIPELINE. TO ACHIEVE THE STRATEGIC GOALS THROUGH COMMUNITY ENGAGEMENT, WELLSTAR CONTINUES TO IMPLEMENT TACTICS AND OBJECTIVES TO ATTRACT, RECRUIT, AND RETAIN BEST TALENT FOR THE NURSING CLINICAL WORKFORCE. THE FOLLOWING PARTNERSHIPS ARE A FEW EXAMPLES OF WELLSTAR'S STRATEGIC FOCUS AREAS TO ENHANCE THE CLINICAL WORKFORCE.

MERCER UNIVERSITY PARTNERSHIP: WELLSTAR HAS CONTINUED ITS CLINICAL AFFILIATION WITH MERCER UNIVERSITY'S SCHOOL OF NURSING AND ORBIS TO TRAIN AND RECRUIT GRADUATES OF THE ACCELERATED BACHELOR OF SCIENCE (ABSN) PROGRAM. THE ABSN PROGRAM IS DESIGNED FOR INDIVIDUALS HOLDING A NON-NURSING BACHELOR OF SCIENCE (BS) DEGREE, ENABLING THEM TO EARN A BACHELOR OF SCIENCE IN NURSING (BSN) WITHIN 12 MONTHS. WELLSTAR'S RELATIONSHIP WITH MERCER AS A TOP TIER PARTNER OFFERS BENEFITS TO THE ABSN STUDENTS BY PRIORITIZING CLINICAL PLACEMENT REQUESTS IN VARIOUS SPECIALTY AREAS ACROSS THE HEALTH SYSTEM. MERCER STUDENTS ARE ALSO RECRUITED AFTER COMPLETION OF THEIR INITIAL CLINICAL COURSE TO WORK AS AN EXTERN THROUGH WELLSTAR'S NURSE EXTERN PROGRAM. MERCER UNIVERSITY HAS ABOUT 300 NURSES TO GRADUATE EACH YEAR.

KENNESAW STATE UNIVERSITY (KSU) PARTNERSHIP: WELLSTAR HAS A LONGSTANDING AFFILIATION WITH KSU, LOCATED WITHIN WELLSTAR'S SERVICE AREA. THIS PARTNERSHIP INCLUDES SIGNIFICANT CONTRIBUTIONS SUCH AS ENDOWMENTS AND

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

GRANTS TO SUPPORT KSU'S EDUCATIONAL PROGRAMS. THE WELLSTAR SCHOOL OF NURSING (WSON), ESTABLISHED THROUGH A TRANSFORMATIONAL GIFT FROM THE WELLSTAR BOARD OF DIRECTORS, PLAYS A CRUCIAL ROLE IN PREPARING NURSING STUDENTS FOR PROFESSIONAL SUCCESS. WELLSTAR PROVIDES APPROXIMATELY 70% OF KSU STUDENT CLINICAL EXPERIENCES AND NEARLY 50% OF CLINICAL FACULTY ARE WELLSTAR NURSES. A \$6.2 MILLION GRANT HAS BEEN ALLOCATED TO HIRE ADDITIONAL FACULTY AND STAFF BY 2025 TO ACCOMMODATE INCREASED STUDENT ENROLLMENT AND FUND ANNUAL NURSING SCHOLARSHIPS FOR NEED-BASED STUDENTS. AS A DIRECT RESULT OF THE PARTNERSHIP, KSU IS ON TARGET TO MEET THE GOALS OF THE CONTRACTUAL AFFILIATION BY DOUBLING ENROLLMENT IN THE NURSING PROGRAM AND INCREASING THE NUMBER OF FACULTY TO INCREASE ENROLLMENT OF NURSING STUDENTS. IN JULY OF 2025, WELLSTAR LAUNCHED A CAMPAIGN IN PARTNERSHIP WITH KSU TO RECRUIT EXISTING WELLSTAR APRN FACULTY TO TEACH CLINICALS TO KSU STUDENTS AT WELLSTAR FACILITIES. TO DATE, 9 APRNS AT WELLSTAR HAVE BECOME EMPLOYED AS ADJUNCT CLINICAL FACULTY AT KSU. WELLSTAR IS PROVIDING THESE APRNS AT THE END OF EACH SEMESTER TAUGHT A STIPEND OF \$1,500 IN ADDITION TO WHAT THEY EARN FROM KSU.

AUGUSTA UNIVERSITY (AU) PARTNERSHIP: WELLSTAR'S NEWEST ACADEMIC PARTNER (AU) IS LAUNCHING A NEW PROGRAM RN TO BSN IN FALL OF 2026 TO INCREASE THE NUMBER OF BSN PREPARED NURSES SPECIFICALLY TARGETING THOSE EMPLOYEES AT WELLSTAR MEDICAL COLLEGE OF GEORGIA. THIS PROGRAM WILL ALLOW EMPLOYEES TO BE CORPORATELY FUNDED FOR THE COST OF THE DEGREE AT AU VIA THE GUILD PROGRAM.

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

CHATTAHOOCHEE TECHNICAL COLLEGE: WELLSTAR CENTER FOR NURSING EXCELLENCE  
IN ADDITION TO THE WELLSTAR FOUNDATION HAVE FULLY FUNDED ONE CLINICAL  
FACULTY POSITION TO TEACH AN LPN TO RN PROGRAM FOCUSING ON DEVELOPING  
LPNS AT WELLSTAR BEGINNING FALL OF 2026. RECRUITMENT IS UNDERWAY BY  
CHATTAHOOCHEE TECHNICAL COLLEGE FOR THE FACULTY.

NURSING CAREER PATHWAY PROGRAM: WELLSTAR CONTINUES TO OPERATIONALIZE THE  
NURSING CAREER PATHWAY PROGRAM, AN INDUSTRY-DRIVEN INITIATIVE ADDRESSING  
THE STATEWIDE NEED FOR VARIOUS LEVELS OF NURSING PROFESSIONALS, FROM  
NURSING ASSISTANTS TO REGISTERED NURSES WITH A BACHELOR'S DEGREE.

MEDICAL ASSISTING PATHWAY PROGRAMS: IN ADDITION TO THE MANY NURSING  
PATHWAY PROGRAMS, WELLSTAR ALSO SUPPORTS COMMUNITY-BASED PIPELINE  
PROGRAMS FOR CERTIFIED MEDICAL ASSISTANTS (CMA). WELLSTAR PARTNERS WITH  
KENNESAW STATE UNIVERSITY'S DEPARTMENT OF COMMUNITY AND PROFESSIONAL  
EDUCATION AND CHATTAHOOCHEE TECHNICAL COLLEGE TO PROVIDE FULLY FUNDED  
TUITION AND CLINICAL PLACEMENT OPPORTUNITIES FOR MEDICAL ASSISTING CAREER  
PROGRAMS. GRADUATES OF THESE PROGRAMS PROVIDE CLINICAL SUPPORT IN  
AMBULATORY CARE SETTINGS THROUGHOUT THE WELLSTAR HEALTH SYSTEM.

WELLSTAR SCHOOL OF MEDICAL ASSISTING: IN FEBRUARY 2025, WELLSTAR OPENED  
AN IN-HOUSE MEDICAL ASSISTING SCHOOL OFFERING AN ACCELERATED PATHWAY TO  
CERTIFICATION FOR INDIVIDUALS WITH ENTRY-LEVEL HEALTHCARE EXPERIENCE. THE  
SCHOOL OFFERS A CURRICULUM THAT COMBINES THEORETICAL KNOWLEDGE WITH  
PRACTICAL EXPERIENCE, ENSURING THAT GRADUATES ARE WELL-EQUIPPED TO HANDLE

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

THE DEMANDS OF MEDICAL ASSISTING ROLES. THE PROGRAM IS EQUIPPED TO  
PRODUCE 10 NEW CERTIFIED MEDICAL ASSISTANTS EVERY FOUR MONTHS WITH THE  
CAPABILITY TO SCALE TO 10 NEW CMAS EACH MONTH.

HIGH SCHOOLS: AT WELLSTAR, WE'RE PROUD TO PARTNER WITH LOCAL HIGH SCHOOLS  
TO CONNECT STUDENTS PREPARING FOR HEALTHCARE CAREERS WITH CLINICAL  
ROTATION AND JOB PLACEMENT OPPORTUNITIES ACROSS OUR FACILITIES. THESE  
CRITICAL PARTNERSHIPS EQUIP STUDENTS TO SUPPORT OUR CRITICAL ROLES AND  
ARE PART OF OUR TALENT AND PIPELINE STRATEGY. WITH CMA & CNA PROGRAMS,  
THESE SCHOOLS TOGETHER WITH WELLSTAR, EQUIP LEARNERS TO GAIN NECESSARY  
CLINICAL HOURS AND SIT FOR CERTIFICATION EXAMS. ACADEMIC YEAR, 2024/2025  
INVITED: GRIFFIN REGIONAL COLLEGE & CAREER ACADEMY, PAULDING COLLEGE &  
CAREER ACADEMY, COBB INNOVATION & TECHNOLOGY ACADEMY AND MARIETTA CITY  
SCHOOLS.

THESE EFFORTS BY WELLSTAR HEALTH SYSTEM REFLECT A COMPREHENSIVE APPROACH  
TO ADDRESSING THE NURSING SHORTAGE IN GEORGIA, ENSURING THAT THE STATE'S  
HEALTHCARE NEEDS ARE MET WITH WELL-TRAINED AND QUALIFIED NURSING  
PROFESSIONALS.

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 STROKE AWARENESS AS WELL AS

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

PRESENTATIONS FOCUSED ON THE HEALTHCARE INDUSTRY, HEALTH EQUITY AND  
CAREER EXPLORATION AND DEVELOPMENT FOR BOTH STUDENTS AND ADULTS.

WOMEN & CHILDREN RESOURCE CENTERS:

WOMEN'S HEALTH PATIENT EDUCATION AND SUPPORT SERVICES IS A SHARED  
SERVICES DEPARTMENT THAT PROVIDES PATIENT EDUCATION IN THE FORM OF  
CLASSES AS WELL AS OBGYN EDUCATIONAL MATERIALS FOR WMG OFFICES, AND  
OVERSEES SERVICES RELATED TO LACTATION AND BEREAVEMENT AT COBB, DOUGLAS,  
KENNESTONE, NORTH FULTON, SPALDING, AND WEST GEORGIA HOSPITALS.

PATIENT EDUCATION CLASSES INCLUDE BOTH VIRTUAL AND IN-PERSON OFFERINGS  
FOR THE FOLLOWING CLASSES: UNDERSTANDING BIRTH, UNDERSTANDING YOUR  
NEWBORN, UNDERSTANDING BREASTFEEDING, GRANDPARENTING, TEEN CHILDBIRTH,  
NEXT TIME AROUND, BIG BROTHER BIG SISTER AND ARE OFFERED TO THE COMMUNITY  
AT EACH OF THE WELLSTAR HOSPITAL LOCATIONS.

THE WMG PATIENT EDUCATION IS PROVIDED TO BOTH OB AND GYN PATIENTS IN THE  
FORM OF MY PREGNANCY JOURNEY BOOKLETS, OFFERED AT EACH PATIENT OB VISIT,  
CULMINATING WITH A MY POSTPARTUM JOURNEY BOOKLET AT THE TIME OF DISCHARGE  
FROM THE HOSPITAL. GYN PATIENT EDUCATION IS PROVIDED TO PATIENTS BASED  
UPON A HIGH-RISK DIAGNOSIS. PRENATAL EDUCATION IS ALSO MADE AVAILABLE TO  
PATIENTS THROUGH THE WELLSTAR APP PROVIDING A DIGITAL PLATFORM FOR  
PATIENTS TO RECEIVE THE MY PREGNANCY JOURNEYS.

FREE WELLSTAR SUPPORT GROUPS ARE OFFERED FOR NEWLY DELIVERED PATIENTS AND

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

INCLUDE BEREAVEMENT, BREASTFEEDING, AND MOTHERS SUPPORT CIRCLE WHICH INCLUDES POSTPARTUM SUPPORT AND LACTATION HIGH RISK AND MEDICAID ELIGIBLE FAMILIES RECEIVE FREE DOULA SERVICES TO ASSIST IN PHYSICAL, EMOTIONAL AND EDUCATIONAL SUPPORT. ADDITIONALLY, FAMILIES RECEIVE NURSE NAVIGATION AND CARE COORDINATION TO ADDRESS SOCIAL NEEDS. I GAVE BIRTH BRACELETS ARE DISTRIBUTED AT COBB, KENNESTONE AND DOUGLAS HOSPITALS TO ALL PREGNANT PATIENTS DURING OB VISITS OR UPON DELIVERY AT THE HOSPITALS TO ENCOURAGE POSTPARTUM AND PREGNANT PATIENTS TO SEEK URGENT CARE IF THEY EXPERIENCE ANY URGENT MATERNAL WARNING SIGNS.

INPATIENT AND OUTPATIENT LACTATION CONSULTATIONS, LACTATION NICU CONSULTATIONS, PUMPS LOANED TO PATIENTS WITH A BABY IN THE NICU, AND WARM LINE PHONE CALLS ARE OFFERED TO LACTATING PATIENTS.

THESE OFFERINGS DEMONSTRATE WELLSTAR'S COMMITMENT TO THE HEALTH AND WELL-BEING OF THE PATIENTS WE SERVE WITHIN WELLSTAR'S FOOTPRINT. IN FY 2024, THE UNREIMBURSED COSTS ASSOCIATED WITH THESE OFFERINGS TOTALED MORE THAN \$1.6 MILLION WITH MORE THAN 78,000 PATIENT/FAMILY INTERACTIONS FROM THOSE PARTICIPATING IN OUR DOULA, PRENATAL, CHILDBIRTH, AND POSTPARTUM PROGRAMS.

COMMUNITY BENEFIT PROGRAMS -

AT WELLSTAR, WE HAVE MOVED BEYOND IRS REQUIREMENTS - FROM COMPLIANCE TO STRATEGIC ALIGNMENT - WHICH ALLOWS THE SYSTEM TO IMPROVE COMMUNITY HEALTH

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

AND DEMONSTRATE RETURN ON INVESTMENT FOR COMMUNITY BENEFIT ACTIVITIES.

MAINTAINING EFFORTS BEYOND THE THREE-YEAR COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA) CYCLE HELPS WELLSTAR ADDRESS PERSISTENT COMMUNITY

HEALTH ISSUES AND ENSURE CONTINUITY FROM ONE IMPLEMENTATION PLAN TO THE

NEXT.

THE FOLLOWING PROGRAMS DESCRIBE HOW WELLSTAR HEALTH SYSTEM HAS CONTINUED

BUILDING AND ALIGNING FOR HEALTH EQUITY.

**COMMUNITY CLINIC NETWORK (CONT.)**

CONGREGATIONAL HEALTH NETWORK

WELLSTAR'S CONGREGATIONAL HEALTH NETWORK (CHN) SERVES AS A BRIDGE BETWEEN

OUR HEALTHCARE SYSTEM AND FAITH COMMUNITIES. COORDINATED BY A FULL-TIME

REGISTERED NURSE WHO SPECIALIZES IN FAITH COMMUNITY NURSING, WELLSTAR'S

PROGRAM IS DESIGNED TO ASSIST CONGREGATIONS OF ALL FAITHS TO DEVELOP OR

SUPPORT VOLUNTEER OR PAID HEALTH MINISTRIES. WITH MORE THAN 100

CONGREGATIONS AND 1,500 SPIRITUAL CARE PARTNERS, CHN SERVES AS A KEY TO

WELLSTAR'S SUCCESSFUL IMPLEMENTATION OF EQUITY-CENTERED PROGRAMS. THROUGH

THIS NETWORK, WELLSTAR CAN DIFFUSE INFORMATION, IMPLEMENT PROGRAMS AT

TRUSTED NEIGHBORHOOD-BASED SITES AND STRENGTHEN THE ORGANIZATIONS TO

PROVIDE WHOLE-PERSON SUPPORT. THE CHN'S "PASSPORT TO HEALTH" PROGRAM

EMPOWERS PARTICIPANTS TO OWN THEIR HEALTH CARE WHILE PARTNERING WITH

PRACTITIONERS AND COMMUNITY HEALTH WORKERS DURING THEIR JOURNEY OF

LEARNING ABOUT HEART AND CARDIAC WELLNESS, WOMEN'S HEALTH, COLORECTAL

CANCER SCREENING TOOL KITS, SIGNS OF STROKE, NUTRITIOUS EATING, EXERCISE

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

AND ACTIVE LIVING TIPS, AND MENTAL HEALTH AWARENESS.

COMMUNITY CLINIC NETWORK

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

- . REDUCTION IN EMERGENCY DEPARTMENT VISITS
- . REDUCTION IN AVOIDABLE READMISSIONS
- . INCREASE IN PATIENT SATISFACTION SCORES PREVENT ILLNESS BY PROMOTING HEALTHY BEHAVIORS IN PEOPLE WITHOUT RISK FACTORS (E.G., DIET AND EXERCISE COUNSELING)
- . PREVENT ILLNESS BY PROVIDING PROTECTION TO THOSE AT RISK (E.G., CHILDHOOD VACCINATIONS)
- . IDENTIFY AND TREAT PEOPLE WITH NO SYMPTOMS, BUT WHO HAVE RISK

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

FACTORS, BEFORE THE CLINICAL ILLNESS DEVELOPS (E.G., SCREENING FOR  
HYPERTENSION OR DIABETES)

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

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

COMMUNITY CLINIC NETWORK, WELLSTAR WILL CONTINUE TO LEVERAGE THE FACT THAT COMMUNITY-BASED CLINICS ARE LONG RECOGNIZED FOR THEIR ABILITY TO EFFECTIVELY IMPROVE AND EXPAND PATIENT ACCESS TO MEDICAL, DENTAL AND MENTAL HEALTH SERVICES.

COMMUNITY TRANSFORMATION PROGRAM

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

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

. ACCESS TO HEALTH CARE SO THAT RESIDENTS RECEIVE TIMELY,

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

HIGH-QUALITY AND CULTURALLY APPROPRIATE MEDICAL CARE WHEN THEY NEED IT;

OR,

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

THE COMMUNITY TRANSFORMATION PROGRAM RECEIVED AN HONORABLE MENTION BY THE  
AMERICAN HOSPITAL ASSOCIATION FOR ITS IMPACT IN COLLABORATING WITH  
PARTNERS TO IMPROVE THE HEALTH OF COMMUNITIES. A 2025 EVALUATION OF THE  
COMMUNITY TRANSFORMATION PROGRAM INDICATED THAT INITIATIVES HAVE REACHED  
OVER 13,000 CLIENTS; AND, SAVED 2,250 CLIENTS AN ESTIMATED \$225,000 -  
\$1,000,000 IN EMERGENCY ROOM VISITS AVERTED.

SOUL SUPPORT

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

1. WELLSTAR PARTNERS WITH ATLANTA REGIONAL COMMISSION'S HEALTHY AGING  
DIVISION TO PROVIDE "POWERFUL TOOLS FOR CAREGIVERS" - A SIX-WEEK SERIES  
SPECIFICALLY DESIGNED TO HELP CAREGIVERS LEARN TO TAKE BETTER CARE OF

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

THEMSELVES. POWERFUL TOOLS IS PRESENTED BY CERTIFIED LAY LEADERS. THE WORKSHOP USES AN EVIDENCE-BASED CURRICULUM THAT HAS BEEN FOUND TO HAVE SIGNIFICANT POSITIVE RESULTS FOR PARTICIPANTS.

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

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

WELLSTAR RECEIVED PHILANTHROPIC FUNDING TO EXPAND "SOUL SUPPORT" TO INCLUDE FREE, VIRTUAL BEHAVIORAL HEALTH CARE FOR COMMUNITY RESIDENTS UNABLE TO RECEIVE CARE TRADITIONALLY DUE TO COST, TRANSPORTATION

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

CHALLENGES, OR LIMITED ACCESS TO BROADBAND SERVICES. FURTHER EXPANSION OF SOUL SUPPORT HAS INCLUDED THE DISTRIBUTION OF GRANTS TO CONGREGATIONS TO ESTABLISH OR EXPAND BEHAVIORAL HEALTH PROGRAMMING.

**COLORECTAL CANCER SCREENING**

SINCE PARTNERING WITH BLKHLTH FOR THE NATIONAL #GOODDOWNTHERE CAMPAIGN IN COLLABORATION WITH COTTONELLE, WELLSTAR COMMUNITY HEALTH AND CENTER FOR HEALTH EQUITY HAS CONTINUED ITS REGIONAL COLORECTAL CANCER SCREENING PROGRAM. 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. WELLSTAR DISTRIBUTES COMPLIMENTARY COLORECTAL CANCER SCREENING KITS, COMPLETE WITH EDUCATION ON FINDING RESOURCES FOR SOCIAL AND FOLLOW-UP CARE, TO CONGREGATIONS AND PARTICIPANTS IN FOOD DISTRIBUTION PROGRAMS. SINCE 2021, WELLSTAR'S KIT DISTRIBUTION HAS REACHED OVER 3,298 PARTICIPANTS. THE SUCCESS OF THE KIT DISTRIBUTION INFLUENCED WELLSTAR'S RECEIPT OF FUNDING FROM COBB AND DOUGLAS PUBLIC HEALTH FOR THE COLOCARE CONNECT PROGRAM; THE PROGRAM PROVIDED FECAL IMMUNOCHEMICAL TESTS (FITS) TO COMMUNITY CLINICS SERVICE HIGH-RISK POPULATIONS IN COBB AND DOUGLAS COUNTIES IN GEORGIA.

**BREAST CANCER SCREENING**

FOR THE PAST TEN YEARS, WELLSTAR HAS PROVIDED BREAST SCREENING AND DIAGNOSTIC SERVICES TO INDIVIDUALS WHO LACK ACCESS TO OR ARE UNABLE TO AFFORD THESE LIFE-SAVING SERVICES WITHIN WELLSTAR'S SERVICE AREAS. BY PROVIDING THESE SERVICES AT NO COST TO THOSE IN NEED, WE SEEK TO

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

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.

PROSTATE CANCER SCREENING

TO INCREASE ACCESS TO SCREENING AND EDUCATION RESOURCES IN MEDICALLY UNDERSERVED COMMUNITIES, WELLSTAR COMMUNITY HEALTH PARTNERS WITH WELLSTAR UROLOGY, WELLSTAR LABORATORY OUTREACH SERVICES, AND FAITH COMMUNITIES WITHIN THE WELLSTAR CONGREGATIONAL HEALTH NETWORK TO OFFER FREE PROSTATE CANCER SCREENINGS IN HIGH-RISK ZIP CODES. SUCCESS STORIES HAVE INCLUDED PARTICIPANTS PREVIOUSLY IN REMISSION FOR PROSTATE CANCER RECEIVING ABNORMAL PSA RESULTS, LEADING TO FURTHER TESTING AND THE RESUMPTION OF

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

TREATMENT.

MOBILE MARKET PROGRAM

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

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

- . THE ADDITION OF BUTTS COUNTY AS A PRIORITY LOCATION,
  - . ON-SITE HEALTH EDUCATION IN ALIGNMENT WITH HEALTH AWARENESS MONTHS,
- AND
- . AVAILABILITY OF A BENEFITS SPECIALIST TO ASSIST FAMILIES WITH ENROLLMENT INTO PUBLIC FOOD PROGRAMS.

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

SINCE INCEPTION, THE MOBILE MARKET PROGRAM HAS SERVED 16,000 REGISTRANTS THROUGHOUT THE WELLSTAR FOOTPRINT. THIRTY-NINE PERCENT (39%) OF REGISTRANTS INDICATE DELAYING OR AVOIDING MEDICAL VISITS TO AFFORD FOOD.

SINCE INCEPTION, THE MOBILE MARKET PROGRAM HAS SERVED 18,000 REGISTRANTS THROUGHOUT THE WELLSTAR FOOTPRINT. THIRTY-NINE PERCENT (38%) OF REGISTRANTS INDICATE DELAYING OR AVOIDING MEDICAL VISITS TO AFFORD FOOD.

FOOD RESCUE PROGRAM

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

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

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

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

INCEPTION, WELLSTAR HAS DIVERTED OVER 40,000 POUNDS OF FOOD FROM  
LANDFILLS.

LIVE TO THE BEAT. POWERED BY WELLSTAR.

WELLSTAR SERVES AS A PARTNER OF THE LIVE TO THE BEAT CAMPAIGN, A  
NATIONALLY RECOGNIZED PROGRAM LED BY THE CDC FOUNDATION AND THE MILLION  
HEARTS INITIATIVE, AIMED TO HELP ADULTS TAKE STEPS TO PREVENT HEART  
DISEASE AND STROKE. OTHER STRATEGIC PARTNERS INCLUDE AMERICAN HEART  
ASSOCIATION, THE WELLSTAR CENTER FOR CARDIOVASCULAR CARE, AND UNITED WAY  
OF GREATER ATLANTA.

THE LIVE TO THE BEAT PROGRAM UTILIZES A COMMUNITY HEALTH WORKER TO SERVE  
AS A HEALTH COACH TO EMPOWER INDIVIDUAL MEMBERS OF FAITH COMMUNITIES,  
IDENTIFIED THROUGH WELLSTAR'S CONGREGATIONAL HEALTH NETWORK, TO BE  
ADVOCATES IN THEIR OWN HEALTH JOURNEY. OVER A 12-MONTH JOURNEY, THE  
PROGRAM FOCUSES ON SUPPORTING THE MEMBERS THROUGH 8+ ESSENTIAL "SMALL  
STEPS" TO SUSTAINABLE HEART HEALTH.

RESULTS FROM THE 2025 PILOT INDICATED HIGH PARTICIPANT ENGAGEMENT, OVER  
80% OF PARTICIPANTS ADOPTING POSITIVE LIFESTYLE CHANGES, AND UP TO 61% OF  
PARTICIPANTS EXPERIENCING BLOOD PRESSURE IMPROVEMENTS. SOME PARTICIPANTS  
REDUCED HYPERTENSION MEDICATION USAGE.

OPERATION M.I.S.T. (MONITOR | INTERVENE | SURVIVE | THRIVE)

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

OPERATION M.I.S.T. PROMOTES MATERNAL VITALITY BY REDUCING MATERNAL MORTALITY WITH A MISSION TO MONITOR PHYSIOLOGICAL CHANGES IN CONCEIVING, PREGNANT AND POSTPARTUM BIRTH GIVERS. WELLSTAR PARTNERS WITH OPERATION M.I.S.T TO PROVIDE SUPPORT FOR 40 BIRTH GIVERS FROM SPALDING AND BUTTS COUNTIES. PARTICIPANTS WILL USE GARMIN-POWERED SMART WATCHES TO MONITOR THEIR HEALTH STATUS, COLLABORATE WITH THEIR CARE TEAM, AND PROVIDE HEALTH EDUCATION AND PROMOTION. AS A WRAPAROUND SERVICE, WELLSTAR COMMUNITY HEALTH SUPPORT THIS PARTNERSHIP BY PROVIDING AN ASSESSMENT OF SOCIAL DETERMINANTS OF HEALTH (SDOH) AND RESOURCE REFERRAL CONNECTION FOR EACH OF THE PARTICIPANTS. THE PARTNERSHIP HAS SUPPORTED DISTRIBUTION OF OVER 4,800 CARE PACKAGES THROUGHOUT GEORGIA.

PILOT RESULTS INDICATE OVER 269 TOTAL INTERVENTIONS CONDUCTED AND 46 CLOSED-LOOP REFERRALS TO ADDRESS PARTICIPANT SOCIAL DETERMINANTS OF HEALTH (SDOH) NEEDS.

PERINATAL KIT PROGRAM WITH HEALTHY MOTHERS, HEALTHY BABIES

TO ADDRESS THE MATERNAL HEALTH CRISIS THROUGH AN EQUITY LENS, WELLSTAR COMMUNITY HEALTH AND WELLSTAR CENTER FOR HEALTH EQUITY HAS PARTNERED WITH HEALTHY MOTHERS, HEALTHY BABIES COALITION OF GEORGIA (HMHGA). HMHGA HAS IMPACTED THE HEALTH AND WELLBEING OF WOMEN, CHILDREN, AND FAMILIES FOR THE PAST 40 YEARS BY SUPPORTING THE COMMUNITY THROUGH DIRECT SERVICES, ADVOCACY, AND COMMUNITY EDUCATION. WELLSTAR'S PARTNERSHIP TO HELP EXPAND THE ORGANIZATION'S PERINATAL CARE PACKAGE PROJECT (PCP) PROVIDES SUPPORT

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

TO PREGNANT AND POSTPARTUM BIRTH GIVERS AND ENCOURAGES POSITIVE MATERNAL HEALTH AND WELLNESS BY PROVIDING VITAL RESOURCES AND EDUCATION. THE PARTNERSHIP REACHES 150 BIRTH GIVERS PER MONTH WHO RESIDE IN GEORGIA'S MOST VULNERABLE COMMUNITIES. SINCE PARTNERSHIP INCEPTION, WELLSTAR HAS:

. SUPPORTED EXPANDING THE MONTHLY REACH FROM 150 TO 200 BIRTH GIVERS;  
AND

. PROVIDED EDUCATION ON COVID-19 AND MENTAL HEALTH RESOURCES IN THE COMMUNITY.

THE PARTNERSHIP HAS SUPPORTED DISTRIBUTION OF OVER 5,700 CARE PACKAGES THROUGHOUT GEORGIA.

WELLSTAR PARTNERS WITH CLARK ATLANTA UNIVERSITY FOR TRAINING AND DEPLOYMENT

THE SOCIAL WORK STUDENT ROTATION PROGRAM IS SUPPORTED THROUGH COLLABORATION WITH CLARK ATLANTA UNIVERSITY'S WHITNEY M. YOUNG JR. SCHOOL OF SOCIAL WORK. MASTER'S LEVEL SOCIAL WORK STUDENTS SPEND AN ACADEMIC YEAR INTERNING WITH WELLSTAR COMMUNITY HEALTH, SUPPORTING INITIATIVES OF THE DEPARTMENT AS WELL AS PATIENTS OF WELLSTAR GME INTERNAL MEDICINE. THE ROTATION WILL ENSURE STUDENT UNDERSTANDING OF THE INFLUENCE OF SOCIAL DETERMINANTS OF HEALTH WITH HEALTH OUTCOMES. PATIENTS AND COMMUNITY MEMBERS WILL BENEFIT FROM IMPROVED ACCESS TO SOCIAL SUPPORT SERVICES TO IMPROVE THEIR HEALTH. PERSONS WHO RECEIVE SUPPORT FROM THE SOCIAL WORK STUDENT INTERN REPORT IMPROVED OVERALL WELL-BEING.

**COMMITMENT TO THE COMMUNITY**

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

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 FOLLOWING IS THE COST TO PROVIDE CARE TO THOSE PATIENTS QUALIFYING  
FOR COMMUNITY FINANCIAL AID ALONG WITH THE UNREIMBURSED COST OF PROVIDING  
CARE TO MEDICARE AND MEDICAID BENEFICIARIES AND OTHER PATIENTS. THESE  
COSTS ARE DETERMINED USING A COST-TO-CHARGE RATIO.

COST OF PROVIDING CHARITY CARE- \$211,698

UNREIMBURSED COST OF PROVIDING CARE TO MEDICAID BENEFICIARIES- \$29,397

UNREIMBURSED COST OF PROVIDING CARE TO MEDICARE BENEFICIARIES- \$645,922

UNREIMBURSED COST OF PROVIDING CARE TO OTHER PATIENTS- \$281,259

COST OF OTHER COMMUNITY PROGRAMS- \$36,575

TOTAL UNCOMPENSATED CARE AND COMMUNITY PROGRAMS- \$1,204,851

COMMUNITY INVESTMENTS- FUNDS BACK INTO INFRASTRUCTURE- \$489,840

COMMUNITY INVESTMENTS- ALLIED HEALTH/MEDICAL EDUCATION- \$24,953

COMMUNITY INVESTMENTS- OPERATIONS- STAFF/SOFTWARE- \$2,444

TOTAL COMMUNITY INVESTMENTS- \$514,793

WELLSTAR CONTINUES TO PARTICIPATE IN THE CENTER FOR MEDICARE AND MEDICAID

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

SERVICES (CMS) MEDICARE SAVINGS PROGRAM AS AN ACCOUNTABLE CARE ORGANIZATION (ACO). WELLSTAR'S ACO IS ONE OF THE LARGEST ACOS IN GEORGIA AND IT HAS 5,671 PHYSICIANS INCLUDING 49,062 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.

WELLSTAR AWARDS RECEIVED FY25

. THE TRAUMA SURGERY UNIT AT WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER RECEIVED THE PRESTIGIOUS ACADEMY OF MEDICAL-SURGICAL NURSES (AMSN) PRISM AWARD, AN HONOR THAT RECOGNIZES EXCEPTIONAL NURSING PRACTICE, LEADERSHIP AND OUTCOMES IN HOSPITAL MEDICAL-SURGICAL UNITS. THE AWARD, WHICH STANDS FOR "PREMIER RECOGNITION IN THE SPECIALTY OF MED-SURG," IS THE FIRST OF ITS KIND, HONORING MED-SURG NURSING UNITS IN THE UNITED STATES AND INTERNATIONALLY. IT IS CO-SPONSORED BY THE AMSN AND MEDICAL-SURGICAL NURSING CERTIFICATION BOARD. THE AWARD IS GIVEN TO OUTSTANDING ACUTE CARE/MED-SURG UNITS OR ADULT/PEDIATRIC UNITS CLASSIFIED AS MED-SURG.

. WELLSTAR KENNESTONE AND WELLSTAR WEST GEORGIA MEDICAL CENTERS RECEIVED THE GEORGIA OGLETHORPE AWARD FROM THE STERLING COUNCIL. THE STERLING COUNCIL IS A PUBLIC/PRIVATE NOT-FOR-PROFIT CORPORATION SUPPORTED BY THE EXECUTIVE OFFICE OF THE GOVERNOR. THE COUNCIL OVERSEES THE

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

GOVERNOR'S STERLING AWARD FOR PERFORMANCE EXCELLENCE AND THE GEORGIA  
OGLETHORPE AWARD, WHICH IS BASED ON THE NATIONAL MALCOLM BALDRIGE AWARD,  
WITH AWARDS BEING PRESENTED ANNUALLY TO HIGH-PERFORMING, ROLE-MODEL  
ORGANIZATIONS, BOTH PRIVATE AND PUBLIC, THAT DEMONSTRATE SUPERIOR  
MANAGEMENT APPROACHES AND ROLE-MODEL RESULTS.

. WELLSTAR WEST GEORGIA MEDICAL CENTER AND SYLVAN GROVE MEDICAL  
CENTER RECEIVED THE SUSTAINED EXCELLENCE AWARD FROM THE FLORIDA STERLING  
COUNCIL. THE GOVERNOR'S STERLING SUSTAINED EXCELLENCE AWARD IS DESIGNED  
TO ENABLE STERLING AWARD RECIPIENTS TO RETAIN THEIR ROLE MODEL STATUS.  
THIS HIGH-LEVEL ASSESSMENT PROCESS EXAMINES HOW WELL AN ORGANIZATION HAS  
STRENGTHENED, IMPROVED AND INNOVATED WINNING SYSTEMS TO ENSURE LONG-TERM  
SUCCESS AND SUSTAINABILITY IN A COMPETITIVE ENVIRONMENT. HIGHLY TRAINED  
EXAMINERS REVIEW AND EVALUATE THE APPLICATION AND CLARIFY AND VERIFY THE  
ORGANIZATION'S RESPONSES THROUGH INTERVIEWS WITH LEADERS AND PERFORMANCE  
EXCELLENCE PROFESSIONALS.

. THE ATLANTA BUSINESS CHRONICLE NAMED WELLSTAR HEALTH SYSTEM AS ONE  
OF THE HEALTHIEST EMPLOYERS IN THE EXTRA-LARGE COMPANY CATEGORY,  
RECOGNIZING INNOVATIVE ORGANIZATIONS THAT HAVE CREATED ROBUST AND HEALTHY  
WORKPLACE PROGRAMS. THE ATLANTA BUSINESS CHRONICLE'S HEALTHIEST EMPLOYER  
AWARD IS BASED ON THE ANALYSIS OF OVER 60 SCORED QUESTIONS WITH MORE THAN  
600 DATA POINTS FOR SCORING AND BENCHMARKING.

. WELLSTAR HEALTH SYSTEM, ONE OF GEORGIA'S LARGEST AND MOST  
INTEGRATED HEALTH SYSTEMS, WAS RANKED IN THE TOP 10 BEST WORKPLACES IN  
HEALTH CARE BY FORTUNE IN THE LARGE COMPANY CATEGORY. TO DETERMINE THE  
BEST WORKPLACES IN HEALTH CARE LIST, GREAT PLACE TO WORK ANALYZED THE

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

SURVEY RESPONSES OF OVER 161,000 EMPLOYEES FROM GREAT PLACE TO  
WORK-CERTIFIED COMPANIES IN THE HEALTHCARE INDUSTRY.

. DIVERSITYINC INCLUDED WELLSTAR AMONG 20 ORGANIZATIONS ON ITS 2024  
LIST OF TOP HOSPITALS AND HEALTH SYSTEMS FOR DIVERSITY. THE TOP HOSPITALS  
AND HEALTH SYSTEMS SPECIALTY LIST IS INCLUDED IN DIVERSITYINC'S ANNUAL  
TOP 50 COMPANIES FOR DIVERSITY RANKING, WHICH RECOGNIZES COMPANIES THAT  
HIRE, RETAIN AND PROMOTE WOMEN, MINORITIES, PEOPLE WITH DISABILITIES,  
LGBTQ+ INDIVIDUALS AND VETERANS. DIVERSITY IS SCORED ON SIX KEY AREAS:  
LEADERSHIP ACCOUNTABILITY, HUMAN CAPITAL DIVERSITY METRICS, TALENT  
PROGRAMS, WORKFORCE PRACTICES, SUPPLIER DIVERSITY AND PHILANTHROPY.

. BECKER'S HOSPITAL REVIEW HAS NAMED WELLSTAR HEALTH SYSTEM AS ONE OF  
ITS SPINE AND NEUROSURGERY PROGRAMS TO WATCH. THIS LIST OF 53 HEALTH  
SYSTEMS AND HOSPITALS NATIONWIDE RECOGNIZES THOSE DEDICATED TO EXPANDING  
NEUROSURGICAL CARE AND PROVIDING WORLD-CLASS NEURO TREATMENTS. THOSE ON  
THE LIST HAVE EARNED NATIONAL RECOGNITION FOR HAVING TOP SPINE AND  
NEUROSURGERY PROGRAMS.

. WELLSTAR HEALTH SYSTEM WAS NAMED BY FORTUNE AS ONE OF AMERICA'S  
MOST INNOVATIVE COMPANIES FOR 2024, WHICH HONORS 300 COMPANIES  
TRANSFORMING INDUSTRIES FROM THE INSIDE OUT. NEARLY EVERY COMPANY ON THIS  
LIST POSTED REVENUE GROWTH IN THE LAST THREE YEARS. FORTUNE PARTNERED  
WITH MARKET RESEARCH AND DATA COMPANY STATISTA TO COMPILE AMERICA'S MOST  
INNOVATIVE COMPANIES. THE LIST IS BUILT ON THREE PILLARS: PRODUCT  
INNOVATION, PROCESS INNOVATION AND INNOVATION CULTURE.

. ALL EIGHT OF WELLSTAR'S INPATIENT STROKE PROGRAMS HAVE ACHIEVED AN  
AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION GET WITH THE

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

GUIDELINES® - QUALITY ACHIEVEMENT AWARD. THE AWARDS RECOGNIZE HOSPITALS  
THAT DEMONSTRATE COMPLIANCE IN EACH OF THE SEVEN GET WITH THE  
GUIDELINES®- STROKE ACHIEVEMENT MEASURES.

**FORM 990, PART IV, LINE 12B**

AUDITED FINANCIAL STATEMENTS

WELLSTAR HEALTH SYSTEM, INC

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 AU MEDICAL CENTER, INC., AU MEDICAL ASSOCIATES,  
INC., COBB HOSPITAL, INC., DOUGLAS HOSPITAL INC., KENNESTONE HOSPITAL,  
INC., PAULDING MEDICAL CENTER, INC., WELLSTAR ATLANTA MEDICAL CENTER,  
INC., WELLSTAR MCG HEALTH, INC., WELLSTAR NORTH FULTON HOSPITAL, INC.,  
WELLSTAR SPALDING REGIONAL MEDICAL CENTER, INC., WELLSTAR SYLVAN GROVE  
HOSPITAL, INC., WELLSTAR MCG WARM SPRINGS, INC., WELLSTAR WEST GEORGIA  
MEDICAL CENTER, INC., WINDY HILL HOSPITAL, WELLSTAR MEDICAL GROUP, LLC  
AND VARIOUS OTHER OWNED ENTITIES AS LISTED IN SCHEDULE R. ALL SIGNIFICANT  
INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE BEEN ELIMINATED IN  
COMBINATION.

**FORM 990, PART IV, LINE 24A**

TAX EXEMPT BOND REPORTING

FOR PURPOSES OF THE FORM 990 REPORTING, WELLSTAR HEALTH SYSTEM, INC. (EIN  
58-1649541) WILL LIST ALL TAX-EXEMPT BONDS ISSUED SINCE JANUARY 1, 2003,

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

ON SCHEDULE K AS IT TYPICALLY ALLOCATES THE PROCEEDS OF THE BONDS TO MEMBERS OF THE OBLIGATED GROUP (INCLUDING THE HOSPITALS AND MEDICAL GROUP). WELLSTAR ATLANTA MEDICAL CENTER, INC. REPORTS ITS SPECIFIC SHARE OF THE TAX-EXEMPT BOND LIABILITY ALLOCATION ON FORM 990, PART X, LINE 25 OTHER LIABILITIES DUE TO WHS, INC.

**FORM 990, PART VI, SECTION A, LINE 7B**

POWERS OF THE BOARD

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

**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, PWC US TAX LLP, REVIEWS AND SIGN-OFFS ON THE COMPLETED RETURN OF EACH ORGANIZATION. FINAL COPIES OF THE 990 IS PROVIDED TO EACH BOARD MEMBER THROUGH THE BOARD PORTAL ALONG WITH A SUMMARY MEMO OF THE CURRENT YEAR PREPARTION PROCESS HIGHLIGHTING ANY KEY ASPECTS OF THE 990. THE ORGANIZATION'S CFO OR DESIGNEE 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

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

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

OUR BOARD OF TRUSTEES DESIGNATES A COMPENSATION COMMITTEE MADE UP OF OUTSIDE BOARD MEMBERS TO ESTABLISH THE EXECUTIVE COMPENSATION PHILOSOPHY OF THE SYSTEM, AND TO REVIEW AND SET THE COMPENSATION ANNUALLY FOR THE CHIEF EXECUTIVE OFFICER AND THE SALARY PARAMETERS FOR ALL OTHER OFFICERS OF THE COMPANY. THE COMMITTEE UTILIZES THE OUTSIDE CONSULTING FIRM OF SULLIVAN COTTER AND ASSOCIATES, INC. TO PROVIDE EXPERT INFORMATION REGARDING INDUSTRY-WIDE COMPENSATION NORMS. THE COMPANY PHILOSOPHY IS TO MATCH THE MARKET ON BASE PAY IDENTIFYING THE MEDIAN. TOTAL CASH

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

COMPENSATION IS GENERALLY GEARED TO COMPENSATION DETERMINED BY OUR  
CONSULTANTS TO BE AT THE 75TH PERCENTILE OF ITS PEERS.

**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.

**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**

**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

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2032904

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 \$(178,120,589) RELATED TO TRANSFERS TO AFFILIATES AS PART OF THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER THE YEAR.

Name of the organization

Employer identification number

KENNESTONE HOSPITAL, INC.

58-2032904

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

-----

SEE SCHEDULE O

Name of the organization

Employer identification number

**KENNESTONE HOSPITAL, INC.**

**58-2032904**

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
OTHER	206,028,662.	116,196,583.	89,832,079.	
TOTALS	----- 206,028,662. =====	----- 116,196,583. =====	----- 89,832,079. =====	----- ----- =====

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

Schedule R (Form 990) (Rev. 12-2024)

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
COBB HOSPITAL, INC. 793 SAWYER ROAD	58-0968382 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
DOUGLAS HOSPITAL, INC. 793 SAWYER ROAD	58-2026750 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
PAULDING MEDICAL CENTER, INC. 793 SAWYER ROAD	58-2095884 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WELLSTAR FOUNDATION, INC. 793 SAWYER ROAD	58-1627413 MARIETTA, GA 30062 FOUNDATION	GA	501(C)(3)	12 II	WHS, INC.		X
WELLSTAR HEALTH SYSTEM, INC. 793 SAWYER ROAD	58-1649541 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	12 II	N/A		X
WELLSTAR NORTH FULTON HOSPITAL, INC. 793 SAWYER ROAD	81-0851756 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WELLSTAR SPALDING REGIONAL HOSPITAL, INC. 793 SAWYER ROAD	81-0864789 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WEST GEORGIA HEALTH SERVICES, INC. 793 SAWYER ROAD	20-5497622 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.		X
WEST GEORGIA MEDICAL CENTER, INC. 793 SAWYER ROAD	20-5497506 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WGHS, INC.		X
VERNON WOODS RETIREMENT COMMUNITY, INC. 793 SAWYER ROAD	58-2575049 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	10	WGHS, INC.		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
WEST GEORGIA HEALTH FOUNDATION, INC. 793 SAWYER ROAD	20-0936376 MARIETTA, GA 30062 FOUNDATION	GA	501(C)(3)	12 II	WGHS, INC.		X
WELLSTAR SYLVAN GROVE HOSPITAL, INC. 793 SAWYER ROAD	81-0875069 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
MEDICAL PARK FOUNDATION, INC. 793 SAWYER ROAD	58-1303478 MARIETTA, GA 30062 FOUNDATION	GA	501(C)(3)	7	WGHS, INC.		X
WELLSTAR MCG HEALTH INC. 1120 15TH STREET BA 8412	27-2999718 AUGUSTA, GA 30912 HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.		X
AU MEDICAL CENTER INC 1120 15TH STREET BA 8412	58-2144788 AUGUSTA, GA 30912 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
AU MEDICAL ASSOCIATES INC 1120 15TH STREET BA 8412	58-0705892 AUGUSTA, GA 30912 HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.		X
WELLSTAR MCG HEALTH WARM SPRINGS INC 1120 15TH STREET BA 8412	46-4824043 AUGUSTA, GA 30912 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COBB SOUTH PARKING DECK 75-299 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(2) KENNESTONE EAST PARKING DECK, 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(3) GRIFFIN IMAGING, LLC 793 SAWYER ROAD MARIETTA, GA 3	IMAGING CENTE	GA	N/A									
(4) WELLSTAR SPALD. EMS/SPALD. 911 793 SAWYER ROAD MARIETTA, GA 3	OFF. BLDG/EMS	GA	N/A									
(5) NORTH FULTON PARKING DECK, LP 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(6) SPALDING HEALTH SYSTEM, LLC 58 793 SAWYER ROAD MARIETTA, GA 3	PHYS. HOSP. O	GA	N/A									
(7)												

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

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

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		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)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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

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

---