

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

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

Form header section containing organization name (WELLSTAR MCG HEALTH WARM SPRINGS, INC), EIN (46-4824043), address (793 SAWYER ROAD, MARIETTA, GA 30062-2222), and principal officer (KETUL J. PATEL).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 16,667,028), and expenses (Total: 22,819,002).

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.

Signature block for officer JOHN KERNDL, EVP & CFO, dated 05/08/2026.

Paid Preparer section for JOANNE KRUEGER, PWC US TAX LLP, dated 05/08/2026.

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. Form 990 (2024)

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 \$ 22,785,995. including grants of \$ NONE) (Revenue \$ 16,651,984.)

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 22,785,995.

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, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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 2a 257		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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>		
4a	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	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	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
16	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
17	Section 501(c)(21) organizations. 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 [X]

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.

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. JOHN KERNDL 793 SAWYER ROAD MARIETTA, GA 30062-2222

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

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) RICHARD 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) KEM MULLINS EVP AMBULATORY OPS & BUS DEV	1.00 49.00			X				NONE	1,347,183.	84,804.
(6) SUSAN GRANT EVP CHIEF NURS EXEC (END 1/25)	1.00 49.00			X				NONE	1,119,495.	90,856.
(7) MARY CHATMAN EVP ACUTE CARE OPERATIONS	1.00 49.00			X				NONE	1,043,643.	112,311.
(8) JULIE TEER SVP & WELLSTAR FOUNDATION PRES	1.00 49.00			X				NONE	967,637.	50,702.
(9) ARIF AZIZ, M.D. TRUSTEE & PHYSICIAN (END 12/24)	1.00 49.00	X						NONE	861,272.	101,567.
(10) BETH KOST SVP CHIEF COMPLIANCE OFFICER	1.00 49.00			X				NONE	750,761.	87,807.
(11) RICHARD FREEMAN EVP CHIEF PHYS EX (AS OF 7/24)	1.00 49.00			X				NONE	604,459.	25,899.
(12) JAMES L HORNSBY TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	469,768.	117,101.
(13) PAUL DOUGLASS, M.D. TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	454,029.	87,403.
(14) SUZANNE BENSON PHYSICIAN	50.00 NONE					X		485,966.	NONE	44,457.

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) JOHN HATFIELD EVP CHF EX AF OFF (AS OF 5/24)	1.00 49.00			X				NONE	485,840.	29,448.
(16) CHRISTOPHER REDDOCH HOSPITALIST	50.00 NONE					X		353,192.	NONE	41,346.
(17) WENDY HASLEY PHARMICIST	50.00 NONE					X		138,566.	NONE	57,222.
(18) AMY PEACOCK DIRECTOR PHARMACY	50.00 NONE					X		171,409.	NONE	17,768.
(19) KATHY CLARK CHIEF NURSING OFFICER	50.00 NONE					X		153,509.	NONE	25,756.
(20) FRANK ROS TRUSTEE	1.00 15.00	X						NONE	54,889.	NONE
(21) MITZI MOORE TRUSTEE	1.00 15.00	X						NONE	40,514.	NONE
(22) ED RICHARDSON TRUSTEE	1.00 15.00	X						NONE	37,753.	NONE
(23) W. CHARLES BROCK TRUSTEE	1.00 15.00	X						NONE	34,976.	NONE
(24) O. SCOTT SWAYZE, M.D. TRUSTEE	1.00 15.00	X						NONE	33,814.	NONE
(25) MARK BERRY TRUSTEE	1.00 15.00	X						NONE	31,902.	NONE
1b Sub-total								1,302,642.	17,622,356.	1,418,852.
c Total from continuation sheets to Part VII, Section A								NONE	237,982.	NONE
d Total (add lines 1b and 1c)								1,302,642.	17,860,338.	1,418,852.

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 ▶ 21

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KEITH PARKER ----- TRUSTEE	1.00 15.00	X					NONE	31,712.	NONE	
(27) GREG MORGAN ----- TRUSTEE	1.00 15.00	X					NONE	31,708.	NONE	
(28) H. SPEER BURDETTE, III ----- TRUSTEE	1.00 15.00	X					NONE	31,111.	NONE	
(29) EDWARD TATE ----- TRUSTEE	1.00 15.00	X					NONE	30,481.	NONE	
(30) DAVID BOTTOMS ----- TRUSTEE	1.00 15.00	X					NONE	30,129.	NONE	
(31) JAMES L. HOLMES ----- TRUSTEE	1.00 15.00	X					NONE	27,901.	NONE	
(32) JOHN MCKIBBEN ----- TRUSTEE	1.00 15.00	X					NONE	27,042.	NONE	
(33) JAY CUNNINGHAM ----- TRUSTEE	1.00 15.00	X					NONE	26,359.	NONE	
(34) GRETCHEN CORBIN (BEG 10/24) ----- TRUSTEE	1.00 15.00	X					NONE	1,539.	NONE	
(35) JOHN KERNDL ----- EVP & CFO (AS OF 2/25)	1.00 49.00			X			NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

NONE

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							NONE
Program Service Revenue			Business Code					
	2a HOSPITAL PATIENT REVENUE		622110	16,651,984.	16,651,984.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f				16,651,984.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			NONE				
	4 Income from investment of tax-exempt bond proceeds . . .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c	NONE	NONE				
	d Net rental income or (loss)			NONE				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses . .	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)			NONE				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			NONE				
				NONE				
				NONE				
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events			NONE					
9a Gross income from gaming activities. See Part IV, line 19	9a			NONE				
				NONE				
				NONE				
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities			NONE					
10a Gross sales of inventory, less returns and allowances	10a			NONE				
				NONE				
				NONE				
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory			NONE			NONE		
Miscellaneous Revenue			Business Code					
	11a OTHER REVENUE		622110	15,044.			15,044.	
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				15,044.				
12 Total revenue. See instructions				16,667,028.	16,651,984.	NONE	15,044.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	13,874,878.	13,859,215.	15,663.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,606.	31,606.		
9 Other employee benefits	2,119,990.	2,115,843.	4,147.	
10 Payroll taxes	854,164.	854,164.		
11 Fees for services (nonemployees):				
a Management	1,922,437.	1,922,437.		
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,153,121.	1,143,288.	9,833.	
12 Advertising and promotion	377.	377.		
13 Office expenses	112,475.	112,475.		
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	343,190.	343,190.		
17 Travel	19,551.	19,265.	286.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	179.	64.	115.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	231,596.	229,016.	2,580.	
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,382,145.	1,382,069.	76.	
b NON-MEDICAL SUPPLIES	182,019.	181,598.	421.	
c REPAIRS & MAINTENANCE	420,031.	420,031.		
d OTHER EXPENSES	171,243.	171,357.	-114.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,819,002.	22,785,995.	33,007.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include Cash, Savings, Pledges, Accounts receivable, Loans, Investments, Total assets, Accounts payable, Grants payable, Deferred revenue, Escrow, Loans and other payables, Secured mortgages, Unsecured notes, Other liabilities, Total liabilities, Net assets without donor restrictions, Net assets with donor restrictions, Capital stock, Paid-in or capital surplus, Retained earnings, Total net assets or fund balances, and Total liabilities and net assets/fund balances.

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	16,667,028.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,819,002.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,151,974.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,951,307.
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	20,625,988.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,425,321.

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	

Form 990 (2024)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization WELLSTAR MCG HEALTH WARM SPRINGS, INC	Employer identification number 46-4824043
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 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: Calendar year (or fiscal year beginning in), (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; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Percentage, and checkbox. Rows include: 14 Public support percentage for 2024; 15 Public support percentage from 2023 Schedule A; 16a 33 1/3% support test - 2024; 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 %; 16 Public support percentage from 2023 Schedule A, Part III, line 15 - 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 %; 18 Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 %

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.

19b 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 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	Total 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	Excess distributions carryover to 2025. 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			

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: WELLSTAR MCG HEALTH WARM SPRINGS, INC; Employer identification number: 46-4824043

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 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2-4 Conservation contribution details, 5-7 Monitoring and expenses, 8-9 Reporting requirements.

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.

Form with 2 main sections: 1a-1b Reporting on collections, 2 Reporting on financial gain.

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
1c	Beginning balance
1d	Additions during the year
1e	Distributions during the year
1f	Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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:

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,114,648.	79,354.	1,035,294.
c Leasehold improvements		24,800.	NONE	24,800.
d Equipment		1,469,792.	558,776.	911,016.
e Other		8,235.	5,840.	2,395.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,973,505.

Part VII Investments - Other Securities

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

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) TAX EXEMPT BOND LIAB. DUE TO WHS	2,414.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

SEE 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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization WELLSTAR MCG HEALTH WARM SPRINGS, INC	Employer identification number 46-4824043
--	---

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

	(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
7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			756,422.	NONE	756,422.	3.31
b Medicaid (from Worksheet 3, column a).			3,733,078.	3,497,839.	235,239.	1.03
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs . .			4,489,500.	3,497,839.	991,661.	4.34
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other benefits						
k Total. Add lines 7d and 7j			4,489,500.	3,497,839.	991,661.	4.34

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)	7,335,113.
6 Enter Medicare allowable costs of care relating to payments on line 5	11,584,382.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-4,249,269.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 WELLSTAR ROOSEVELT WARM SPRINGS LTAC 1120 15TH STREET AUGUSTA GA 30912 WWW.WELLSTAR.ORG	X									
2 WELLSTAR ROOSEVELT WARM SPRINGS REHAB 1120 15TH STREET AUGUSTA GA 30912 WWW.WELLSTAR.ORG	X									
3										
4										
5										
6										
7										
8										
9										
10										

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: ROOSEVELT WARM SPRINGS LTAC

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

		Yes	No
Community Health Needs Assessment (CHNA)			
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: ROOSEVELT WARM SPRINGS REHAB

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

		Yes	No
Community Health Needs Assessment (CHNA)			
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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ROOSEVELT WARM SPRINGS LTAC

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ROOSEVELT WARM SPRINGS REHAB

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: ROOSEVELT WARM SPRINGS LTAC

		Yes	No
17	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	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming 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

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP? If "No," indicate why:		X
a	<input checked="" 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: ROOSEVELT WARM SPRINGS REHAB

		Yes	No
17	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	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming 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

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP? If "No," indicate why:		X
a	<input checked="" 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: ROOSEVELT WARM SPRINGS LTAC

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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: ROOSEVELT WARM SPRINGS REHAB

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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 WEST GEORGIA MEDICAL CENTER, INC. AND WELLSTAR MCG HEALTH WARM SPRINGS, INC.

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

THESE HOSPITALS ARE PROUD TO BE PART OF WELLSTAR, THE LARGEST INTEGRATED 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 WEST GEORGIA MEDICAL CENTER

AWARDED THE 2019 LARGE HOSPITAL OF THE YEAR BY THE GEORGIA ALLIANCE OF COMMUNITY HOSPITALS, WELLSTAR WEST GEORGIA MEDICAL CENTER LOCATED IN LAGRANGE, GEORGIA HAS SERVED TROUP COUNTY FOR NEARLY 80 YEARS. THIS 276-BED FACILITY HAS FOCUSED ON DELIVERING HIGH-QUALITY HEALTHCARE TO ITS COMMUNITY THROUGH TOP RATED SERVICES. THE FACILITY HAS INCREASED THE AVAILABILITY OF HEALTHCARE SERVICES TO MEMBERS OF THE COMMUNITY LIVING IN POVERTY BY PROVIDING FREE MEDICAL CARE AND PRESCRIPTIONS FOR QUALIFYING PATIENTS THROUGH ITS COMMUNITY SERVICE CLINIC, FURTHERING ITS DEEP INVOLVEMENT WITH PROMOTING GOOD HEALTH FOR ALL WITHIN ITS SERVICE AREA.

WELLSTAR MCG HEALTH WARM SPRINGS

WELLSTAR MCG HEALTH WARM SPRINGS IS INCLUSIVE OF WELLSTAR ROOSEVELT REHABILITATION CARE AT WARM SPRINGS (52 LICENSSED BEDS) AND WELLSTAR ROOSEVELT LONG TERM ACUTE CARE AT WARM SPRINGS (32 LICENSED BEDS). THESE HOSPITALS WERE ESTABLISHED IN 1927 BY FRANKLIN DELANO ROOSEVELT AND SEEN AS A PLACE OF HEALING AND REHABILITATION FOR THOSE WITH POLIO. TODAY, THE HISTORIC FACILITY HAS EVOLVED WITH AN EXPANDED MISSION TO SERVE AS A COMPREHENSIVE REHABILITATION CENTER DEDICATED TO SERVICE, TECHNOLOGICAL ADVANCEMENT, PROGRAM DIVERSITY AND CONTINUING EDUCATION ON BEHALF OF PERSONS WITH DISABILITIES.

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

WELLSTAR WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS 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:

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.

[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 WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS. 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 HOSPITAL, SEVERAL TYPES OF PRIMARY DATA WERE COLLECTED. PRIMARY DATA COLLECTION INCLUDED:

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,

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 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 WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS LEADERSHIP, INCLUDING THE REGIONAL HEALTH BOARDS, 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 20252 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT INCLUDED WELLSTAR WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS. THE 20252 CHNA FOR THE HOSPITALS DEFINE ITS PRIMARY SERVICE AREA AS ONE COMMUNITY.

THIS CONSOLIDATION APPROACH ACCOUNTS FOR THE ORGANIZATIONAL AFFILIATION OF WELLSTAR MCG HEALTH WARM SPRINGS TO WELLSTAR HEALTH SYSTEM IN 2023. THIS APPROACH 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

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.

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.

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

WELLSTAR WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS SERVE THE SAME GEOGRAPHIC 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:

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

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

WELLSTAR WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS SERVE THE SAME GEOGRAPHIC 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:

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

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 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
4. HEALTHY AGING
5. MATERNAL AND CHILD HEALTH

ADDITIONAL NEEDS IN THE WELLSTAR WEST GEORGIA MEDICAL CENTER AND MCG HEALTH WARM SPRINGS SERVICE AREA

6. CANCER
7. COMMUNITY COLLABORATION
8. CRIME AND VIOLENCE
9. HOUSING

WHEN COMPARED TO 2022, THE 2025 COMMUNITY HEALTH NEEDS FOR WELLSTAR WEST GEORGIA MEDICAL CENTER MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS 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

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.

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 WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS 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
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 WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS 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 WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS 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

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.

- 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 CONGRGATIONAL 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 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

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.

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 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

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.

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 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

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.

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 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.

Part V Facility Information (continued)

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

WELLSTAR 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 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.

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.

- UNABLE TO CONTACT PATIENT BUT PROPENSITY TO PAY SOFTWARE RETURNS A LOW ABILITY/LOW PROPENSITY DESIGNATION.

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

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:

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

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

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-ASSIS
TANCE-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 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

A PLAIN LANGUAGE SUMMARY OF THE WELLSTAR HEALTH SYSTEM FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE:
[HTTPS://WWW.WELLSTAR.ORG/FINANCIAL-POLICY-AND-PRIVACY-INFO/FINANCIAL-ASSISTANCE-PROGRAM-POLICY](https://www.wellstar.org/financial-policy-and-privacy-info/financial-assistance-program-policy)

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

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

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

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

Part V Facility Information (continued)

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

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

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

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 6A

PUBLICATION OF COMMUNITY BENEFIT REPORT:

WELLSTAR MCG HEALTH WARM SPRINGS, INC. IS AN AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC. WHICH ON AN ANNUAL BASIS ISSUES A COMMUNITY BENEFIT REPORT. THIS REPORT IS SUBSEQUENTLY DISTRIBUTED IN AND AROUND THE PRIMARY SERVICE AREA OF THE HEALTH SYSTEM.

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

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 7

COST TO CHARGE RATIO:

FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND AFFILIATES (INCLUDING WELLSTAR MCG HEALTH WARM SPRINGS, INC.) 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

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

SCHEDULE H, PART III, SECTION B, LINE 8

MEDICARE SHORTFALLS:

WELLSTAR MCG HEALTH WARM SPRINGS, INC. IS A PROVIDER OF INPATIENT AND
OUTPATIENT SERVICES TO MEDICARE PROGRAM BENEFICIARIES AT DETERMINED
RATES. WITHOUT THE PARTICIPATION IN THE MEDICARE PROGRAM THESE PATIENTS
MAY NOT HAVE HAD CONVENIENT ACCESS TO THOSE SERVICES.

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

Part VI Supplemental Information

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SCHEDULE H, PART III, SECTION C, LINE 9B

COLLECTION PRACTICES:

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

Part VI Supplemental Information

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SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

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

THE 2025 JOINT CHNA COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED WELLSTAR WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS.

INPUT FROM COMMUNITY REPRESENTATIVES & COMMUNITY SOURCES:

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THE SECONDARY DATA WAS COMPILED FROM A VARIETY OF SOURCES THAT ARE RELIABLE AND REPRESENTATIVE OF THE COMMUNITY SERVED BY WELLSTAR WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS. 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

Part VI Supplemental Information

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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

- 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

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AND REPRESENTATIVES FROM WELLSTAR'S EXISTING AND POTENTIAL PARTNERS.

THE INTERVIEWS, FOCUS GROUP DISCUSSIONS AND SUMMITS EXPLORED COMMUNITY CONTEXTS AND HEALTH NEEDS. INTERVIEWS 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 WEST GEORGIA MEDICAL CENTER AND WELLSTAR MCG HEALTH WARM SPRINGS LEADERSHIP, INCLUDING THE REGIONAL HEALTH BOARDS, WERE ALSO ENGAGED TO INFORM THE SERVICE AREA DEFINITION, LIST COMMUNITY LEADERS FOR STAKEHOLDER INTERVIEWS, AND REVIEW FINAL COMMUNITY HEALTH NEEDS.

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SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

WELLSTAR MCG HEALTH WARM SPRINGS, INC. 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:

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

WELLSTAR MCG HEALTH WARM SPRINGS, INC. 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

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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.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

WELLSTAR WEST GEORGIA MEDICAL CENTER IN LAGRANGE, GEORGIA, AND WELLSTAR MCG HEALTH WARM SPRINGS IN MERIWETHER, GEORGIA ARE APPROXIMATELY 65-70 MILES SOUTHWEST OF ATLANTA. FOR THE PURPOSES OF THE CHNA, THE PRIMARY SERVICE AREA FOR THE HOSPITAL IS DEFINED AS THE ZIP CODES FROM WHICH 75 PERCENT OF DISCHARGED INPATIENTS ORIGINATED DURING THE PREVIOUS YEAR.

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COUNTIES REPRESENTED INCLUDE: COWETA, HARRIS, HEARD, MERIWETHER, AND TROUP. THE AREA DEFINITION WAS VERIFIED BY THE WELLSTAR COMMUNITY HEALTH COUNCIL MEMBERS.

THE CHNA CONSIDERS THE POPULATION OF RESIDENTS LIVING IN THE RESIDENTIAL ZIP CODE AREAS REGARDLESS OF THE USE OF SERVICES PROVIDED BY WELLSTAR OR ANY OTHER PROVIDER. THIS ASSESSMENT FOCUSES SPECIFICALLY ON RESIDENTS IN THE SERVICE AREA WHO ARE MEDICALLY UNDER-RESOURCED OR AT RISK OF POOR HEALTH OUTCOMES. THE REFERENCED ZIP CODES ARE AS FOLLOWS: 30217, 30218, 30220, 30222, 30230, 30240, 30241, 30251, 30259, 30263, 30265, 30276, 30277, 30293, 31804, 31807, 31811, 31816, 31822, 31823, 31826, 31830, 31831 31833.

COWETA COUNTY HAD THE LARGEST POPULATION IN THE SERVICE AREA WITH 147,449 RESIDENTS, WHILE HEARD COUNTY HAD THE SMALLEST WITH 11,489 RESIDENTS. ACROSS THE SERVICE AREA AND STATE, ABOUT A QUARTER OF RESIDENTS WERE UNDER 18 YEARS OF AGE. THE AGE DISTRIBUTIONS IN HARRIS, HEARD, MERIWETHER, AND TROUP COUNTIES ALSO REFLECT STATE AND NATIONAL TRENDS, WHERE THE NEXT LARGEST PERCENTAGE OF THE POPULATION WERE ADULTS AGED 65 AND OVER. THIS IS INDICATIVE OF AN ADULT POPULATION FACING THE DUAL

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RESPONSIBILITIES OF CARING FOR BOTH CHILDREN AND AGING ADULTS AT THE SAME TIME. COWETA, HARRIS, AND HEARD COUNTIES ARE LESS DIVERSE THAN THE STATE, WITH HIGHER PROPORTIONS OF WHITE RESIDENTS (72.8%, 77.4%, AND 85.8%, RESPECTIVELY), AND LOWER PROPORTIONS OF BLACK (18.0%, 15.6%, AND 8.5%) OR ASIAN (1.9%, 0.7% AND 0.5%) RESIDENTS COMPARED TO STATE RATES. MERIWETHER AND TROUP COUNTIES ARE SIMILAR TO THE STATE IN THEIR RATES OF WHITE AND BLACK RESIDENTS, HOWEVER, ALL COUNTIES IN THE SERVICE AREA HAVE SMALLER PROPORTIONS OF HISPANIC AND MULTIRACIAL RESIDENTS THAN THE STATE.

TOTAL POPULATION (2022):

- COWETA: 147,449
- HARRIS: 34,919
- HEARD: 11,489
- MERIWETHER: 20,679
- TROUP: 69,527

MEDIAN HOUSEHOLD INCOME (2018-22):

- COWETA: \$90,031
- HARRIS: \$85,936

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- HEARD: \$62,965

- MERIWETHER: \$52,392

- TROUP \$53,599

MEDIAN AGE (2018-22):

- COWETA: 39.1

- HARRIS: 43.2

- HEARD: 40.7

- MERIWETHER: 43.6

- TROUP: 37.2

RACIAL/ETHNIC DISTRIBUTION:

- COWETA

BLACK: 18.0%

ASIAN: 1.9%

HISPANIC: 7.6%

NON-HISPANIC WHITE: 72.8%

LIMITED ENGLISH: 2.7%

- HARRIS

BLACK: 15.6%

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ASIAN: 0.7%

HISPANIC: 4.4%

NON-HISPANIC WHITE: 77.4%

LIMITED ENGLISH: 1.0%

- HEARD

BLACK: 8.5%

ASIAN: 0.5%

HISPANIC: 3.2%

NON-HISPANIC WHITE: 85.8%

LIMITED ENGLISH: 2.8%

- MERIWETHER

BLACK: 38.4%

ASIAN: 0.8%

HISPANIC: 2.7%

NON-HISPANIC WHITE: 57.7%

LIMITED ENGLISH: 0.6%

- TROUP

BLACK: 36.2%

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.

ASIAN: 2.4%

HISPANIC: 3.9%

NON-HISPANIC WHITE 57.1%

LIMITED ENGLISH: 1.9%

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

WELLSTAR MCG HEALTH WARM SPRINGS, INC. (AFFILIATE OF WELLSTAR HEALTH SYSTEM, INC.) OPERATES AS A CHARITABLE ORGANIZATION CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS RULING 69-545. IN THIS REGARD THE GOVERNING BODY OF THE ORGANIZATION AND/OR ITS PARENT IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY, MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITY; AND THE HOSPITAL PROVIDES CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH ITS CHARITY CARE POLICY. THE HOSPITAL'S EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION

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.

AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT OF PATIENT CARE, COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, PREVENTIVE SCREENINGS AND HEALTH FAIRS, RESEARCH, SUBSIDIZED HEALTH SERVICES, AND CHARITY CARE WELLSTAR MCG HEALTH WARM SPRINGS COMMITTED APPROXIMATELY \$25,000 IN CAPITAL EXPENDITURES FOR THE YEAR TO MEET THOSE NEEDS.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

WELLSTAR HEALTH SYSTEM, THE LARGEST HEALTH SYSTEM IN GEORGIA, IS 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

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.

MORE INFORMATION, VISIT [HTTPS://WWW.WELLSTAR.ORG](https://www.wellstar.org)

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT:

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

**SCHEDULE J
(Form 990)**

(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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

Employer identification number

46-4824043

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (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				
1 SUZANNE BENSON PHYSICIAN	(i)	479,638.	NONE	6,328.	14,752.	29,705.	530,423.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 ARIF AZIZ, M.D. 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
3 BETH KOST 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
4 CANDICE SAUNDERS 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.
5 DAVID JONES 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.
6 JAMES L HORNSBY TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	323,908.	135,986.	9,874.	59,712.	57,389.	586,869.	NONE
7 CHRISTOPHER REDDOCH HOSPITALIST	(i)	347,694.	1,140.	4,358.	9,436.	31,910.	394,538.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JOHN HATFIELD EVP CHF EX AF OFF (AS OF 5/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	400,000.	75,000.	10,840.	4,587.	24,861.	515,288.	NONE
9 JULIE TEER 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.
10 KEM MULLINS 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
11 AMY PEACOCK DIRECTOR PHARMACY	(i)	170,765.	NONE	644.	9,987.	7,781.	189,177.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 KATHY CLARK CHIEF NURSING OFFICER	(i)	150,971.	1,000.	1,538.	6,980.	18,776.	179,265.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 LEO REICHERT 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.
14 WENDY HASLEY PHARMICIST	(i)	138,311.	96.	159.	15,458.	41,764.	195,788.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 MARY CHATMAN EVP ACUTE CARE OPERATIONS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	853,496.	NONE	190,147.	65,373.	46,938.	1,155,954.	NONE
16 PAUL DOUGLASS, M.D. TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	373,636.	68,430.	11,963.	30,847.	56,556.	541,432.	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				
1 RICHARD CAPPS 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
2 RICHARD FREEMAN EVP CHIEF PHYS EX (AS OF 7/24)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	420,680.	100,000.	83,779.	10,109.	15,790.	630,358.	NONE
3 SUSAN GRANT 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.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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

SCHEDULE J, PART I, LINE 1B

REIMBURSEMENT POLICY:

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

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 4B

PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

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

PRESIDENTS AND CERTAIN PHYSICIANS PARTICIPATED IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN SPONSORED BY WELLSTAR HEALTH SYSTEM, INC.

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

COLUMN (C).

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN INCLUDED IN

SCHEDULE J, PART II, COLUMN (B):

CANDICE SAUNDERS	536,578
DAVID JONES	168,750
JULIE TEER	107,415
LEO REICHERT	204,292
SUSAN GRANT	155,249

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 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 THAT TIME.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, 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.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

46-4824043

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

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

WELLSTAR MCG HEALTH WARM SPRINGS, 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.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

46-4824043

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
NATIONWIDE TO RECEIVE A \$2 MILLION GRANT FROM THE U.S. DEPARTMENT OF

**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.

Name of the organization

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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
- . 2 RETIREMENT VILLAGES

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WELLSTAR MCG HEALTH WARM SPRINGS, INC

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- . 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
- . HOSPITAL MEDICINE

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- . 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
- . FOOD ACCESS AND HEALTHY LIVING

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

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. 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
HOSPITAL, SPALDING HOSPITAL, SYLVAN GROVE HOSPITAL FROM ANOTHER

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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
- WELLSTAR MCG HEALTH WARM SPRINGS, INC.

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- 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
CARE NURSING HOMES.

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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
CARE IT PROVIDES THROUGH ITS AFFILIATES. THESE RECORDS INCLUDE THE AMOUNT

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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)				

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(1) DOES NOT INCLUDE UTILIZATION STATISTICS FOR WMCG 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
DETERMINANTS OF HEALTH AS DEFINED BY WELLSTAR'S CURRENT COMMUNITY HEALTH

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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 SENIOR PRACTICUM PLACEMENTS. OUR ACADEMIC PARTNERSHIP MODEL AIMS TO

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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 GRANTS TO SUPPORT KSU'S EDUCATIONAL PROGRAMS. THE WELLSTAR SCHOOL OF

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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.

CHATTAHOOCHEE TECHNICAL COLLEGE: WELLSTAR CENTER FOR NURSING EXCELLENCE

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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 THE DEMANDS OF MEDICAL ASSISTING ROLES. THE PROGRAM IS EQUIPPED TO

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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
PRESENTATIONS FOCUSED ON THE HEALTHCARE INDUSTRY, HEALTH EQUITY AND

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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 INCLUDE BEREAVEMENT, BREASTFEEDING, AND MOTHERS SUPPORT CIRCLE WHICH

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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 AND DEMONSTRATE RETURN ON INVESTMENT FOR COMMUNITY BENEFIT ACTIVITIES.

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MAINTAINING EFFORTS BEYOND THE THREE-YEAR COMMUNITY HEALTH NEEDS
ASSESSMENT (CHNA) CYCLE HELPS WELLSTAR ADDRESS PERSISTENT COMMUNITY
HEALTH ISSUES AND ENSURE CONTINUITY FROM ONE IMPLEMENTATION PLAN TO THE
NEXT.

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

CONGREGATIONAL HEALTH NETWORK

WELLSTAR'S CONGREGATIONAL HEALTH NETWORK (CHN) SERVES AS A BRIDGE BETWEEN
OUR HEALTHCARE SYSTEM AND FAITH COMMUNITIES. COORDINATED BY A FULL-TIME
REGISTERED NURSE WHO SPECIALIZES IN FAITH COMMUNITY NURSING, WELLSTAR'S
PROGRAM IS DESIGNED TO ASSIST CONGREGATIONS OF ALL FAITHS TO DEVELOP OR
SUPPORT VOLUNTEER OR PAID HEALTH MINISTRIES. WITH MORE THAN 100
CONGREGATIONS AND 1,500 SPIRITUAL CARE PARTNERS, CHN SERVES AS A KEY TO
WELLSTAR'S SUCCESSFUL IMPLEMENTATION OF EQUITY-CENTERED PROGRAMS. THROUGH
THIS NETWORK, WELLSTAR CAN DIFFUSE INFORMATION, IMPLEMENT PROGRAMS AT
TRUSTED NEIGHBORHOOD-BASED SITES AND STRENGTHEN THE ORGANIZATIONS TO
PROVIDE WHOLE-PERSON SUPPORT. 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
AND ACTIVE LIVING TIPS, AND MENTAL HEALTH AWARENESS.

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COMMUNITY CLINIC NETWORK (CONT.)

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

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

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THE COMMUNITY CLINIC NETWORK HAS EVOLVED TO ADVANCE WELLSTAR'S ABILITY TO SUPPORT COMMUNITY ACCESS TO CARE AND SOCIAL SUPPORT SERVICES. AS WELLSTAR'S GEOGRAPHICAL FOOTPRINT HAS EXPANDED, WELLSTAR IS ALSO COMMITTED TO FORGING NEW PARTNERSHIPS WITH COMMUNITY CLINICS (I.E., COMMUNITY SAFETY-NET CLINICS, COMMUNITY HEALTH CENTERS AND FEDERALLY QUALIFIED HEALTH CENTERS) TO MORE COLLECTIVELY ACHIEVE OPTIMAL OUTCOMES FOR MORE MEDICALLY UNDERSERVED AND UNINSURED RESIDENTS. IN ADDITION, THE COMMUNITY CLINIC NETWORK EVOLVED TO INCLUDE COMMUNITY BENEFIT SUPPORT OF WELLSTAR'S 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 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

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MENTAL HEALTH SERVICES.

COMMUNITY TRANSFORMATION PROGRAM

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

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

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

OR,

. ACCESS TO SOCIAL DETERMINANTS OF HEALTH SUPPORT SERVICES SO THAT

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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
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.

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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 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.

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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 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

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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
TREATMENT.

MOBILE MARKET PROGRAM

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

46-4824043

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.

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.

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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 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

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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 SUSTAINABLEHEART 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)

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

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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 (HMHBGA). HMHBGA HAS IMPACTED THE HEALTH AND WELLBEING OF WOMEN, CHILDREN, AND FAMILIES FOR THE PAST 40 YEARS BY SUPPORTING THE COMMUNITY THROUGH DIRECT SERVICES, ADVOCACY, AND COMMUNITY EDUCATION. WELLSTAR'S PARTNERSHIP TO HELP EXPAND THE ORGANIZATION'S PERINATAL CARE PACKAGE PROJECT (PCP) PROVIDES SUPPORT TO PREGNANT AND POSTPARTUM BIRTH GIVERS AND ENCOURAGES POSITIVE MATERNAL HEALTH AND WELLNESS BY PROVIDING VITAL RESOURCES AND EDUCATION. THE PARTNERSHIP REACHES 150 BIRTH GIVERS PER MONTH WHO RESIDE IN GEORGIA'S MOST VULNERABLE COMMUNITIES. 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

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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

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.

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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 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

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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
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

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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 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,

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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
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

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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, 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.

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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 PREPARATION 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

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

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WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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 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

**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.

Name of the organization

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

Employer identification number

46-4824043

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 MCG HEALTH WARM SPRINGS HAD A CHANGE IN
NET ASSETS OF \$20,625,988 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

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

SEE SCHEDULE O

**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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

Employer identification number

46-4824043

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
KENNESTONE HOSPITAL, INC. 793 SAWYER ROAD	58-1649541 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
WELLSTAR SYLVAN GROVE HOSPITAL, INC. 793 SAWYER ROAD	81-0875069 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.		X
WEST GEORGIA MEDICAL CENTER, INC. 793 SAWYER ROAD	20-5497506 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	3	WGHS, INC.		

(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 SERVICES, INC. 793 SAWYER ROAD	20-5497622 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	12 II	WHS, INC.		X
VERNON WOODS RETIREMENT COMMUNITY, INC. 793 SAWYER ROAD	58-2575049 MARIETTA, GA 30062 HEALTHCARE	GA	501(C)(3)	10	WGHS, INC.		X
WEST GEORGIA HEALTH FOUNDATION, INC. 793 SAWYER ROAD	20-0936376 MARIETTA, GA 30062 FOUNDATION	GA	501(C)(3)	12 II	WGHS, INC.		X
MEDICAL PARK FOUNDATION, INC. 793 SAWYER ROAD	58-1303478 MARIETTA, GA 30062 FOUNDATION	GA	501(C)(3)	7	WGHS, 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, INC. 1120 15TH STREET BA 8412	27-2999718 AUGUSTA, GA 30912 HEALTHCARE	GA	501(C)(3)	12 II	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) KENNESTONE EAST PARKING DECK, 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(2) GRIFFIN IMAGING, LLC 793 SAWYER ROAD MARIETTA, GA 3	IMAGING CENTER	GA	N/A									
(3) WELLSTAR SPALD. EMS/SPALD 911, 793 SAWYER ROAD MARIETTA, GA 3	OFF.BLDG/EMS	GA	N/A									
(4) NORTH FULTON PARKING DECK, LP 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(5) COBB SOUTH PARKING DECK, LLC 793 SAWYER ROAD MARIETTA, GA 3	PARKING	GA	N/A									
(6) SPALDING HEALTH SYSTEM, LLC 58 793 SAWYER ROAD MARIETTA, GA 3	PHYS. HOSP. ORG	GA	N/A									
(7)												

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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