

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2023****Open to Public  
Inspection****A** For the **2023** calendar year, or tax year beginning **07/01/2023** and ending **06/30/2024****B** Check if applicable:

- ☒ Address change  
☒ Name change  
☒ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

793 SAWYER ROAD

City or town, state or province, country, and ZIP or foreign postal code

MARIETTA, GA 30062-2222

**F** Name and address of principal officer:

JAMES M. SWARTZ

793 SAWYER ROAD, MARIETTA, GA 30062-2222

**D** Employer identification number

46-4824043

**E** Telephone number

(770) 956-7827

**G** Gross receipts \$ 14,761,904.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.WELLSTAR.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 2016 **M** State of legal domicile: GA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	254
	6	Total number of volunteers (estimate if necessary)	6	71
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	NONE	NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	14,750,865.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE	11,039.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	NONE	14,761,904.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	13,172,175.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	NONE	NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	NONE	5,748,062.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	NONE	18,920,237.
	19	Revenue less expenses. Subtract line 18 from line 12	NONE	-4,158,333.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	-16,880,482.	6,746,774.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,582,559.	1,795,467.

**Part II Signature Block**

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

Sign Here	▶ Signature of officer	05/14/2025			
	▶ JAMES M. SWARTZ	Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOANNE KRUEGER		05/14/2025		P01235586
	Firm's name ▶ PWC US TAX LLP	Firm's EIN ▶ 92-0460586	Firm's address ▶ 2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103	Phone no. 267-330-3000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****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 \$ 18,584,649. including grants of \$ NONE ) (Revenue \$ 14,750,865. )

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 18,584,649.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	254
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . .	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

**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**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	17
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	1b	10
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
<b>6</b> Did the organization have members or stockholders? . . . . .	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .	9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	12c	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	15a	X
<b>b</b> Other officers or key employees of the organization . . . . .	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 JAMES M. SWARTZ 793 SAWYER ROAD MARIETTA, GA 30062-2222  
 770-956-7827

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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			
<b>(1)</b> CANDICE SAUNDERS PRESIDENT & CEO	1.00 49.00			X				NONE	4,470,894.	115,914.
<b>(2)</b> ANTHONY BUDZINSKI EVP & CFO	1.00 49.00			X				NONE	3,831,591.	111,381.
<b>(3)</b> LEO REICHERT EVP & GENERAL COUNSEL	1.00 49.00			X				NONE	3,047,957.	125,085.
<b>(4)</b> DAVID JONES EVP CHIEF HUMAN RESOURCES OFFR	1.00 49.00			X				NONE	1,701,311.	90,246.
<b>(5)</b> KEM MULLINS EVP AMBULATORY OPS & BUS DEV	1.00 49.00			X				NONE	1,268,588.	82,352.
<b>(6)</b> MARY CHATMAN EVP ACUTE CARE OPERATIONS	1.00 49.00			X				NONE	1,214,423.	88,463.
<b>(7)</b> RICHARD CAPPS EVP CHIEF INFO & DIGITAL OFFCR	1.00 49.00			X				NONE	1,109,573.	118,910.
<b>(8)</b> SUSAN GRANT EVP CHIEF EXPERIENCE OFF & CNE	1.00 49.00			X				NONE	1,071,514.	84,826.
<b>(9)</b> ARIF AZIZ, M.D. TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	825,095.	99,764.
<b>(10)</b> PAUL DOUGLASS, M.D. TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	779,970.	78,095.
<b>(11)</b> JULIE TEER SVP & WELLSTAR FOUNDATION PRES	1.00 49.00			X				NONE	819,305.	37,565.
<b>(12)</b> BETH KOST SVP CHIEF COMPLIANCE OFFICER	1.00 49.00			X				NONE	725,815.	90,620.
<b>(13)</b> JAMES L HORNSBY TRUSTEE & PHYSICIAN	1.00 49.00	X						NONE	469,330.	112,729.
<b>(14)</b> CHRISTOPHER S REDDOCH RWS - HOSPITALIST	50.00 NONE					X		293,594.	NONE	37,838.

**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 ) CARLOS M PARRADO RWS - HOSPITALIST	50.00 NONE					X		288,289.	NONE	3,581.
( 16 ) SUZANNE E BENSON RWS - PHYSICIAN	50.00 NONE					X		186,972.	NONE	40,339.
( 17 ) VELLETTA JACKSON RWS - REGISTERED NURSE PRN	50.00 NONE					X		218,265.	NONE	NONE
( 18 ) ALEXANDRA ALEXIS RWS - REGISTERED NURSE PRN	50.00 NONE					X		188,430.	NONE	NONE
( 19 ) W. CHARLES BROCK TRUSTEE	1.00 15.00	X						NONE	41,497.	NONE
( 20 ) ED RICHARDSON TRUSTEE	1.00 15.00	X						NONE	15,806.	NONE
( 21 ) MITZI MOORE TRUSTEE	1.00 15.00	X						NONE	13,338.	NONE
( 22 ) O. SCOTT SWAYZE, M.D. TRUSTEE	1.00 15.00	X						NONE	11,859.	NONE
( 23 ) FRANK ROS TRUSTEE	1.00 15.00	X						NONE	9,633.	NONE
( 24 ) MARK BERRY TRUSTEE	1.00 15.00	X						NONE	8,873.	NONE
( 25 ) JAMES L. HOLMES TRUSTEE	1.00 15.00	X						NONE	8,198.	NONE
<b>1b Sub-total</b> . . . . .								1,175,550.	21,444,570.	1,317,708.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	23,236.	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,175,550.	21,467,806.	1,317,708.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) GREG MORGAN TRUSTEE	1.00 15.00	X						NONE	5,707.	NONE
( 27 ) H. SPEER BURDETTE, III TRUSTEE	1.00 15.00	X						NONE	4,358.	NONE
( 28 ) KEITH PARKER TRUSTEE	1.00 15.00	X						NONE	4,051.	NONE
( 29 ) JOHN MCKIBBEN TRUSTEE	1.00 15.00	X						NONE	3,675.	NONE
( 30 ) JAY CUNNINGHAM TRUSTEE	1.00 15.00	X						NONE	3,092.	NONE
( 31 ) DAVID BOTTOMS TRUSTEE	1.00 15.00	X						NONE	1,995.	NONE
( 32 ) EDWARD TATE TRUSTEE (BEG 11/23)	1.00 15.00	X						NONE	358.	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> 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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		NONE			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		HOSPITAL PATIENT REVENUE	622110	14,750,865.	14,750,865.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		14,750,865.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		NONE			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		NONE			
	<b>5</b>	Royalties . . . . .		NONE			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .		NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b>	Net gain or (loss) . . . . .		NONE			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	NONE			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		NONE			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE			
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	OTHER REVENUE	622110	11,039.			11,039.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		11,039.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			14,761,904.	14,750,865.		11,039.

**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 . . . . .	12,143,275.	11,984,024.	159,251.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	230,275.	230,275.		
9 Other employee benefits . . . . .	45,871.	3,706.	42,165.	
10 Payroll taxes . . . . .	752,754.	752,754.		
11 Fees for services (nonemployees):				
a Management . . . . .	1,337,599.	1,337,599.		
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.) . . . . .	1,322,018.	1,222,040.	99,978.	
12 Advertising and promotion . . . . .	867.	867.		
13 Office expenses . . . . .	49,807.	49,807.		
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	279,201.	279,201.		
17 Travel . . . . .	14,919.	12,006.	2,913.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	NONE			
20 Interest . . . . .	1,243.	78.	1,165.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	154,239.	128,011.	26,228.	
23 Insurance . . . . .	203,163.	203,163.		
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 . . . . .	1,554,557.	1,553,785.	772.	
b NON-MEDICAL SUPPLIES . . . . .	130,570.	126,294.	4,276.	
c REPAIRS & MAINTENANCE . . . . .	653,614.	653,614.		
d OTHER EXPENSES . . . . .	46,265.	47,425.	-1,160.	
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	18,920,237.	18,584,649.	335,588.	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 ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	NONE	<b>1</b>	NONE
	<b>2</b> Savings and temporary cash investments. . . . .	588,549.	<b>2</b>	1,814,937.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	2,724,333.	<b>4</b>	2,629,479.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	135,503.	<b>8</b>	124,637.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,958.	<b>9</b>	NONE
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,592,675.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 414,954.		
		1,012,977.	<b>10c</b>	2,177,721.
	<b>11</b> Investments - publicly traded securities. . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	-21,356,802.	<b>15</b>	NONE	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	-16,880,482.	<b>16</b>	6,746,774.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	1,577,119.	<b>17</b>	1,791,389.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	5,440.	<b>25</b>	4,078.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	1,582,559.	<b>26</b>	1,795,467.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	-18,463,041.	<b>27</b>	4,951,307.
	<b>28</b> Net assets with donor restrictions. . . . .	NONE	<b>28</b>	NONE
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	-18,463,041.	<b>32</b>	4,951,307.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	-16,880,482.	<b>33</b>	6,746,774.

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	14,761,904.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	18,920,237.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-4,158,333.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	-18,463,041.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	27,572,681.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	4,951,307.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

Employer identification number

46-4824043

**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) 2023

**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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- b 33 1/3% support tests - 2022.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>5a</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VII*). 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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 . . . . .			
<b>b</b>	From 2019 . . . . .			
<b>c</b>	From 2020 . . . . .			
<b>d</b>	From 2021 . . . . .			
<b>e</b>	From 2022 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 . . . .			
<b>b</b>	Excess from 2020 . . . .			
<b>c</b>	Excess from 2021 . . . .			
<b>d</b>	Excess from 2022 . . . .			
<b>e</b>	Excess from 2023 . . . .			

Schedule A (Form 990) 2023

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

**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.

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2023

**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 d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐

**Part V Endowment Funds**

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? . . . . .	3a(i)	
(ii) Related organizations? . . . . .	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		1,114,648.	NONE	1,114,648.
c Leasehold improvements . . . . .		34,345.	NONE	34,345.
d Equipment . . . . .		1,435,447.	410,761.	1,024,686.
e Other . . . . .		8,235.	4,193.	4,042.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				2,177,721.

Schedule D (Form 990) 2023

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAX EXEMPT BOND LIAB. DUE TO WHS	4,078.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (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.

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

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

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

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

**Part XIII Supplemental Information**

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

SEE SUPPLEMENTAL PAGE



**Part XIII** Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

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

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

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

WELLSTAR HAS EVALUATED ITS TAX POSITIONS AND DOES NOT BELIEVE THERE ARE  
ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30,  
2024, OR 2023."

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . .			106,758.		106,758.	0.56
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			5,948,074.	5,948,074.	NONE	NONE
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . .			6,054,832.	5,948,074.	106,758.	0.56
Other Benefits						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .						
<b>f</b> Health professions education (from Worksheet 5) . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . .						
<b>k Total.</b> Add lines 7d and 7j .			6,054,832.	5,948,074.	106,758.	0.56

**Part II Community Building Activities.** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	6,902,493.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	9,584,464.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-2,681,971.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

**Part V Facility Information****Section A. Hospital Facilities**

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> WELLSTAR ROOSEVELT WARM SPRINGS LTAC 1120 15TH STREET AUGUSTA GA 30912 WWW.WELLSTAR.ORG	099-685									
	X									
<b>2</b> WELLSTAR ROOSEVELT WARM SPRINGS REHAB 1120 15TH STREET AUGUSTA GA 30912 WWW.WELLSTAR.ORG	099-684									
	X									
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: 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
<b>Community Health Needs Assessment</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	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 . . . . .	2	X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	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 . . . . .	6a	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 . . . . .	6b	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):	7	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 . . . . .	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	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? . . . . .	10b	
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)? . . . . .	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
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
<b>Community Health Needs Assessment</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	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 . . . . .	2	X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2021</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 . . . . .	5	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 . . . . .	6a	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 . . . . .	6b	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):	7	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 . . . . .	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2021</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	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? . . . . .	10b	
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)? . . . . .	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
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
13	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients? . . . . .	X	
15	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of 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? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://ROOSEVELTRECOVERY.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.AUGUSTAHEALTH.ORG/ROO</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.AUGUSTAHEAL</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)		

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**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 financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b> 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b> 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)		

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**Part V Facility Information** (continued)**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		X
If "No," indicate why:		
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)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: ROOSEVELT WARM SPRINGS REHAB

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

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

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

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

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**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

AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, HOSPITALS ARE REQUIRED TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. THIS IS THE THIRD CHNA REPORT COMPLETED BY ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY HOSPITALS, INC. ("RWSH").

ORGANIZATION STRUCTURE AND HISTORY

ON AUGUST 29, 2023, WELLSTAR HEALTH SYSTEM, INC., A GEORGIA NONPROFIT CORPORATION ("WHS"), AND AU HEALTH SYSTEM, INC., A GEORGIA NONPROFIT CORPORATION ("AUHS"), CONSUMMATED THEIR AFFILIATION (THE "TRANSACTION") PURSUANT TO A MEMBERSHIP SUBSTITUTION AGREEMENT DATED AS OF AUGUST 29, 2023. AS A RESULT OF THE TRANSACTION, WHS BECAME THE SOLE CORPORATE MEMBER OF AUHS. AUHS CHANGED ITS CORPORATE LEGAL NAME TO WELLSTAR MCG HEALTH, INC., AND THE HEALTH SYSTEM OPERATED BY AUHS BECAME A PART OF THE HEALTH SYSTEM OPERATED BY WHS. BY VIRTUE OF WHS BECOMING THE SOLE CORPORATE MEMBER OF AUHS, WHS BECAME THE ULTIMATE PARENT CORPORATION OF AUHS AND ITS AFFILIATES, AU MEDICAL CENTER, INC., A GEORGIA NONPROFIT CORPORATION ("AUMC"), AU MEDICAL ASSOCIATES, INC., A GEORGIA NONPROFIT CORPORATION ("AUMA"), AND ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY HOSPITALS, INC., A GEORGIA NONPROFIT CORPORATION ("RWSH"), WHICH AS A RESULT OF THE TRANSACTION, CHANGED ITS CORPORATE LEGAL NAME TO WELLSTAR MCG HEALTH WARM SPRINGS, INC.

THE RESPONSES TO THE QUESTIONS SET FORTH ARE BASED ON THE PRIOR 2022 CHNA COMPILED BY ROOSEVELT WARM SPRINGS LONG TERM ACUTE CARE HOSPITAL AND INPATIENT REHABILITATION HOSPITALS (RWSH) UNDER THEIR PREVIOUS OWNER, AUGUSTA UNIVERSITY.

ROOSEVELT WARM SPRINGS HOSPITALS CAME UNDER THE LEADERSHIP OF AUGUSTA UNIVERSITY IN 2014. RWSH WAS ESTABLISHED IN 1927 BY FRANKLIN DELANO ROOSEVELT AND SEEN AS A PLACE OF HEALING AND REHABILITATION FOR THOSE WITH POLIO. THE HISTORIC FACILITY IN WARM SPRINGS, GA HAS EVOLVED INTO TODAY'S RWSH, 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. THERE ARE NOW TWO SEPARATE HOSPITALS WITHIN THIS SYSTEM: ROOSEVELT WARM SPRINGS REHABILITATION HOSPITAL AND ROOSEVELT WARM SPRINGS LONG TERM ACUTE CARE HOSPITAL.

AU HEALTH, WHICH IS LOCATED IN AUGUSTA, GEORGIA, IS A COOPERATE ORGANIZATION OF THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA AND PROVIDES SUPPORT TO AUGUSTA UNIVERSITY THROUGH ITS ACADEMIC MEDICAL CENTER AND OTHER CLINICAL FACILITIES THROUGHOUT THE STATES OF GEORGIA.

**Part V Facility Information** (continued)

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

THIS NOT-FOR-PROFIT ENTERPRISE HAS A NEARLY 200-YEAR HISTORY OF TRAINING HEALTH PROFESSIONALS FOR GEORGIA AND NATIONALLY AND IS KNOWN FOR HEALTH-RELATED ACTIVITIES AND CONTRIBUTIONS OF ITS FACULTY, STAFF, AND STUDENTS TO THE UNINSURED AND UNDER-INSURED MEMBERS OF THE COMMUNITY. AUGUSTA UNIVERSITY STRIVES TO BE A TOP-TIER UNIVERSITY WITH A MISSION OF PROVIDING LEADERSHIP AND EXCELLENCE IN TEACHING, DISCOVERY, CLINICAL CARE, AND SERVICE AS A STUDENT-CENTERED RESEARCH UNIVERSITY AND ACADEMIC HEALTH CENTER. AUGUSTA UNIVERSITY EMBODIES THE APPLICATION OF RESEARCH, EDUCATION, AND SERVICE TO ENHANCE THE HEALTH OF THE COMMUNITY, PRODUCING TANGIBLE AND MEASUREABLE RESULTS. AU HEALTH HAS BOTH NATIONALLY AND INTERNATIONALLY RECOGNIZED PROGRAMS IN AREAS SUCH AS NEUROLOGICAL CONDITIONS AND STROKE, AND IT HAS BEEN ON THE CUTTING EDGE OF RESEARCH IN SUCH AREAS AS CANCER, WOMEN'S HEALTH, AND PREVENTATIVE CARE.

ROOSEVELT WARM SPRINGS REHABILITATION HOSPITAL IS A 52-BED LICENSED FACILITY THAT IS STAFFED TO ACCOMMODATE 20 TO 24 PATIENTS. IN THE REHAB HOSPITAL, PATIENTS PARTICIPATE IN A STRUCTURED PROGRAM THAT INCLUDES BUILDING STRENGTH, ENDURANCE, AND SELF-CARE WHILE HAVING MEDICAL ISSUES MANAGED, PREPARING PATIENTS TO RETURN HOME AND RESUME THEIR LIVES. THE FOCUS IS ON EARLY INTERVENTION FOR CONDITIONS AFFECTING MOBILITY, ACTIVITIES OF DAILY LIVING, AND SWALLOWING AND COGNITIVE ABILITIES. PART OF THE DAY IS DEVOTED TO FOLLOW-UP MEDICAL CARE ADDRESSING ONGOING MEDICAL ISSUES AND PART OF THE DAY INVOLVES THERAPY TO HELP THE PATIENT BUILD UP STRENGTH AND SKILLS. PSYCHOLOGICAL SUPPORT IS ALSO OFFERED, AS PHYSICAL TRAUMA CAN BE EMOTIONALLY DRAINING. EACH PATIENT IS SERVED BY AN INTERDISCIPLINARY TEAM LEAD BY A PHYSICIAN SPECIALLY TRAINED IN PHYSICAL MEDICINE AND REHABILITATION. THE PHYSICIAN PROVIDES DAILY MEDICAL AND PHYSICAL MANAGEMENT WITH THE REHABILITATION REGISTERED NURSES PROVIDING 24 HOUR CARE. EACH PATIENT'S TREATMENT PROGRAM IS INDIVIDUALIZED AND MODIFIED ACCORDING TO THE PROGRESS MADE TOWARD DISCHARGE GOALS. OTHER MEMBERS OF THE TEAM WHO WORK CLOSELY TO COORDINATE THE PATIENT'S SPECIFIC TREATMENT INCLUDE: ? REGISTERED NURSES, PHYSICAL THERAPIST, OCCUPATION THERAPIST, SPEECH LANGUAGE PATHOLOGIST, PSYCHOLOGIST, RESPIRATORY THERAPIST, REGISTERED DIETICIAN, RN CASE MANAGER/ DISCHARGE PLANNER, AND CLINICAL PHARMACIST. ADDITIONALLY, FAMILIES AND PRIMARY CAREGIVERS ARE VERY IMPORTANT MEMBERS OF THE TEAM AND ARE ENCOURAGED TO INTERACT WITH THE TEAM, ASK QUESTIONS, AND ATTEND EDUCATION SESSIONS.

ROOSEVELT WARM SPRINGS LTAC HOSPITAL HAS 32 LICENSED BEDS AND IS STAFFED FOR 16-20 PATIENTS. IN OUR LTAC HOSPITAL, PATIENTS ARE ADMITTED FROM AN ACUTE CARE HOSPITAL, OFTEN FROM INTENSIVE CARE OR STEP-DOWN UNITS, AND HAVE AN AVERAGE LENGTH OF STAY WITH US OF 25 DAYS. OUR PATIENTS ARE MEDICALLY COMPLEX REQUIRING MULTI-SPECIALTY MEDICAL SERVICES PROVIDED BY PHYSICIANS MAKING DAILY ROUNDS AND REGISTERED NURSES PROVIDING 24 HOUR COMPLETE CARE. THE INTERDISCIPLINARY TEAM IS TAILORED TO THE PATIENT'S SPECIFIC NEEDS AND MAY INCLUDE REGISTERED NURSES, RESPIRATORY THERAPIST, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, SPEECH LANGUAGE PATHOLOGIST, REGISTERED DIETICIAN, CLINICAL PHARMACIST AND RN CASE MANAGERS/DISCHARGE

**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.

PLANNERS. WE CARE FOR CRITICALLY ILL PATIENTS WHO HAVE MULTIPLE CO-MORBIDITIES, MULTI ORGAN SYSTEM FAILURE AND REQUIRE SPECIALIZED CARE.

THE 2022 ROOSEVELT WARM SPRINGS LTAC AND REHAB COMMUNITY HEALTH NEEDS ASSESSMENT TEAM

RWSH'S CHNA TEAM WAS LED BY THE DIRECTOR OF CASE MANAGEMENT IN COORDINATION WITH PHYSICIANS, CLINICAL LEADERS, AND ANCILLARY SUPPORT PERSONNEL AT AU HEALTH. CASE MANAGEMENT ASSISTS THE EXECUTIVE LEADERSHIP TEAM WITH COMMUNITY-BASED INITIATIVES THAT AFFECT THE POPULATION SERVED AT THE FACILITY AS WELL AS THE COMMUNITY AT LARGE. MEMBERS OF THE TEAM INCLUDED:

- CHIEF EXECUTIVE OFFICER
- DIRECTOR OF BUSINESS DEVELOPMENT
- CHIEF NURSING OFFICER
- DIRECTOR OF NURSING
- DIRECTOR OF FINANCE
- DIRECTOR OF CASE MANAGEMENT
- MARKETING
- DIRECTOR OF ANCILLARY SERVICES
- DIRECTOR OF QUALITY AND COMPLIANCE
- KEY CONSTITUENTS IN THE ORGANIZATION THAT HAVE A STRONG INTEREST IN COMMUNITY HEALTH IMPROVEMENT

FOR THE MOST RECENT CHNA, RWSH WILL FOCUS ON COMMUNITY OUTREACH AND EDUCATION REGARDING LOW-COST HEALTH CARE AND SUPPORT FOR THE COMMUNITY. THE OUTCOMES OF THE 2019 CHNA WERE IMPACTED BY THE COVID-19 PANDEMIC.

#### COMMUNITY HEALTH NEEDS ASSESSMENT STRATEGY

THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT STRATEGY DETERMINED AREAS OF INTEREST AND IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT, EDUCATION, AND INTERVENTION AT THE COMMUNITY AND FACILITY LEVEL. WE SURVEYED KEY COMMUNITY STAKEHOLDERS AND THE GENERAL POPULATION TO GATHER INPUT ON THE MAJOR HEALTH CONCERNS OF THE COMMUNITY. THE OVERALL GOAL OF THE 2022 CHNA IS TO ENHANCE COLLABORATION WITH THE COMMUNITY TO EXPAND ACCESS, SERVICES AND EDUCATION IN THE AREAS OF DISEASE PREVENTION, SIMPLE EXERCISE ROUTINES, NUTRITIONAL TIPS, STRESS RELIEF TIPS AND COST-EFFECTIVE RESOURCES IN OUR COMMUNITY.

#### SERVICE AREA

RWSH IS LOCATED IN THE CITY OF WARM SPRINGS, GEORGIA IN MERIWETHER COUNTY, WHICH IS IN MID-WESTERN SECTION OF THE STATE. THE SCOPE OF BOTH

**Part V Facility Information** (continued)

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

THE LTAC AND THE IRF HOSPITALS' SERVICES ARE VERY SPECIALIZED, AND THEY ACCEPT PATIENTS FROM OTHER GEORGIA HOSPITALS AND SURROUNDING STATES. ALMOST 95% OF THE PATIENTS HAVE A HOME ADDRESS IN GEORGIA. WHILE PATIENTS ARE RECEIVED FROM ALL OVER THE STATE, THE CHNA FOCUSED ON COUNTIES IN CLOSE PROXIMITY TO OUR HOSPITALS AND FROM WHICH WE RECEIVE THE MAJORITY OF OUR ADMISSIONS.

THE COMPREHENSIVE CHNA THAT MEETS INDUSTRY STANDARDS INCLUDING IRS FINAL REGULATIONS OF SECTION 501(R) ENTITLED "ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS" CAN BE ACCESSED HERE:

<HTTPS://ROOSEVELTRECOVERY.COM>

SCHEDULE H, PART V, SECTION B, LINE 5

THIS 2022 COMMUNITY HEALTH NEEDS ASSESSMENT UTILIZED BOTH PRIMARY AND SECONDARY DATA TO DETERMINE THE FOCUS FOR THE PROJECT.

AS PART OF THE DATA ANALYSIS, THE CHNA TEAM ANALYZED PRIMARY CONDITIONS TREATED IN EACH FACILITY, PRIMARY PAYERS FOR THOSE SERVED, ADMISSIONS BY DEMOGRAPHIC DATA (INCLUDING AGE AND GENDER). REFERRAL VOLUME BY HOSPITAL WAS ALSO TAKEN INTO CONSIDERATION.

PRIMARY AND SECONDARY DATA WAS ANALYZED TOGETHER TO THE MOST SIGNIFICANT HEALTH RELATED NEEDS. THIS INFORMATION WAS REVIEWED BY RWSH'S EXECUTIVE LEADERSHIP TEAM AND A FOCUS AREA FOR THE CHNA WAS SELECTED. WITHIN THE REPORT NARRATIVE, JUSTIFICATION FOR ANY SIGNIFICANT NEEDS THAT ARE IDENTIFIED BUT NOT INCLUDED WILL BE ADDRESSED.

RWSH CONDUCTED TWO COMMUNITY WIDE SURVEYS TO GATHER INPUT ON WHAT THE COMMUNITY VIEWS AS MAJOR HEALTH CONCERNS. THE SURVEYS REQUESTED GUIDANCE ON HOW RWSH COULD ASSIST WITH MEETING THOSE NEEDS. THE "COMMUNITY" WAS DEFINED AS THE COUNTY IN WHICH THE HOSPITALS RESIDE AS WELL AS THE COUNTIES OF TOP REFERRAL SOURCES.

BOTH A PROFESSIONAL SURVEY AND A GENERAL COMMUNITY SURVEY VIA AN ONLINE SURVEY SYSTEM WERE COMPLETED. THE PROFESSIONAL SURVEY WAS PRESENTED TO THE CASE MANAGERS AT THE TOP REFERRING HOSPITALS, LOW INCOME CLINICS THAT SERVICE THOSE COUNTIES, HEALTH DEPARTMENTS THAT SERVICE THOSE COUNTIES AND THE CHAMBER OF COMMERCE. WE HAD A >60% COMPLETION RATE ON THIS SURVEY.

A LINK WAS PROVIDED, VIA SOCIAL MEDIA, FOR THE GENERAL COMMUNITY TO COMPLETE A SURVEY.

THE PROFESSIONAL SURVEY IDENTIFIED THE REGION'S MOST PREVALENT HEALTH



**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.

CONDITIONS AS DIABETES, OBESITY AND HTN. IT ALSO IDENTIFIED EMERGING NEEDS AMONG THE UNDER-RESOURCED POPULATIONS AS TRANSPORTATION, COVID-19, AND THE COST OF HEALTHCARE. THE MAJOR BARRIERS TO OBTAINING HEALTHCARE WERE IDENTIFIED AS TRANSPORTATION, HEALTH LITERACY AND COST OF CARE. EDUCATION, AFFORDABLE RESOURCES AND LACK OF ACCESS TO AFFORDABLE HEALTH CARE WERE CONSISTENTLY IDENTIFIED AS THE BIGGEST NEEDS IN OUR COMMUNITY.

STRESS, OVEREATING AND HIGH BLOOD PRESSURE WERE IDENTIFIED AS THE TOP THREE THINGS PREVENTING THE SURVEY TAKERS FROM BEING AS HEALTHY AS THEY WOULD LIKE TO BE. GREATER THAN 65 PERCENT OF THOSE SURVEYED EXPRESSED THAT THEY WOULD ATTEND EDUCATIONAL SESSIONS PROVIDED BY ROOSEVELT. ARTICLES AND/OR VIDEOS POSTED TO SOCIAL MEDIA WERE CONSISTENTLY IDENTIFIED AS THE PREFERRED METHOD OF PROVIDING EDUCATION TO THE COMMUNITY. THE TOPICS REQUESTED TO BE ADDRESSED IN THIS EDUCATION WERE TIPS TO EAT HEALTHIER, SIMPLE EXERCISE ROUTINES, TIPS TO PREVENT ILLNESS/DISEASE AND HEALTH CARE RESOURCES THAT MAY BE AVAILABLE IN OUR COMMUNITY.

BOTH THE PROFESSIONAL SURVEY AND THE GENERAL COMMUNITY SURVEYS INDICATED THAT EASIER ACCESS TO LOW-COST HEALTH CARE/SUPPORT WOULD ASSIST IN MAKING THE COMMUNITY HEALTHIER. HEALTH CARE LITERACY WAS ALSO A THEME IN THE RESULTS. 66% OF THOSE SURVEYED WERE INTERESTED IN FREE EDUCATION FROM ROOSEVELT WARM SPRINGS. 62% REQUESTED THAT THE EDUCATION BE VIA SOCIAL MEDIA/ONLINE PLATFORMS. DISEASE PREVENTION, SIMPLE EXERCISE ROUTINES, WAYS TO IMPROVE NUTRITIONAL INTAKE, AND AVAILABLE COST-EFFECTIVE COMMUNITY RESOURCES WERE A COMMON THEME AMONG THINGS THAT THE COMMUNITY WOULD LIKE MORE INFORMATION ON/THINGS THAT THEY COULD CHANGE TO IMPROVE THEIR HEALTH. 58% OF THOSE SURVEYED IN THE GENERAL COMMUNITY SURVEY INDICATED STRESS WAS A BARRIER TO HEALTHY LIVING.

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

THE 2022 CHNA IS INCLUSIVE OF AU MEDICAL CENTER'S ROOSEVELT WARM SPRINGS LONG TERM ACUTE CARE HOSPITAL AND ROOSEVELT WARM SPRINGS INPATIENT REHABILITATION HOSPITAL.

THE CHNA REPORT MEETS THE REQUIREMENTS OF SECTION 501(R)(3).

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

**Part V Facility Information** (continued)

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

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

WWW.ROOSEVELTRECOVERY.COM

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

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

WWW.ROOSEVELTRECOVERY.COM

SCHEDULE H, PART V, SECTION B, LINE 11

PROGRAMS & STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY:

THE RESULTS OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY  
REFLECTED A NEED FOR INCREASED MENTAL HEALTH CARE IN OUR FACILITY AS WELL  
AS IN OUR COMMUNITY. RWSH INITIATED A 2-FOLD PLAN TO ASSIST WITH MEETING  
THIS NEED. ONE INITIATIVE FOCUSED ON TACTICS TO IMPROVE MENTAL HEALTH  
CARE IN THE PATIENTS WE SERVE WHILE THE OTHER FOCUSED ON TACTICS TO  
IMPROVE MENTAL HEALTH CARE IN OUR IMMEDIATE COMMUNITY. ACTIONS TAKEN  
INCLUDED:

- HIRING A FULL-TIME BEHAVIORAL HEALTH COUNSELOR TO COORDINATE MENTAL  
HEALTH CARE BOTH DURING AND AFTER HOSPITALIZATION
- INITIATING A COUNSELOR LED SUPPORT GROUP FOR PATIENTS ON OUR REHAB  
HOSPITAL.
- ENGAGING COMMUNITY PASTORS TO PROVIDE SPIRITUAL SUPPORT TO OUR  
INPATIENTS  
ON A VOLUNTEER BASIS
- TRAINING NURSES, PHYSICIANS, AND OTHER PROVIDERS TO PERFORM SUICIDE  
RISK  
ASSESSMENTS USING VALIDATED TOOLS.
- ASSISTING WITH BEHAVIORAL HEALTH REFERRALS FOR FOLLOW-UP CARE POST  
DISCHARGE BY THE COUNSELOR
- INITIATING AND SUPPORTING AN ANONYMOUS 12 STEP GROUP ON CAMPUS
- WORKING WITH HUMAN RESOURCES TO FACILITATE INTERVENTIONS FOR EMPLOYEES

**Part V Facility Information** (continued)

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

WITH ACUTE MENTAL HEALTH NEEDS

RWSH PLANNED TO TRACK THESE MEASURES BY FOLLOWING PARTICIPATION IN GROUP THERAPY SESSIONS, OUTPATIENT REFERRALS, AND PATIENT SATISFACTION RESULTS COLLECTED DURING POST DISCHARGE SURVEYS AND FOLLOW-UP CALLS.

FEBRUARY 2020, RWSH RESTRICTED IN PERSON MEETINGS AS PART OF OUR EFFORTS TO PREVENT THE SPREAD OF COVID-19. THIS PUBLIC HEALTH EMERGENCY REMAINED IN PLACE THROUGH THE END OF 2021. RWSH WAS UNABLE TO FOLLOW THROUGH WITH GROUP THERAPY SESSIONS. ONE ON ONE THERAPY SESSIONS WITH THE BEHAVIORAL HEALTH COUNSELOR REMAINED IN PLACE FOR PATIENTS ON THE REHAB AND LTAC HOSPITALS AS NEEDED.

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 250% OF FPG. FOR PERSONS WITH INCOMES BELOW 150 % OF THE FPL, SERVICES WILL BE PROVIDED AT NO CHARGE. FOR PERSONS WITH AN INCOME BETWEEN 150 TO 250% OF THE FPL, A SLIDING FEE SCALE WILL BE UTILIZED.

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

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:

PATIENTS / GUARANTORS ARE EXPECTED TO COOPERATE IN A TIMELY MANNER IN FURNISHING REQUESTED DISCLOSURE AND DOCUMENTATION OF PERSONAL, FINANCIAL, OR OTHER INFORMATION NECESSARY TO MAKE A DETERMINATION REGARDING INABILITY TO PAY AND APPLICABLE HOUSEHOLD INCOME. ALL APPLICANTS MUST PROVIDE PROOF OF HOUSEHOLD INCOME BY PROVIDING ANY OR ALL OF THE FOLLOWING THAT ARE APPLICABLE: PAY STUBS, INCOME TAX RETURNS, TANF STATEMENT(S), FOOD STAMP APPROVAL LETTER, SOCIAL SECURITY STATEMENT(S),

**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.

VETERAN ADMINISTRATION PAYMENT STATEMENT(S), RETIREMENT STATEMENT(S) OR DISABILITY APPROVAL LETTER(S). REQUIRED DOCUMENTATION (PROOF OF INCOME, RESIDENCY, ETC.) WILL BE MAINTAINED IN THE PATIENT ACCOUNT FOLDERS IN THE BUSINESS OFFICE. THE APPLICANT'S DECLARATION OF INCOME AND FAMILY SIZE IS DOCUMENTED IN THE BILLING SYSTEM. THE PATIENT CLASS INDICATOR WILL REFLECT THE AMOUNT DUE FROM THE PATIENT SUCH AS 0, 20%, 40%, ETC. THE ACTUAL ALLOWANCE OF THE DEBT DOES NOT TAKE PLACE UNTIL THE INCOME DOCUMENTATION IS PROVIDED OR A DECISION MADE AS TO AVAILABILITY OF THAT DOCUMENTATION. ASSETS, SUCH AS DWELLINGS, RENTAL PROPERTY, AND VEHICLES ARE NOT USED IN THE INCOME CALCULATIONS. PERSONS WHO DECLARE \$0.00 INCOME MUST EXPLAIN, IN WRITING, HOW THEY CLOTHE, FEED AND SHELTER THEMSELVES.

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

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

[HTTPS://ROOSEVELTRECOVERY.COM](https://ROOSEVELTRECOVERY.COM)

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

THE FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND ON ITS WEBSITE:

[HTTPS://WWW.AUGUSTAHEALTH.ORG/ROOSEVELT/RWSH-LEADERSHIP-TEAM](https://WWW.AUGUSTAHEALTH.ORG/ROOSEVELT/RWSH-LEADERSHIP-TEAM)

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

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

[HTTPS://WWW.AUGUSTAHEALTH.ORG/ROOSEVELT/RWSH-LEADERSHIP-TEAM](https://WWW.AUGUSTAHEALTH.ORG/ROOSEVELT/RWSH-LEADERSHIP-TEAM)

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

PUBLICATION OF THE FINANCIAL ASSISTANCE POLICY (FAP):

[HTTPS://WWW.AUGUSTAHEALTH.ORG/ROOSEVELT/RWSH-LEADERSHIP-TEAM](https://WWW.AUGUSTAHEALTH.ORG/ROOSEVELT/RWSH-LEADERSHIP-TEAM)

**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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2023

**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 3C

TO ENSURE THAT THE INTENT OF THE STATE GUIDELINES FOR DISPROPORTIONATE SHARE HOSPITALS CONCERNING THE MEDICALLY INDIGENT PATIENT AND THEIR INABILITY TO PAY ARE SATISFIED, RWSHR HAS THE FOLLOWING DISCOUNTING POLICIES FOR MEDICAL SERVICES PROVIDED. RESIDENCY REQUIREMENT: GEORGIA RESIDENT

ALL EFFORTS WILL BE MADE BY THE HOSPITAL TO ENSURE THAT THE PATIENT / GUARANTOR HAS MADE AND BEEN DENIED COVERAGE UNDER THE STATE MEDICAID PROGRAM:

. RWSHR WORKS WITH PATIENTS/FAMILIES TO ASSIST WITH MEDICAID ELIGIBILITY SCREENING. - (A) APPENDIX Q IS THE REGULATORY GUIDANCE FOR PARTICIPATING MEDICAID HOSPITALS IN THE STATE OF GEORGIA AND MAY BE FOUND AT: GEORGIA MEDICAID HOSPITAL SERVICES MANUAL

. GEORGIA RESIDENTS WITH INCOMES BELOW 150 PERCENT OF THE FEDERAL POVERTY LEVEL WILL NOT BE RESPONSIBLE FOR ANY PATIENT LIABILITY PORTION OF THEIR BILLS (INDIGENT CARE). BILLS MEANS BILLED CHARGES.

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

. GEORGIA RESIDENTS WITH INCOMES BETWEEN 150 TO 250 PERCENT OF THE  
FEDERAL POVERTY LEVEL WILL BE ELIGIBLE FOR A DISCOUNT ON THE PATIENT  
LIABILITY PORTION OF THEIR BILLS BASED UPON A SLIDING FEE SCALE WHICH CAN  
BE FOUND AT ROOSEVELTRECOVERY.COM (FINANCIAL APPLICATION).

. DISCOUNT MAY BE APPLIED TO OPEN, ACTIVE, AND BAD DEBT PATIENT LIABILITY  
ACCOUNT BALANCES.

. FOR PATIENTS WHO QUALIFY FOR CHARITY CARE RWSHH WILL BILL AND CHARGE  
THOSE PATIENTS NO MORE THAN MEDICARE WOULD PAY WITH APPLICABLE CO-PAYS  
AND DEDUCTIBLES.

. FOR PATIENTS WHO ARE QUALIFIED AT LESS THAN 100%, A PAYMENT OF 50% OF  
THE EXPECTED BALANCE IS DUE PRIOR TO ADMISSION, WITH THE REMAINING  
BALANCE BILLED.

. INCOME DOCUMENTATION:

. REQUIRED DOCUMENTATION (PROOF OF INCOME, RESIDENCY, ETC.) WILL BE  
MAINTAINED IN THE PATIENT ACCOUNT FOLDERS IN THE BUSINESS OFFICE.

ACCEPTABLE FORMS OF PROOF OF INCOME INCLUDE: PAY STUBS, INCOME TAX  
RETURNS, TANF STATEMENT(S), FOOD STAMP APPROVAL LETTER, SOCIAL SECURITY  
STATEMENT(S), VETERAN ADMINISTRATION PAYMENT STATEMENT(S), RETIREMENT

**Part VI Supplemental Information**

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STATEMENT(S) OR DISABILITY APPROVAL LETTER(S). THE APPLICANT'S  
DECLARATION OF INCOME AND FAMILY SIZE IS DOCUMENTED IN THE BILLING  
SYSTEM. THE PATIENT CLASS INDICATOR WILL REFLECT THE AMOUNT DUE FROM THE  
PATIENT SUCH AS 0, 20%, 40%, ETC. THE ACTUAL ALLOWANCE OF THE DEBT DOES  
NOT TAKE PLACE UNTIL THE INCOME DOCUMENTATION IS PROVIDED OR A DECISION  
MADE AS TO AVAILABILITY OF THAT DOCUMENTATION. ASSETS, SUCH AS DWELLINGS,  
RENTAL PROPERTY, AND VEHICLES ARE NOT USED IN THE INCOME CALCULATIONS.  
PERSONS WHO DECLARE \$0.00 INCOME MUST EXPLAIN, IN WRITING, HOW THEY  
CLOTHE, FEED AND SHELTER THEMSELVES.

SCHEDULE H, PART I, LINE 6A

PUBLICATION OF COMMUNITY BENEFIT REPORT:

ROOSEVELT WARM SPRINGS REHAB & SPECIALTY HOSPITALS

ON AN ANNUAL BASIS THE HOSPITAL REPORTS ITS COMMUNITY HEALTH BENEFITS



**Part VI** Supplemental Information

Provide the following information.

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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 H, PART I, LINE 7

COST TO CHARGE RATIO:

FOR PURPOSES OF THE IRS FORM 990, SCHEDULE H, WELLSTAR HEALTH SYSTEM AND AFFILIATES (INCLUDING RWSH) HAVE COMPUTED THE CURRENT YEAR COST TO CHARGE RATIO FOR EACH HOSPITAL AS REPORTED IN THE ANNUAL COMMUNITY BENEFIT REPORT. THE SAME COST TO CHARGE RATION WILL ALSO BE REPORTED IN THE STATE'S ANNUAL HOSPITAL FINANCIAL SURVEY.

**Part VI Supplemental Information**

Provide the following information.

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SCHEDULE H, PART III, SECTION A, LINE 2

METHODOLOGY USED TO ESTIMATE BAD DEBT:

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

**Part VI** Supplemental Information

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SCHEDULE H, PART III, SECTION B, LINE 8

MEDICARE SHORTFALLS:

RWSH IS A PROVIDER OF INPATIENT 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 HOSPITAL'S POLICY IS TO BILL ALL INSURANCE CARRIERS FOR PAYMENT. ONCE IT HAS BEEN DETERMINED THAT ALL THIRD-PARTY REIMBURSEMENT HAS BEEN MADE, THE BALANCE IS SENT TO AN EARLY OUT AGENCY. THE AGENCY WILL SEND OUT A STATEMENT IMMEDIATELY AND 1 EVERY 30 DAYS FOR THE NEXT THREE MONTHS. THE AGENCY WILL WORK WITH THE PATIENT TO SET UP PAYMENT ARRANGEMENTS. WHEN THE AGENCY HAS WORKED THE ACCOUNT FOR 180 DAYS THEY WILL FORWARD TO AN OUTSIDE COLLECTION AGENCY.

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SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

TO ASSESS THE CURRENT HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, RWSHH UTILIZED BOTH PRIMARY AND SECONDARY DATA TO DETERMINE THE FOCUS FOR THE PROJECT. AS PART OF THE DATA ANALYSIS, THE CHNA TEAM ANALYZED PRIMARY CONDITIONS TREATED IN EACH FACILITY, PRIMARY PAYERS FOR THOSE SERVED, ADMISSIONS BY DEMOGRAPHIC DATA (INCLUDING AGE AND GENDER). REFERRAL VOLUME BY HOSPITAL WAS ALSO TAKEN INTO CONSIDERATION. PRIMARY AND SECONDARY DATA WAS ANALYZED TOGETHER TO THE MOST SIGNIFICANT HEALTH RELATED NEEDS. THIS INFORMATION WAS REVIEWED BY RWSHH'S EXECUTIVE LEADERSHIP TEAM AND A FOCUS AREA FOR THE CHNA WAS SELECTED. WITHIN THE REPORT NARRATIVE, JUSTIFICATION FOR ANY SIGNIFICANT NEEDS THAT ARE IDENTIFIED BUT NOT INCLUDED WILL BE ADDRESSED. RWSHH CONDUCTED TWO COMMUNITY WIDE SURVEYS TO GATHER INPUT ON WHAT THE COMMUNITY VIEWS AS MAJOR HEALTH CONCERNS. THE SURVEYS REQUESTED GUIDANCE ON HOW RWSHH COULD ASSIST WITH MEETING THOSE NEEDS. THE "COMMUNITY" WAS DEFINED AS THE

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COUNTY IN WHICH THE HOSPITALS RESIDE AS WELL AS THE COUNTIES OF TOP  
REFERRAL SOURCES. BOTH A PROFESSIONAL SURVEY AND A GENERAL COMMUNITY  
SURVEY VIA AN ONLINE SURVEY SYSTEM WERE COMPLETED. THE PROFESSIONAL  
SURVEY WAS PRESENTED TO THE CASE MANAGERS AT THE TOP REFERRING HOSPITALS,  
LOW INCOME CLINICS THAT SERVICE THOSE COUNTIES, HEALTH DEPARTMENTS THAT  
SERVICE THOSE COUNTIES AND THE CHAMBER OF COMMERCE. WE HAD A >60%  
COMPLETION RATE ON THIS SURVEY. A LINK WAS PROVIDED, VIA SOCIAL MEDIA,  
FOR THE GENERAL COMMUNITY TO COMPLETE A SURVEY. PRIMARY AND SECONDARY  
DATA WAS ANALYZED TO GATHER THE MOST SIGNIFICANT HEALTH RELATED NEEDS.  
THIS INFORMATION WAS REVIEWED BY RWSHH'S EXECUTIVE LEADERSHIP TEAM AND A  
FOCUS AREA FOR THE CHNA WAS SELECTED.

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SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

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

- ONLINE AT: ROOSEVELTRECOVERY.COM

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

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SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

RWSHH IS LOCATED IN THE CITY OF WARM SPRINGS, GEORGIA IN MERIWETHER COUNTY, WHICH IS IN MID-WESTERN SECTION OF THE STATE. THE SCOPE OF BOTH THE LTAC AND THE IRF HOSPITALS' SERVICES ARE VERY SPECIALIZED, AND THEY ACCEPT PATIENTS FROM OTHER GEORGIA HOSPITALS AND SURROUNDING STATES. ALMOST 95% OF THE PATIENTS HAVE A HOME ADDRESS IN GEORGIA. WHILE PATIENTS ARE RECEIVED FROM ALL OVER THE STATE, THE CHNA FOCUSED ON COUNTIES IN CLOSE PROXIMITY TO OUR HOSPITALS AND FROM WHICH WE RECEIVE THE MAJORITY OF OUR ADMISSIONS.



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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

RWSHH 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 (AUMC) 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. RWSHH PROVIDES CARE TO THE NEEDY MEMBERS OF THE COMMUNITY CONSISTENT WITH ITS CHARITY CARE POLICY. THE HOSPITAL'S EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT OF PATIENT CARE, COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, AND CHARITY CARE.

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SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

AUGUST 29, 2023, WELLSTAR HEALTH SYSTEM, INC., A GEORGIA NONPROFIT CORPORATION ("WHS"), AND AU HEALTH SYSTEM, INC., A GEORGIA NONPROFIT CORPORATION ("AUHS"), CONSUMMATED THEIR AFFILIATION (THE "TRANSACTION") PURSUANT TO A MEMBERSHIP SUBSTITUTION AGREEMENT DATED AS OF AUGUST 29, 2023. AS A RESULT OF THE TRANSACTION, WHS BECAME THE SOLE CORPORATE MEMBER OF AUHS. AUHS CHANGED ITS CORPORATE LEGAL NAME TO WELLSTAR MCG HEALTH, INC., AND THE HEALTH SYSTEM OPERATED BY AUHS BECAME A PART OF THE HEALTH SYSTEM OPERATED BY WHS. BY VIRTUE OF WHS BECOMING THE SOLE CORPORATE MEMBER OF AUHS, WHS BECAME THE ULTIMATE PARENT CORPORATION OF AUHS AND ITS AFFILIATES, AUMEDICAL CENTER, INC., A GEORGIA NONPROFIT CORPORATION ("AUMC"), AU MEDICAL ASSOCIATES, INC., A GEORGIANONPROFIT CORPORATION ("AUMA"), AND ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY HOSPITALS, INC., A GEORGIA NONPROFIT CORPORATION ("RWSH"), WHICH AS A RESULT OF THE TRANSACTION, CHANGED ITS CORPORATE LEGAL NAME TO

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WELLSTAR MCG HEALTH WARM SPRINGS, INC. WELLSTAR HEALTH SYSTEM, THE LARGEST HEALTH SYSTEM IN GEORGIA, IS KNOWN NATIONALLY FOR ITS INNOVATIVE CARE MODELS, FOCUSED ON IMPROVING QUALITY AND ACCESS TO HEALTHCARE. WELLSTAR CONSISTS OF WELLSTAR MEDICAL GROUP, 325+ MEDICAL OFFICE LOCATIONS, OUTPATIENT CENTERS, HEALTH PARKS, A PEDIATRIC CENTER, NURSING CENTERS, HOSPICE, HOMECARE, AS WELL AS INPATIENT HOSPITALS: WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER (ANCHORED BY WELLSTAR KENNESTONE HOSPITAL), WELLSTAR WEST GEORGIA MEDICAL CENTER, AND WELLSTAR COBB, DOUGLAS, NORTH FULTON, PAULDING, SPALDING REGIONAL, SYLVAN GROVE AND WINDY HILL HOSPITALS. AS A NOT-FOR-PROFIT, WELLSTAR CONTINUES TO REINVEST IN THE HEALTH OF THE COMMUNITIES IT SERVES WITH NEW TECHNOLOGIES AND TREATMENTS. FOR MORE INFORMATION, VISIT: [HTTPS://WWW.WELLSTAR.ORG](https://www.wellstar.org)

**Part VI Supplemental Information**

Provide the following information.

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

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY HEALTH BENEFIT REPORT:

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

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

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

1b X

2 X

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) 2023

**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 ANTHONY BUDZINSKI EVP & CFO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	976,444.	540,062.	2,315,085.	53,750.	57,631.	3,942,972.	2,287,591.
2 ARIF AZIZ, M.D. TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	578,366.	232,366.	14,363.	59,954.	39,810.	924,859.	NONE
3 CANDICE SAUNDERS PRESIDENT & CEO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,824,632.	2,167,052.	479,210.	60,100.	55,814.	4,586,808.	446,498.
4 DAVID JONES EVP CHIEF HUMAN RESOURCES OFFR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	599,836.	327,148.	774,327.	59,100.	31,146.	1,791,557.	748,409.
5 JAMES L HORNSBY TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	337,388.	125,089.	6,853.	58,466.	54,263.	582,059.	NONE
6 KEM MULLINS EVP AMBULATORY OPS & BUS DEV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	811,558.	439,456.	17,574.	24,300.	58,052.	1,350,940.	NONE
7 LEO REICHERT EVP & GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	788,217.	429,832.	1,829,908.	58,100.	66,985.	3,173,042.	1,795,578.
8 MARY CHATMAN EVP ACUTE CARE OPERATIONS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	745,034.	452,159.	17,230.	56,114.	32,349.	1,302,886.	NONE
9 PAUL DOUGLASS, M.D. TRUSTEE & PHYSICIAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	441,588.	324,522.	13,860.	31,331.	46,764.	858,065.	NONE
10 RICHARD CAPPS EVP CHIEF INFO & DIGITAL OFFCR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	688,598.	401,181.	19,794.	59,588.	59,322.	1,228,483.	NONE
11 SUSAN GRANT EVP CHIEF EXPERIENCE OFF & CNE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	603,228.	300,914.	167,372.	54,445.	30,381.	1,156,340.	155,249.
12 CHRISTOPHER S REDDOCH RWS - HOSPITALIST	(i)	293,594.	NONE	NONE	14,819.	23,019.	331,432.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 CARLOS M PARRADO RWS - HOSPITALIST	(i)	288,289.	NONE	NONE	NONE	3,581.	291,870.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 VELLETTA JACKSON RWS - REGISTERED NURSE PRN	(i)	218,265.	NONE	NONE	NONE	NONE	218,265.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 ALEXANDRA ALEXIS RWS - REGISTERED NURSE PRN	(i)	188,430.	NONE	NONE	NONE	NONE	188,430.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 SUZANNE E BENSON RWS - PHYSICIAN	(i)	186,972.	NONE	NONE	30,000.	10,339.	227,311.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2023

**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				
BETH KOST	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 SVP CHIEF COMPLIANCE OFFICER	(ii)	488,253.	215,119.	22,443.	37,163.	53,457.	816,435.	NONE
JULIE TEER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 SVP & WELLSTAR FOUNDATION PRES	(ii)	565,491.	237,381.	16,433.	12,252.	25,313.	856,870.	NONE
3	(i)							
	(ii)							
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):

ANTHONY BUDZINSKI	2,287,591
CANDICE SAUNDERS	446,498
DAVID JONES	748,409
LEO REICHERT	1,795,578
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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**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 I, LINES 8 THROUGH 19

NOTICE OF CONSUMMATION OF THE AFFILIATION BETWEEN AU HEALTH SYSTEM AND  
WELLSTAR HEALTH SYSTEM

ON AUGUST 29, 2023, WELLSTAR HEALTH SYSTEM, INC., A GEORGIA NONPROFIT  
CORPORATION ("WHS"), AND AU HEALTH SYSTEM, INC., A GEORGIA NONPROFIT  
CORPORATION ("AUHS"), CONSUMMATED THEIR AFFILIATION (THE "TRANSACTION")  
PURSUANT TO A MEMBERSHIP SUBSTITUTION AGREEMENT DATED AS OF AUGUST 29,  
2023.

AS A RESULT OF THE TRANSACTION, WHS BECAME THE SOLE CORPORATE MEMBER OF  
AUHS, AUHS CHANGED ITS CORPORATE LEGAL NAME TO WELLSTAR MCG HEALTH, INC.,  
AND THE HEALTH SYSTEM OPERATED BY AUHS BECAME A PART OF THE HEALTH SYSTEM  
OPERATED BY WHS. BY VIRTUE OF WHS BECOMING THE SOLE CORPORATE MEMBER OF  
AUHS, WHS BECAME THE ULTIMATE PARENT CORPORATION OF AUHS AND ITS  
AFFILIATES, AU MEDICAL CENTER, INC., A GEORGIA NONPROFIT CORPORATION  
("AUMC"), AU MEDICAL ASSOCIATES, INC., A GEORGIA NONPROFIT CORPORATION

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Complete to provide information for responses to specific questions on  
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WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

("AUMA"), AND ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY  
HOSPITALS, INC., A GEORGIA NONPROFIT CORPORATION ("RWSH"), WHICH AS A  
RESULT OF THE TRANSACTION, CHANGED ITS CORPORATE LEGAL NAME TO WELLSTAR  
MCG HEALTH WARM SPRINGS, INC.

PRIOR YEAR FORM 990 TAX RETURNS FOR THE AU HEALTH SYSTEM ENTITIES, AUHS,  
AUMC, AND RWSH, WERE NOT FILED AS THE ENTITIES WERE OWNED BY THE STATE OF  
GEORGIA AND AS A GOVERNMENTAL ENTITY IT WAS NOT REQUIRED. WHS DID NOT  
PREPARE THE PRIOR YEAR FINANCIAL STATEMENTS AND THEREFORE, PRIOR YEAR  
REVENUE AND EXPENSE AMOUNTS ARE NOT REPORTED IN PART I.

**FORM 990, PART III, LINE 4A**

PROGRAM SERVICE ACCOMPLISHMENTS

ABOUT WELLSTAR

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

WELLSTAR IS NATIONALLY RECOGNIZED FOR OUR INCLUSIVE CULTURE, EXCEPTIONAL  
DOCTORS AND TEAM MEMBERS, AND PERSONAL, HIGH-QUALITY CARE. WE  
THOUGHTFULLY REINVEST IN PREVENTION, WELLNESS PROGRAMS AND CHARITY CARE,  
AND PROVIDE ACCESS TO COMPASSIONATE, WORLD-CLASS CARE THROUGH OUR  
EXPANSIVE SYSTEM OF 11 HOSPITALS, 412 MEDICAL OFFICE LOCATIONS, 11 CANCER

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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**2023**

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Inspection**

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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.

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)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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**2023**

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Inspection**

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

- 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 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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

- 35 IMAGING CENTERS
- 3 HOSPICE FACILITIES
- 2 RETIREMENT VILLAGES
- 9 PEDIATRIC CENTERS
- 11 SLEEP LABS
- 7 WOUND CARE CENTERS
- 10 COUNTIES OFFERING HOME HEALTH SERVICES

WITH MORE THAN 1 MILLION PATIENT VISITS IN 2023, 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

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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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

COMMUNITY NEEDS

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

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

- ACCESS TO CARE



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WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

- BEHAVIORAL HEALTH
- FOOD ACCESS AND HEALTHY LIVING
- HOUSING
- PEDIATRICS
- WOMEN'S HEALTH

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

INNOVATION

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

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

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

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- USE OF AI TO IDENTIFY LARGE VESSEL BLOCKAGE, WHICH INCREASES THE RISK  
OF STROKE, AND IDENTIFY KEY TERMS TO SCREEN FOR LUNG NODULES

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

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

**HISTORY**

IN 1993, WHAT WAS THEN KNOWN AS THE COBB HEALTH SYSTEM, THE KENNESTONE  
REGIONAL HEALTH CARE SYSTEM, AND THE DOUGLAS GENERAL HOSPITAL AFFILIATED  
TO FORM THE NORTHWEST GEORGIA HEALTH SYSTEM. PAULDING MEMORIAL MEDICAL  
CENTER AFFILIATED WITH NORTHWEST GEORGIA HEALTH SYSTEM IN 1994. IN 1994,  
THE NORTHWEST GEORGIA HEALTH SYSTEM HELPED FORM THE PROMINA HEALTH SYSTEM  
AND CHANGED ITS NAME TO PROMINA NORTHWEST HEALTH SYSTEM. IN 1998, PROMINA  
NORTHWEST HEALTH SYSTEM CHANGED ITS NAME TO WELLSTAR HEALTH SYSTEM.

WELLSTAR DISASSOCIATED FROM AND BECAME TOTALLY INDEPENDENT OF PROMINA IN  
1999. IN MARCH 2016 WELLSTAR ACQUIRED THE ASSETS OF ATLANTA MEDICAL  
CENTER (MERGED WITH KENNESTONE HOSPITAL ON 9-30-22), NORTH FULTON  
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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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,
- TRANSPLANT SERVICES
- LEVEL 1, 2, 3 TRAUMA CENTERS
- 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

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NURSING CENTER AND WEST GEORGIA MEDICAL CENTER IS ALSO HOME TO TWO FULL  
CARE NURSING HOMES.

VERNON WOODS RETIREMENT COMMUNITY IS AN ASSISTED LIVING FACILITY IN  
LAGRANGE GEORGIA

COBB HOSPITAL IS HOME TO A HOME HEALTH AGENCY AND A RESIDENTIAL HOSPICE  
FACILITY CALLED TRANQUILITY FOR THOSE PATIENTS IN THE END STAGES OF LIFE.

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

THE SYSTEM IS COMPLIMENTED WITH APPROXIMATELY 412 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

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OF GEORGIA LICENSED HEALTH MAINTENANCE ORGANIZATION (EIN 46-1922499), (2)  
WELLSTAR PHYSICIAN HOSPITAL ORGANIZATION, (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  
OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS  
COMMUNITY FINANCIAL AID POLICY.

THE SYSTEM ALSO PARTICIPATES IN CERTAIN GOVERNMENTAL INSURANCE PROGRAMS,  
INCLUDING MEDICARE AND MEDICAID. UNDER THESE PROGRAMS, THE SYSTEM  
PROVIDES CARE TO PATIENTS AT PAYMENT RATES WHICH ARE DETERMINED BY THE  
FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF THE SYSTEM'S ACTUAL CHARGES.  
IN MOST CASES, THESE PROGRAMS PAY THE SYSTEM AT AMOUNTS WHICH ARE LESS  
THAN ITS COST OF PROVIDING SERVICES.

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

COST OF PROVIDING CHARITY CARE	\$204,783
UNREIMBURSED COST OF PROVIDING CARE TO	

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MEDICAID BENEFICIARIES \$59,205

UNREIMBURSED COST OF PROVIDING CARE TO

MEDICARE BENEFICIARIES \$733,422

UNREIMBURSED COST OF PROVIDING CARE TO OTHER PATIENTS \$262,212

COST OF OTHER COMMUNITY PROGRAMS \$46,825

TOTAL UNCOMPENSATED CARE AND COMMUNITY PROGRAMS \$1,306,447

COMMUNITY INVESTMENTS- FUNDS BACK

INTO INFRASTRUCTURE \$182,090,000

COMMUNITY INVESTMENTS- ALLIED

HEALTH/MEDICAL EDUCATION 19,409,000

COMMUNITY INVESTMENTS- OPERATIONS- STAFF/SOFTWARE 2,444,000

TOTAL COMMUNITY INVESTMENTS \$203,943,000

IN ADDITION, WELLSTAR AFFILIATE HOSPITALS MADE \$56.2 MILLION AND \$40.5  
MILLION, RESPECTIVELY, IN PROVIDER PAYMENTS (CHARITY CARE COST) AND  
RECOGNIZED SUCH PAYMENTS AS A REDUCTION IN NET PATIENT SERVICE REVENUE IN  
THE FISCAL 2024 AND 2023 COMBINED FINANCIAL STATEMENTS.

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 5,626 PHYSICIANS INCLUDING 42,328 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

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OF CHRONIC ILLNESSES AND THE RELATED COORDINATION OF CARE, TO ENSURE PATIENTS, ESPECIALLY CHRONICALLY ILL, GET THE RIGHT CARE AT THE RIGHT TIME TO MAINTAIN THEIR OPTIMAL HEALTH AND AVOID THE NEED FOR HIGH-COST EMERGENCY AND HOSPITAL CARE.

THE SYSTEM OFFERS MANY WELLNESS AND EDUCATIONAL SERVICES AT LITTLE OR NO COST TO THE COMMUNITY. HEALTH FAIRS ARE HELD THROUGHOUT THE YEAR AT CONVENIENT LOCATIONS, PROVIDING VARIOUS HEALTH SCREENINGS, SUCH AS MAMMOGRAMS, BONE DENSITY, BLOOD PRESSURE AND CHOLESTEROL CHECKS. A LARGE NUMBER OF EDUCATIONAL PROGRAMS ARE OFFERED FOR ALL AGES. THESE PROGRAMS INCLUDE BICYCLE SAFETY, CAR SEAT SAFETY, DEFENSIVE DRIVING, CPR AND FIRST-AID CLASSES. FLU SHOTS ARE AVAILABLE TO THE COMMUNITY DURING FLU SEASON AND HEALTH SCREENINGS, MEDICAL SUPPLIES, AND IMMUNIZATIONS ARE PROVIDED TO CHILDREN THROUGH LOCAL HEALTH DEPARTMENTS AND HEALTH FAIRS. THE COSTS OF THESE SERVICES ARE INCLUDED IN UNRESTRICTED REVENUE, GAINS AND OTHER SUPPORT IN EXCESS OF EXPENSES AND LOSSES IN THE FINANCIAL STATEMENTS. THE PHYSICIANS OF THE SYSTEM MAKE SIGNIFICANT CONTRIBUTIONS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY, INCLUDING INVOLVEMENT IN MANY COMMUNITY ACTIVITIES PROMOTING HEALTH AWARENESS AND IMPROVEMENT, EMERGENCY ROOM CARE, AND DELIVERY OF CARE TO THE INDIGENT POPULATION OF THE SYSTEM'S SERVICE AREA. THE SYSTEM ALSO MADE SIGNIFICANT CONTRIBUTIONS TO THE NURSING PROGRAM AT A LOCAL UNIVERSITY. THIS FINANCIAL SUPPORT HAS HELPED TO GROW THE PROGRAM, WHICH BENEFITS THE SYSTEM AS WELL AS THE COMMUNITY.

**FINANCIAL & DATA STATISTICS**



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FINANCIAL & DATA STATISTICS

	2023(1)	2024
LICENSED BEDS	2,775	2,729
STAFFED BEDS	1,803 (2)	2,310
INPATIENT ADMISSIONS	103,514	127,931
INPATIENT CENSUS DAYS	526,966	652,691
OBSERVATION PATIENTS	22,134	21,548
AVERAGE LENGTH OF STAY	5.09	5.10
AVERAGE DAILY CENSUS	1,469	1,783
OUTPATIENT VISITS	1,350,792	2,287,668
EMERGENCY ROOM VISITS	520,914	592,415
DELIVERIES	13,126	14,344
INPATIENT SURGERY CASES	20,252	26,658
OUTPATIENT SURGERY CASES	42,726	54,407
CASE MIX INDEX	1.7046	1.6842
(ENTIRE SYSTEM) (3)		
CASE MIX INDEX	1.8636	1.8492
(KENNESTONE)		

(1) DOES NOT INCLUDE UTILIZATION STATISTICS FOR WMCB 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

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AND PSYCHIATRIC PATIENTS

COMMUNITY PARTNERSHIPS AND ENGAGEMENT -

WELLSTAR IS COMMITTED TO REINVESTING IN OUR COMMUNITIES BY ENGAGING IN PARTNERSHIPS AND SUPPORTING SPONSORSHIP OPPORTUNITIES THAT ALIGN WITH OUR MISSION, VISION, AND VALUES TO IMPROVE THE HEALTH AND WELL-BEING OF ALL THE PEOPLE AND COMMUNITIES WE SERVE TO ACHIEVE POSITIVE COMMUNITY IMPACT. COMMUNITY BASED PARTNERSHIPS MAY INCLUDE MISSION ALIGNED PARTNERS SUCH AS THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN LUNG ASSOCIATION, GEORGIA ALLIANCE FOR BREAST CANCER, MARCH OF DIMES; OTHER NOT-FOR-PROFITS THAT FURTHER A SOCIAL CAUSE AND PROVIDE COMMUNITY BENEFIT SUCH AS THE ATLANTA COMMUNITY FOOD BANK, MUST MINISTRIES, TOMMY NOBIS CENTER; BUSINESS AND CIVIC ORGANIZATIONS SUCH AS CHAMBERS OF COMMERCE AND ROTARY, KIWANIS CLUBS; AND ACADEMIC AND WORKFORCE DEVELOPMENT PARTNERS INCLUDING LOCAL SCHOOL DISTRICTS AND OTHER SECONDARY EDUCATION INSTITUTIONS, AND PARTNERS FOCUSED ON CAREER EXPLORATION AND DEVELOPMENT AND CREATING PIPELINES FOR BOTH CLINICAL AND NON-CLINICAL HEALTHCARE CAREERS. MANY EMPLOYEES SUPPORT OUR COMMUNITY PARTNERS THROUGH VOLUNTEERISM OR OTHER SERVICES/ACTIVITIES SUCH AS ORGANIZING A COLLECTION OF GOODS FOR DONATION THROUGH WELLSTAR'S COMMUNITYCARE PROGRAM.

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

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

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

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WELLSTAR MCG HEALTH WARM SPRINGS, INC

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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 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.

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. THE PROGRAM ALSO TRAINS CERTIFIED MEDICAL ASSISTANTS TO SUPPORT THE NURSING PIPELINE AND CLINICAL WORKFORCE. THE PROGRAM INTEGRATES ACADEMIC CREDENTIALS WITH THE REQUIRED CERTIFICATION AND LICENSURE AND IS DESIGNED

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TO GUIDE STUDENTS THROUGH PROGRESSIVE CAREER ATTAINMENT. THE PATHWAY  
INCLUDES A HIGH SCHOOL CURRICULUM SUPPLEMENTED BY DUAL ENROLLMENT COURSES  
OFFERED THROUGH CHATTAHOOCHEE TECHNICAL COLLEGE.

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 COVID-19 RELATED TOPICS.

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

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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.

FREE WELLSTAR SUPPORT GROUPS ARE OFFERED FOR NEWLY DELIVERED PATIENTS AND  
INCLUDE BEREAVEMENT, BREASTFEEDING, AND MOTHERS SUPPORT CIRCLE.

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 \$ 826,000.00 WITH MORE THAN 72,000 PATIENT/FAMILY INTERACTIONS FROM  
THOSE PARTICIPATING IN OUR PRENATAL, CHILDBIRTH, AND POSTPARTUM PROGRAMS.

COMMUNITY BENEFIT PROGRAMS -

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

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

CONGREGATIONAL HEALTH NETWORK

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

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CANCER SCREENING TOOL KITS, SIGNS OF STROKE, NUTRITIOUS EATING, EXERCISE  
AND ACTIVE LIVING TIPS, AND MENTAL HEALTH AWARENESS. CANCER SCREENING  
TOOL KITS, SIGNS OF STROKE, NUTRITIOUS EATING, EXERCISE AND ACTIVE LIVING  
TIPS, AND MENTAL HEALTH AWARENESS.

**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.,



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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)

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. 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

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

COMMUNITY TRANSFORMATION PROGRAM

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

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

- ACCESS TO HEALTH CARE SO THAT RESIDENTS RECEIVE TIMELY, HIGH-QUALITY,

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AND CULTURALLY APPROPRIATE MEDICAL CARE WHEN THEY NEED IT; OR,

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

THE COMMUNITY TRANSFORMATION PROGRAM RECEIVED AN HONORABLE MENTION BY THE  
AMERICAN HOSPITAL ASSOCIATION FOR ITS IMPACT IN COLLABORATING WITH  
PARTNERS TO IMPROVE THE HEALTH OF COMMUNITIES.

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.

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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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."

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.

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COLORECTAL CANCER SCREENING IN PARTNERSHIP WITH BLKHLTH AND COTTONELLE  
WELLSTAR CENTER FOR HEALTH EQUITY ESTABLISHED A PARTNERSHIP WITH BLKHLTH,  
A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO REDUCE THE IMPACT OF RACISM  
THROUGH EDUCATION AND ACTION. ONE OF THEIR CURRENT INITIATIVES IS A  
COLLABORATION WITH COTTONELLE ON THE #GOODDOWN THERE CAMPAIGN. THIS  
NATIONAL PROGRAM IS DESIGNED TO REDUCE STIGMA SURROUNDING COLORECTAL CARE  
BY PROVIDING EQUITY-CENTRIC ACCESS FOR COLORECTAL CANCER TO BLACK  
AMERICANS. COLORECTAL CANCER, ALSO CALLED COLON OR RECTAL CANCER, IS THE  
THIRD MOST COMMON CANCER IN THE UNITED STATES AND THE SECOND MOST COMMON  
CANCER-RELATED DEATH. THROUGH THEIR COLLABORATION WITH COTTONELLE,  
BLKHLTH PROVIDES WELLSTAR WITH COMPLIMENTARY COLORECTAL CANCER SCREENING  
KITS TO BE DISTRIBUTED ACROSS OUR SERVICE AREA. MEMBERS OF WELLSTAR'S  
CONGREGATIONAL HEALTH NETWORK SERVE AS AMBASSADORS TO DISTRIBUTE THE  
SCREENING KITS WITHIN THEIR COMMUNITIES. OUR GOAL IS TO BRING EDUCATION  
AND ACCESS TO INDIVIDUALS WHO HAVE NOT BEEN SCREENED DUE TO FEAR, LACK OF  
HEALTH INSURANCE OR LACK OF KNOWLEDGE. KITS HAVE BEEN DISTRIBUTED TO OVER  
2,100 MEMBERS OF OUR COMMUNITIES.

**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

IN 2020, WELLSTAR LAUNCHED A MOBILE MARKET PROGRAM TO FEED MORE THAN 700

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Internal Revenue Service

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Inspection**

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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 16,000 REGISTRANTS  
THROUGHOUT THE WELLSTAR FOOTPRINT. THIRTY-NINE PERCENT (39%) OF  
REGISTRANTS INDICATE DELAYING OR AVOIDING MEDICAL VISITS TO AFFORD FOOD.  
  
FOOD RESCUE PROGRAM  
  
IN GEORGIA, FOOD RESIDUALS MAKE UP 12% OF LANDFILL WASTE ANNUALLY. THAT'S

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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 36,141 POUNDS OF FOOD FROM  
LANDFILLS.

LIVE TO THE BEAT. POWERED BY WELLSTAR.

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

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



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ADVOCATES IN THEIR OWN HEALTH JOURNEY. OVER A 12-MONTH JOURNEY, THE  
PROGRAM FOCUSES ON SUPPORTING THE MEMBERS THROUGH 8+ ESSENTIAL "SMALL  
STEPS" TO SUSTAINABLE HEART HEALTH.

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  
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.

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

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TO PREGNANT AND POSTPARTUM BIRTH GIVERS AND ENCOURAGES POSITIVE MATERNAL  
HEALTH AND WELLNESS BY PROVIDING VITAL RESOURCES AND EDUCATION. THE  
PARTNERSHIP REACHES 150 BIRTH GIVERS PER MONTH WHO RESIDE IN GEORGIA'S  
MOST VULNERABLE COMMUNITIES. SINCE PARTNERSHIP INCEPTION, WELLSTAR HAS:  
. SUPPORTED EXPANDING THE MONTHLY REACH FROM 150 TO 200 BIRTH GIVERS;  
AND  
. PROVIDED EDUCATION ON COVID-19 AND MENTAL HEALTH RESOURCES IN THE  
COMMUNITY.  
THE PARTNERSHIP HAS SUPPORTED DISTRIBUTION OF OVER 4,800 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.

WELLSTAR PARTNERS WITH SER FAMILIA TO PROVIDE "PROMOTORAS"

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SER FAMILIA SERVES AS COMMUNITY-BASED ORGANIZATION DRIVEN TO STRENGTHEN LATINO COUPLES AND FAMILIES TO ADDRESS THE LACK OF RESOURCES FOR LATINOS ACROSS THE ATLANTA METROPOLITAN AREA. WELLSTAR HEALTH SYSTEM HAS PARTNERED WITH SER FAMILIA TO ENLIST A "PROMOTORA" (ALSO, COMMUNITY HEALTH WORKER) TO SUPPORT COMMUNITY OUTREACH TO THE SPANISH-SPEAKING COMMUNITY. THE PROMOTORA ASSISTS WELLSTAR CENTER FOR HEALTH EQUITY IN DEVELOPING AND TRANSLATING CULTURALLY COMPETENT HEALTH EDUCATION MATERIALS, BUILDING RELATIONSHIPS WITH PARTNERS SERVING THE SPANISH-LANGUAGE COMMUNITY, AND ATTENDING COMMUNITY EVENTS TO ENSURE ACCESSIBILITY.

**COMMITMENT TO THE COMMUNITY**

WELLSTAR AWARDS RECEIVED FY24

- 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

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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, WHICH DEMONSTRATE SUPERIOR MANAGEMENT APPROACHES  
AND ROLE-MODEL RESULTS.

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

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

- WELLSTAR HEALTH SYSTEM, ONE OF GEORGIA'S LARGEST AND MOST INTEGRATED  
HEALTH SYSTEMS, WAS RANKED IN THE?TOP 10 BEST WORKPLACES IN HEALTH CARE

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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  
2023 LIST OF TOP HOSPITALS AND HEALTH SYSTEMS FOR DIVERSITY. THE TOP  
HOSPITALS AND HEALTH SYSTEMS SPECIALTY LIST IS INCLUDED IN DIVERSITYINC'S  
ANNUAL TOP 50 COMPANIES FOR DIVERSITY RANKING, WHICH RECOGNIZES COMPANIES  
THAT HIRE, RETAIN AND PROMOTE WOMEN, MINORITIES, PEOPLE WITH  
DISABILITIES, LGBTQ+ INDIVIDUALS AND VETERANS. DIVERSITY IS SCORED ON SIX  
KEY AREAS: LEADERSHIP ACCOUNTABILITY, HUMAN CAPITAL DIVERSITY METRICS,  
TALENT PROGRAMS, WORKFORCE PRACTICES, SUPPLIER DIVERSITY AND  
PHILANTHROPY.

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

- WELLSTAR HEALTH SYSTEM WAS NAMED BY FORTUNE AS ONE OF AMERICA'S MOST  
INNOVATIVE COMPANIES FOR 2023, 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,

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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

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,  
WELLSTAR FOUNDATION, INC. AND VARIOUS OTHER OWNED ENTITIES AS LISTED IN  
SCHEDULE R. ALL SIGNIFICANT INTERCOMPANY ACCOUNTS AND TRANSACTIONS HAVE  
BEEN ELIMINATED IN COMBINATION.

**FORM 990, PART VI, SECTION A, LINE 4**

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THE BYLAWS WERE AMENDED TO CHANGE THE BOARD OF DIRECTORS TO REFLECT THAT  
OF THE ULTIMATE SOLE MEMBER, WELLSTAR HEALTH SYSTEM, INC.

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

POWERS OF THE BOARD

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

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

BOARD REVIEW OF FORM 990

INTERNAL STAFF PREPARES THE ORGANIZATION'S FORM 990. BEFORE FILING THE  
RETURN WITH THE INTERNAL REVENUE SERVICE AN EXTERNAL ACCOUNTING FIRM, PWC  
US TAX LLP, REVIEWS AND SIGN-OFFS ON THE COMPLETED RETURN OF EACH  
ORGANIZATION. THE CURRENT YEAR FORM 990 IS PROVIDED TO THE FINANCE  
COMMITTEE FOR REVIEW. OPPORTUNITIES FOR DETAILED REVIEWS ALONG WITH A  
QUESTION-AND-ANSWER SESSION IS OFFERED TO THE FINANCE COMMITTEE BOTH IN  
THE FINANCE COMMITTEE MEETING OR IN A SEPARATE SESSION. FINAL COPIES OF  
THE 990 ARE PROVIDED TO EACH BOARD MEMBER THROUGH THE BOARD PORTAL ALONG  
WITH A SUMMARY MEMO OF THE CURRENT YEAR PREPARATION PROCESS HIGHLIGHTING

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ANY KEY ASPECTS OF THE 990. THE ORGANIZATION'S CFO OR DESIGNEE  
SUBSEQUENTLY SIGNS THE RETURN FOR EITHER MANUAL OR ELECTRONIC FILING BY  
THE APPROPRIATE DUE DATE.

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

CONFLICT OF INTEREST POLICY

OUR CONFLICT-OF-INTEREST POLICY REQUIRES ALL COVERED PERSONS TO ANNUALLY  
REVIEW THE POLICY AND THEN COMPLETE, SIGN AND RETURN THE CONFLICTS OF  
INTEREST SURVEY AND ATTESTATION TO THE COMPLIANCE OFFICE. THE POLICY  
REQUIRES AN ON-GOING DISCLOSURE OBLIGATION IN THE EVENT A CONFLICT ARISES  
DURING THE YEAR. THE FOLLOWING IS OUR PROCESS TO REGULARLY AND  
CONSISTENTLY MONITOR AND ENFORCE THE POLICY: COMPLIANCE IDENTIFIES ALL  
COVERED PERSONS WHO MUST COMPLETE THE SURVEY AND ATTESTATION. COMPLIANCE  
VERIFIES THAT THE SURVEY AND ATTESTATION IS DISTRIBUTED TO THESE PERSONS.  
COMPLIANCE VERIFIES THAT THESE PERSONS RETURN A FULLY COMPLETED AND  
SIGNED SURVEY AND ATTESTATION. COMPLIANCE REVIEWS EACH COMPLETED AND  
SIGNED SURVEY AND ATTESTATION TO IDENTIFY ALL CONFLICTS LISTED IN THE  
DOCUMENT. ALL CONFLICTS, POTENTIAL CONFLICTS AND INCIDENCES OF  
NON-COMPLIANCE ARE REFERRED TO THE CHIEF COMPLIANCE OFFICER. THE CCO  
TAKES APPROPRIATE ACTION TO COMPLETELY RESOLVE ALL IDENTIFIED CONFLICTS  
AND INCIDENCES OF NON-COMPLIANCE.

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

COMPENSATION OF OFFICERS

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



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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  
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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2023**

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Inspection**

Employer identification number

WELLSTAR MCG HEALTH WARM SPRINGS, INC

46-4824043

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

**FORM 990, PART VII & FORM 990, SCHEDULE J**

COMPENSATION

ALL COMPENSATION AMOUNTS REPORTED ON FORM 990, PART VII; PART IX, LINES  
5-7; AND SCHEDULE J REPRESENT COMPENSATION PROVIDED TO INDIVIDUALS THAT  
PROVIDE SERVICES TO THE ORGANIZATION. LIKEWISE, THE NUMBER OF EMPLOYEES  
REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF INDIVIDUALS  
PROVIDING SERVICES TO THE ORGANIZATION. ALL FEDERAL EMPLOYMENT TAX  
RESPONSIBILITIES FOR THESE INDIVIDUALS (INCLUDING FEDERAL EMPLOYMENT TAX  
REPORTING RESPONSIBILITIES) ARE HANDLED BY WELLSTAR HEALTH SYSTEM, INC.  
(EIN 58-1649541).

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

OTHER CHANGES IN NET ASSETS

FOR THE REPORTING PERIOD WELLSTAR MCG HEALTH WARM SPRINGS HAD A CHANGE IN  
NET ASSETS OF \$27,572,681 RELATED TO TRANSFERS TO AFFILIATES AS PART OF  
THE ALLOCATION OF INCOME STATEMENT AND BALANCE SHEET TRANSACTIONS OVER  
THE YEAR.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

WELLSTAR MCG HEALTH WARM SPRINGS, INC

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

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) 2023

## 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	81-0837031 AUGUSTA, GA 30912 HEALTHCARE	GA	501(C)(3)	3	WHS, INC.	X
AU MEDICAL ASSOCIATES INC 1120 15TH STREET BA 8412	58-2144788 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X
<b>2</b> 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.

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