

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2019

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **2019**, and ending **20**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN		D Employer identification number 90-0779996	
	Doing Business As		E Telephone number (404) 785-7944	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1575 NORTHEAST EXPRESSWAY			
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30329			
F Name and address of principal officer: DONNA HYLAND 1575 NORTHEAST EXPRESSWAY, ATLANTA, GA 30329		G Gross receipts \$ 2,046,303,068.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: ▶ WWW.CHOA.ORG		H(c) Group exemption number ▶ 5857		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation:		M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	82.	
	4	74.	
	5	13,415.	
	6	11,197.	
	7a	0.	
7b	0.		
Revenue	8	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	99,007,975.	130,320,916.
	9 Program service revenue (Part VIII, line 2g)	1,690,409,483.	1,815,858,818.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,349,235.	69,110,468.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,743,227.	20,919,247.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,831,509,920.	2,036,209,449.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,545,271.	1,313,259.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	948,648,201.	1,003,203,678.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,424,118.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	596,809,442.	617,887,795.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,550,002,914.	1,622,404,732.	
19 Revenue less expenses. Subtract line 18 from line 12	281,507,006.	413,804,717.	
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,318,871,883.	4,849,817,153.
	21 Total liabilities (Part X, line 26)	865,829,048.	1,657,762,635.
22 Net assets or fund balances. Subtract line 21 from line 20	3,453,042,835.	3,192,054,518.	

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 information of which preparer has any knowledge.

Sign Here	Signature of officer	11/11/2020 Date
	RUTH FOWLER CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name TRAVIS L PATTON	Preparer's signature 	Date 11/09/2020	Check <input type="checkbox"/> if self-employed	PTIN P00369623
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103			Phone no. 267-330-3000	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,354,499,049. including grants of \$ 1,312,259.) (Revenue \$ 1,829,612,797.)

ATTACHMENT 1

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

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

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

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

4e Total program service expenses ▶ 1,354,499,049.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	X	
23	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? If "Yes," complete Schedule J.	X	
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26	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? If "Yes," complete Schedule L, Part II		X
27	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? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? If "Yes," complete Schedule R, Part V, line 2	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		211
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		13
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 13,415		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17. List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19. Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20. State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA HYLAND, PRESIDENT/CEO TRUSTEE - SYS/MAC/FDN/HSOC	10.00 41.00			X			0.	1,680,678.	333,048.	
(2) DENNIS DEVITO, MD ORTHOPEDIC SURGEON	40.00 10.00					X	1,116,626.	0.	14,729.	
(3) SAMUEL WILLIMON ORTHOPEDIC SURGEON	50.00 10.00					X	1,079,327.	0.	31,884.	
(4) WILLIAM BOYDSTON CHIEF NEUROSURGEON/BRAIN HLTH	50.00 0.					X	1,033,489.	0.	29,234.	
(5) RUTH FOWLER CFO/TREASURER - SYSTEM	10.00 40.00			X			0.	915,933.	143,908.	
(6) ANDREW REISNER NEUROSURGEON	50.00 0.					X	975,585.	0.	35,010.	
(7) MICHAEL SCHMITZ ORTHOPEDIC SURGEON	50.00 0.					X	939,058.	0.	34,428.	
(8) TIM SCHRADER, MD INDIVIDUAL TRUSTEE - SYSTEM	50.00 1.00	X					863,528.	0.	30,583.	
(9) DANIEL SALINAS, MD CMO & TRUSTEE- SYSTEM/HSOC	10.00 41.00	X					0.	645,113.	121,453.	
(10) RONALD FRIESON TRUSTEE-PRES FDN & EXT AFFAIRS	40.00 10.00	X		X			0.	644,844.	70,450.	
(11) BILL MAHLE, MD INDIVIDUAL TRUSTEE- SYSTEM/FDN	1.00 50.00	X					0.	643,303.	11,200.	
(12) LESLIE JONES GEN COUNSEL, SECRETARY-SYS/MAC	10.00 40.00			X			0.	582,894.	69,833.	
(13) JIM FORTENBERRY, MD INDIVIDUAL TRUSTEE - FDN	10.00 41.00	X					0.	577,047.	70,805.	
(14) JILL STRICKLAND SVP PHYSICIAN PRACTICES OPS	50.00 0.			X			383,288.	0.	50,130.	

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) MARY BETH BOVA SR ADVISOR/INDIV TRUSTEE-HSOC	50.00 0.				X			375,581.	0.	24,245.
(16) MICHAEL RILEY INDIV TRUSTEE-HSOC/VP FIN OPS	1.00 51.00	X						353,974.	0.	31,019.
(17) LYNN PEREZ INDIV TRUSTEE - MAC/VP OPS MAC	1.00 51.00	X						313,855.	0.	31,742.
(18) STACEY DEWEESE SVP SYSTEM OPERATIONS	50.00 0.				X			306,893.	0.	24,303.
(19) LUCKY JAIN INDIV TRUSTEE-MAC/EX. PRAC DIR	1.00 50.00	X						0.	315,283.	3,382.
(20) SCOTT HODOVAL FORMER KEY EMPLOYEE - FDN	50.00 0.						X	288,794.	0.	20,535.
(21) JULIA JONES FORMER KEY EMPLOYEE - HSOC	50.00 0.						X	274,642.	0.	19,074.
(22) LORISA WILLIAMS VP NURSING & HOSP OPS - SR	40.00 10.00				X			262,313.	0.	12,453.
(23) CHERYL HEAD VP NURSING & HOSP OPS - ECH	40.00 10.00				X			224,320.	0.	20,553.
(24) TONJA BRIDGES CAMPAIGN OPS DIRECTOR/SEC-FDN	50.00 0.			X				146,361.	0.	31,064.
(25) JOHN DYER INDIVIDUAL TRUSTEE- SYSTEM/MAC	1.00 1.00	X						0.	0.	0.
1b Sub-total								8,937,634.	6,005,095.	1,265,065.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								8,937,634.	6,005,095.	1,265,065.

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 **1504**

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

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 **192**

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) REBECCA ROULAND ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X					0.	0.	0.	
(27) FREDERICK R. MARCUS, PHD ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X					0.	0.	0.	
(28) ALLEN ECKER ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X					0.	0.	0.	
(29) JIMMY CARLOS ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(30) MARY ELLEN IMLAY ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(31) MARK KAUFMAN ----- INDIVIDUAL TRUSTEE- SYSTEM	1.00 1.00	X					0.	0.	0.	
(32) WILLIAM PATE ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(33) BEA PEREZ ----- INDIVIDUAL TRUSTEE-SYSTEM	1.00 1.00	X					0.	0.	0.	
(34) VIRGINIA BREWER ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(35) LOVETTE RUSSELL ----- INDIVIDUAL TRUSTEE- FDN/HSOC	1.00 0.	X					0.	0.	0.	
(36) JACKIE MONTAG ----- INDIVIDUAL TRUSTEE - HSOC	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1504

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MADELYN ADAMS ----- INDIVIDUAL TRUSTEE - HSOC	1.00 0.	X						0.	0.	0.
(38) ADAM FULLER ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(39) HELEN CARLOS ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.
(40) MARK RUDEL ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.
(41) MICHELLE JARRARD ----- INDIVIDUAL TRUSTEE- SYSTEM	1.00 1.00	X						0.	0.	0.
(42) CAMERON SHERRILL ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(43) DAVID SAPP ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.
(44) JACK CAY ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(45) KRISTINE FAULKNER ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(46) NICK MCKAY ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(47) PAUL BOWERS ----- INDIVIDUAL TRUSTEE- SYSTEM/FDN	1.00 1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1504

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) TYLER WOOLSON ----- INDIVIDUAL TRUSTEE - FDN	1.00 ----- 0.	X						0.	0.	0.
(49) BERNIE MARCUS ----- INDIVIDUAL TRUSTEE - MAC	1.00 ----- 0.	X						0.	0.	0.
(50) RICHARD COURTS ----- INDIVIDUAL TRUSTEE - FDN	1.00 ----- 0.	X						0.	0.	0.
(51) ANDREW SULLIVAN ----- INDIVIDUAL TRUSTEE - FDN	1.00 ----- 0.	X						0.	0.	0.
(52) TRIPP RAWLS ----- INDIVIDUAL TRUSTEE - MAC	1.00 ----- 0.	X						0.	0.	0.
(53) CEDRIC MILLER, MD ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 ----- 1.00	X						0.	0.	0.
(54) EDDIE MEYERS ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 ----- 1.00	X						0.	0.	0.
(55) ERNEST GREER ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 ----- 1.00	X						0.	0.	0.
(56) JEFF SEAMAN ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 ----- 1.00	X						0.	0.	0.
(57) KEITH MASON ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 ----- 1.00	X						0.	0.	0.
(58) LIZ BLAKE ----- INDIVIDUAL TRUSTEE - SYS & MAC	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1504**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) STEPHANIE BLANK INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X					0.	0.	0.	
(60) CHANTAL BAGWELL INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(61) JAY CUNNINGHAM INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(62) ALLISON DUKES INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X					0.	0.	0.	
(63) MARCIA TAYLOR INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(64) MARK GILREATH INDIVIDUAL TRUSTEE - MAC	1.00 0.	X					0.	0.	0.	
(65) CHARLES OGBURN INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X					0.	0.	0.	
(66) ALAN DAHL INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X					0.	0.	0.	
(67) CHRIS MOFFETT INDIVIDUAL TRUSTEE - MAC	1.00 0.	X					0.	0.	0.	
(68) JOHN STEPHENSON INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
(69) MARK GRIFFITHS, MD INDIVIDUAL TRUSTEE - HSOC	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1504**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
70) NICK FLETCHER INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
71) STEVE CHADDICK INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
72) TOMMY HOLDER INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X					0.	0.	0.	
73) TONY RICH INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
74) JESSE SPIKES INDIVIDUAL TRUSTEE - HSOC	1.00 0.	X					0.	0.	0.	
75) AMI KLIN INDIVIDUAL TRUSTEE - MAC	1.00 0.	X					0.	0.	0.	
76) LARRY SMITH INDIVIDUAL TRUSTEE - MAC	1.00 0.	X					0.	0.	0.	
77) ATUL VATS INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X					0.	0.	0.	
78) MARK CHANCY INDIVIDUAL TRUSTEE- SYSTEM/FDN	1.00 1.00	X					0.	0.	0.	
79) AMY HERTZ AGAMI INDIVIDUAL TRUSTEE - FDN	1.00 1.00	X					0.	0.	0.	
80) ASIF RAMJI INDIVIDUAL TRUSTEE - FDN	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1504**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) DAVID TOOLAN ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.
(82) HELEN SMITH PRICE ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(83) MATTHEW GUFFEY ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.
(84) WALT EHMER ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(85) CHARLIE SCHAFFER ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.
(86) ASHISH MISTRY ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(87) BRIAN BETKOWSKI ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(88) JOHN RICHERT ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(89) LIGE GILLIS ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(90) MARIE FOSTER ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
(91) SARAH FANNING ----- INDIVIDUAL TRUSTEE - FDN	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1504**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(92) CAROLINE JEFFORDS ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.	
(93) DAVID SAPP ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.	
(94) HALA MODELMOG ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						0.	0.	0.	
(95) JOSHUA VOVA, MD ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						0.	0.	0.	
(96) MICHAEL COTE ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						0.	0.	0.	
(97) PAUL BROWN ----- INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						0.	0.	0.	
(98) MARYAM ALAVI ----- INDIVIDUAL TRUSTEE - MAC	1.00 0.	X						0.	0.	0.	
1b Sub-total								0.	0.	0.	
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1504**

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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,126,465.				
	d Related organizations	1d	234,000.				
	e Government grants (contributions)	1e	10,912,730.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	115,047,721.				
	g Noncash contributions included in lines 1a-1f.	1g	\$ 1,781,618.				
	h Total. Add lines 1a-1f			130,320,916.			
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE	622310	1,754,421,162.	1,754,421,162.			
	b GRADUATE MEDICAL FUNDING	622310	8,511,557.	8,511,557.			
	c STATE NEONATE INCOME	622310	3,510,441.	3,510,441.			
	d MANAGEMENT SERVICE FEE	622310	47,842,571.	47,842,571.			
	e OTHER	622310	1,573,087.	1,573,087.			
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,815,858,818.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).		3,127,658.			3,127,658.	
	4 Income from investment of tax-exempt bond proceeds		0.				
	5 Royalties		0.				
			(i) Real	(ii) Personal			
	6a Gross rents	6a	3,804,852.				
	b Less: rental expenses	6b	6,780,232.				
	c Rental income or (loss)	6c	-2,975,380.				
	d Net rental income or (loss)			-2,975,380.		-2,975,380.	
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	65,954,192.	28,618.			
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c	65,954,192.	28,618.			
	d Net gain or (loss)			65,982,810.		65,982,810.	
	8a Gross income from fundraising events (not including \$ 4,126,465. of contributions reported on line 1c). See Part IV, line 18	8a		13,266,690.			
	b Less: direct expenses	8b		3,263,388.			
c Net income or (loss) from fundraising events.			10,003,302.		10,003,302.		
9a Gross income from gaming activities. See Part IV, line 19	9a		187,345.				
b Less: direct expenses	9b		49,999.				
c Net income or (loss) from gaming activities.			137,346.		137,346.		
10a Gross sales of inventory, less returns and allowances	10a		0.				
b Less: cost of goods sold	10b		0.				
c Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue			Business Code				
	11a MEANINGFUL USE	900099	1,611,512.	1,611,512.			
	b GIFT SHOPS	900099	2,081,553.	2,081,553.			
	c PARKING	900099	1,472,302.	1,472,302.			
	d All other revenue		8,588,612.	8,588,612.			
	e Total. Add lines 11a-11d			13,753,979.			
12 Total revenue. See instructions			2,036,209,449.	1,829,612,797.		76,275,736.	

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	1,305,684.	1,305,684.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,575.	7,575.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,382,108.	2,204,684.	88,712.	88,712.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	805,071,903.	657,125,157.	141,247,442.	6,699,304.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,075,396.	33,829,454.	7,245,942.	
9 Other employee benefits	105,119,167.	85,280,671.	18,266,297.	1,572,199.
10 Payroll taxes	49,555,104.	40,813,291.	8,741,813.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	1,512,285.	569,697.	942,588.	
c Accounting	413,058.		413,058.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,015,467.		1,015,467.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,897,511.	11,815,227.	777,978.	304,306.
12 Advertising and promotion	8,835,868.	1,875,970.	6,581,711.	378,187.
13 Office expenses	13,619,579.	8,318,617.	4,522,063.	778,899.
14 Information technology	28,281,840.	26,420,525.	1,861,066.	249.
15 Royalties	0.			
16 Occupancy	27,031,731.	19,117,360.	7,911,555.	2,816.
17 Travel	3,007,417.	1,673,048.	1,194,583.	139,786.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	6,600,836.	3,912,089.	2,543,587.	145,160.
20 Interest	18,164,396.	11,498.	18,152,898.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	86,955,186.	57,519,044.	29,436,142.	
23 Insurance	7,323,340.	6,556,066.	767,274.	
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	193,912,552.	193,140,519.	771,389.	644.
b PURCHASED SVCS-MEDICAL	45,164,974.	45,164,782.		192.
c BAD DEBT EXPENSE	32,568,308.	32,568,308.		
d PURCHASED SVCS-NON MED	25,937,528.	20,984,905.		4,952,623.
e All other expenses	104,645,919.	104,284,878.		361,041.
25 Total functional expenses. Add lines 1 through 24e	1,622,404,732.	1,354,499,049.	252,481,565.	15,424,118.
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)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	220,824,974.	1	283,896,661.
	2 Savings and temporary cash investments.	0.	2	0.
	3 Pledges and grants receivable, net	54,617,755.	3	102,389,900.
	4 Accounts receivable, net.	208,903,445.	4	233,284,447.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	25,814,186.	8	25,192,326.
	9 Prepaid expenses and deferred charges	15,962,989.	9	19,908,397.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,979,608,159.		
	b Less: accumulated depreciation.	10b 881,074,037.		
		930,126,865.	10c	1,098,534,122.
	11 Investments - publicly traded securities	183,416,482.	11	965,221,544.
	12 Investments - other securities. See Part IV, line 11	159,245,267.	12	169,962,431.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	2,519,959,920.	15	1,951,427,325.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,318,871,883.	16	4,849,817,153.	
Liabilities	17 Accounts payable and accrued expenses	209,308,246.	17	241,849,190.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 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	656,520,802.	25	1,415,913,445.
	26 Total liabilities. Add lines 17 through 25.	865,829,048.	26	1,657,762,635.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,916,959,594.	27	2,593,943,711.
	28 Net assets with donor restrictions.	536,083,241.	28	598,110,807.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	3,453,042,835.	32	3,192,054,518.	
33 Total liabilities and net assets/fund balances.	4,318,871,883.	33	4,849,817,153.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,036,209,449.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,622,404,732.
3	Revenue less expenses. Subtract line 2 from line 1	3	413,804,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,453,042,835.
5	Net unrealized gains (losses) on investments	5	-9,459,718.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-665,333,316.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,192,054,518.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,702,680.	94,771,344.	76,891,967.	99,007,975.	130,320,916.	479,694,882.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	78,702,680.	94,771,344.	76,891,967.	99,007,975.	130,320,916.	479,694,882.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						53,289,747.
6 Public support. Subtract line 5 from line 4						426,405,135.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	78,702,680.	94,771,344.	76,891,967.	99,007,975.	130,320,916.	479,694,882.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,308,832.	8,814,277.	10,647,713.	9,378,525.	6,932,510.	45,081,857.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			4,550.			4,550.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,756,457.	21,721,097.	26,791,671.	26,759,423.	27,208,014.	125,236,662.
11 Total support. Add lines 7 through 10						650,017,951.
12 Gross receipts from related activities, etc. (see instructions)					12	7,976,761,596.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	65.60 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	75.70 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,238,000.	9,870,000.	8,364,000.	8,245,000.	7,735,000.	41,452,000.
2 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	3,769,000.	5,424,000.	6,164,000.	1,705,593,225.	11,163,000.	1,732,113,225.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	11,007,000.	15,294,000.	14,528,000.	1,713,838,225.	18,898,000.	1,773,565,225.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						1,773,565,225.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	11,007,000.	15,294,000.	14,528,000.	1,713,838,225.	18,898,000.	1,773,565,225.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.			4,550.			4,550.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	98,000.	66,000.	195,000.	656,000.	1,049,000.	2,064,000.
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,105,000.	15,360,000.	14,727,550.	1,714,494,225.	19,947,000.	1,775,633,775.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.88 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.24 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE A, PART I

PUBLIC CHARITY STATUS OF GROUP RETURN AFFILIATES

EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC.

PUBLIC CHARITY STATUS: 170(B)(1)(A)(III) - BOX 3

SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC.

PUBLIC CHARITY STATUS: 170(B)(1)(A)(III) - BOX 3

EGLESTON AFFILIATED SERVICES, INC.

PUBLIC CHARITY STATUS: 170(B)(1)(A)(III) - BOX 3

EGLESTON PEDIATRIC GROUP, INC.

PUBLIC CHARITY STATUS: 170(B)(1)(A)(III) - BOX 3

HSOC, INC.

PUBLIC CHARITY STATUS: 170(B)(1)(A)(III) - BOX 3

MARCUS AUTISM CENTER, INC.

PUBLIC CHARITY STATUS: 509(A)(2) - BOX 10

CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION

PUBLIC CHARITY STATUS: 509(A)(1) AND 170(B)(1)(A)(VI) - BOX 7

Schedule of Contributors

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN**

Employer identification number
90-0779996

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,336,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,015,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 15,024,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 20,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 20,367,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN**

Employer identification number
90-0779996

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 6,251,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,928,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number
90-0779996

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

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

Name of organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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) 2019

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V 19-7.7F

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 91.9100 %
c Term endowment 8.0900 %

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

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

- (i) Unrelated organizations
(ii) Related organizations

Yes/No table for 3a(i), 3a(ii), and 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) IC RECEIVALBES FROM PARENT	1,891,480,098.
(2) DEPOSITS/NON CURRENT ASSETS	59,947,227.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 1,951,427,325.	

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) BONDS	1,347,653,008.
(3) LONG TERM INSURANCE RESERVES	22,311,397.
(4) DUE TO/FROM GOVERNMENT PAYORS	5,323,830.
(5) NON CURRENT LIABILITIES	2,596,552.
(6) LONG TERM LEASE LIABILTY	38,028,658.
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,415,913,445.	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts. Total revenue calculated on line 5.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts. Total expenses calculated on line 5.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

THE PERMANENTLY RESTRICTED ENDOWMENT BALANCE INCLUDES \$47,440,735 OF EGGLESTON'S BENEFICIAL INTEREST IN TRUSTS AND \$114,437,028 OF SCOTTISH RITE'S BENEFICIAL INTEREST IN TRUSTS. CHILDREN'S IS THE PRIMARY BENEFICIARY OF THE PROPORTIONAL INCOME FROM CERTAIN PERPETUAL THIRD-PARTY TRUSTS. CHILDREN'S HAS NO ACCESS TO THE CORPUS OF THESE TRUSTS AND HAS LIMITED INPUT INTO, AND ONLY IN SOME CASES, THE INVESTMENT MIX OF THE UNDERLYING FUNDS HELD BY THE TRUSTS. THE ESTIMATED PRESENT VALUE OF FUTURE DISTRIBUTIONS TO BE RECEIVED FROM THESE TRUSTS IS USED FOR VALUATION PURPOSES. ALL ENDOWMENT FUNDS ARE COMPRISED OF PUBLICLY TRADED AND MARKETABLE SECURITIES, WITH THE EXCEPTION OF THE SCOTTISH RITE BENEFICIAL INTERESTS IN TRUSTS, WHICH ARE CLASSIFIED AS OTHER SECURITIES. ENDOWMENT FUNDS ARE UTILIZED TO PROVIDE FINANCIAL SUPPORT FOR CLINICAL, RESEARCH, TEACHING, AND WELLNESS INITIATIVES AND PROGRAMS, INCLUDING A DESIGNATED PORTION FOR CHARITY CARE SERVICES.

SCHEDULE D, PART X

DESCRIPTION OF OTHER LIABILITIES

THE INTERCOMPANY BALANCE INCLUDES THE FILING ORGANIZATION'S SHARE OF THE TAX-EXEMPT BOND LIABILITIES AS PART OF THE HEALTH SYSTEM'S OBLIGATED GROUP.

DETAILED INFORMATION ABOUT THE OBLIGATED GROUP'S TAX EXEMPT BONDS IS REPORTED ON THE FORM 990 OF THE GROUP'S PARENT, CHILDREN'S HEALTH CARE OF

Part XIII Supplemental Information *(continued)*

ATLANTA, INC., EIN 58-2367819.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization: CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN
Employer identification number: 90-0779996

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, DC, FL, GA, HI, IL,
 KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,
 OK, OR, RI, SC, TN, UT, VA, WA, WV,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA	EVENT PARTY	117.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,388,616.	676,851.	15,327,688.	17,393,155.
	2 Less: Contributions	891,240.	376,000.	2,859,225.	4,126,465.
	3 Gross income (line 1 minus line 2)	497,376.	300,851.	12,468,463.	13,266,690.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		34,214.		34,214.
	6 Rent/facility costs		10,608.	90,277.	100,885.
	7 Food and beverages	153,824.	56,000.	91,434.	301,258.
	8 Entertainment	6,000.		10,976.	16,976.
	9 Other direct expenses	95,565.	79,899.	2,634,591.	2,810,055.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,263,388.
11 Net income summary. Subtract line 10 from line 3, column (d)				10,003,302.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			49,999.	49,999.
	4 Rent/facility costs				
5 Other direct expenses					
6 Volunteer labor	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input checked="" type="checkbox"/> Yes _____ %		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					49,999.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					137,346.

9 Enter the state(s) in which the organization conducts gaming activities: GA,

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ANTHONY MEADOWS

Address ▶ 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ DENISE BARNES

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ EMPLOYEE/INDEPENDENT

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>235.0000</u> %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>340.0000</u> %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's 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"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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
a Financial Assistance at cost (from Worksheet 1)			29,523,221.		29,523,221.	1.86
b Medicaid (from Worksheet 3, column a)			780,037,125.	678,738,005.	101,299,120.	6.37
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			809,560,346.	678,738,005.	130,822,341.	8.23
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			29,030,287.	5,430,693.	23,599,594.	1.48
f Health professions education (from Worksheet 5)			29,154,044.	17,329,617.	11,824,427.	.74
g Subsidized health services (from Worksheet 6)			56,547,689.	28,874,004.	27,673,685.	1.74
h Research (from Worksheet 7)			68,508,795.	24,678,805.	43,829,990.	2.76
i Cash and in-kind contributions for community benefit (from Worksheet 8)			824,409.		824,409.	.05
j Total. Other Benefits			184,065,224.	76,313,119.	107,752,105.	6.77
k Total. Add lines 7d and 7j			993,625,570.	755,051,124.	238,574,446.	15.00

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

Schedule H (Form 990) 2019

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			29,590.			
8 Workforce development						
9 Other						
10 Total			29,590.			

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	7,001,975.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	7,016,663.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-14,688.
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	
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	

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 SEE PART VI	OUTPATIENT SURGERY CENTER	51.00000		49.00000
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)

1 EGGLESTON CHILDREN'S HOSPITAL
 1405 CLIFTON ROAD NE
 ATLANTA GA 30322
 CHOA.ORG
 044-079

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
X									A

2 SCOTTISH RITE CHILDREN'S MEDICAL CTR
 1001 JOHNSON FERRY ROAD NE
 ATLANTA GA 30342
 CHOA.ORG
 060-303

X									A
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10

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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 GROUP A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

Community Health Needs Assessment

- 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?
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?
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)?
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19
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?
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities?
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?
7 Did the hospital facility make its CHNA report widely available to the public?
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
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)?
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks for questions 1, 2, 3, 5, 6a, 7, 8, 10, 12a, 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group GROUP A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>235.0000</u> % and FPG family income limit for eligibility for discounted care of <u>340.0000</u> %		
b	<input 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 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 his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
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 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>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 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 type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group GROUP A

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	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)		

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 GROUP A

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

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 5

INPUT WAS GATHERED FROM A BROAD RANGE OF REMARKABLE LEADERS THROUGHOUT
GEORGIA WHO ARE PASSIONATE ABOUT THE INTEREST OF CHILDREN AND
ADOLESCENTS. THESE LEADERS IDENTIFIED AND PRIORITIZED PEDIATRIC HEALTH
NEEDS TO HELP ADVANCE THE HEALTH AND WELLNESS OF CHILDREN AND ADOLESCENTS
WITHIN THE COMMUNITY.

LIST OF CHNA CONTRIBUTORS

1 ROY BENAROCHE, MD

PEDIATRICIAN

PEDIATRIC PHYSICIANS, PC

2 CHERYL BENEFIELD

PROGRAM MANAGER

GEORGIA DEPARTMENT OF EDUCATION

3 HELENA BENTLEY, MD

PHYSICIAN

KIDCARE PEDIATRICS, LLC

4 KERI BERRY, LPN

SCHOOL HEALTH PROFESSIONAL

DENMARK HIGH SCHOOL

Part V Facility Information (continued)

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

5 TIFFINI BILLINGSLY

MEDICAL DIRECTOR

PREMIER PEDIATRIC ASSOCIATES

6 FIONA BLAIR

PHYSICIAN-OWNER

ABC PEDIATRIC GROUP

7 DANITA BREEDEN, RN

SCHOOL HEALTH PROFESSIONAL

CHICKAMAUGA CITY SCHOOLS

8 GWENDOLYN BROWN

SCHOOL HEALTH PROFESSIONAL

ATLANTA PUBLIC SCHOOLS

9 MS. WILLIE CANNADY

CLINIC AIDE

HENRY COUNTY SCHOOL

10 JENNIFER CANTRELL

CPNP

CORNERSTONE PEDIATRICS

11 ALICIA CARDWELL-ALSTON

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.

DISTRICT COMMUNICATIONS DIRECTOR

FULTON COUNTY BOARD OF HEALTH

12 GWEN CHAMBERS, RN

LEAD NURSE/SCHOOL HEALTH PROFESSIONAL

CHEROKEE COUNTY SCHOOL DISTRICT

13 RAJANI CHAUDHARI, MD

PHYSICIAN

RAJANI CHAUDHARI MD PC

14 NICOLA CHIN, MD

PHYSICIAN

MOREHOUSE HEALTHCARE

15 MARK COKER, MD

PHYSICIAN

COKER PEDIATRICS

16 TIM COLEY

DIRECTOR

PARKS & RECREATION

17 JEFF COOPER, MD

PEDIATRICIAN

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.

COOPER PEDIATRICS

18 CATHERINE CRENSON, PA

PHYSICIAN ASSISTANT

SUN PEDIATRICS

19 LISA CROSSMAN

DEPUTY DIRECTOR

COBB & DOUGLAS PUBLIC HEALTH

20 RACHELLE DENNIS-SMITH, MD

PEDIATRICIAN

PEDIA-DOC

21 LORI DESOUTTER, MD

PEDIATRICIAN

PEDIATRIC ASSOCIATES OF NORTH ATLANTA

22 JESSICA DOYLE, MD

PEDIATRICIAN

OAKHURST PEDIATRICS

23 MISSY DUGAN

CEO

BOYS & GIRLS CLUBS OF METRO ATLANTA

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.

24 TARA ECHOLS

PERFORMANCE MANAGEMENT & COMMUNITY HEALTH DIRECTOR

GNR HEALTH

25 GERREN ECTOR, MD

PEDIATRICIAN

TRI-COUNTY PEDIATRICS

26 TINA FLEMING

DIRECTOR, GWINNETT COUNTY DEPARTMENT OF COMMUNITY SERVICES

GWINNETT COUNTY

27 LAKITA FORD

PROGRAM MANAGER

CITY OF SOUTH FULTON PARKS AND RECREATION

28 CASSANDRA FOSTER

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GCPS

29 LESTER A FREEMAN, MD

PEDIATRICIAN

TEENS, LITTLE ONES & CHILDREN PEDIATRICS, LLC

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.

30 FAY FULTON

EXECUTIVE VICE PRESIDENT

GEORGIA ACADEMY OF FAMILY PHYSICIANS

31 ANN GOEHE

SPECIAL EDUCATION NURSE

DEKALB SCHOOLS

32 DAWN HICKMON, RN

SCHOOL HEALTH PROFESSIONAL

FORSYTH COUNTY SCHOOLS

33 VALENCIA HILDRETH

COMPREHENSIVE HEALTH SERVICES MANAGER

ATLANTA PUBLIC SCHOOLS

34 ERIC HOFFLER, MD

PHYSICIAN

ABC PEDIATRICS

35 GINGER HOGAN, LPN

SCHOOL HEALTH PROFESSIONAL

SHILOH POINT ELEMENTARY

36 MONCIA HOLZWARTH, MD

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.

PHYSICIAN

PEDIATRIC AND ADOLESCENT HEALTHCARE

37 DR. ANGELA HARRISON-COLLIER

DIRECTOR OF STUDENT SERVICES

CLAYTON COUNTY PUBLIC SCHOOLS

38 SHARON HOWELL

SCHOOL HEALTH PROFESSIONAL

FORSYTH COUNTY BOE

39 JASMINE HUGHEY

PARAPROFESSIONAL

HENRY COUNTY BOE

40 LINDSEY JORSTAD

OUTREACH MANAGER

GWINNETT COUNTY DEPARTMENT OF COMMUNITY SERVICES

41 MICHAEL JUSTUS

DIRECTOR, PARKS, RECREATION AND CULTURAL AFFAIRS

PAULDING COUNTY BOARD OF COMMISSIONERS

42 ABIGAIL KAMISHLIAN, MD

PHYSICIAN

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.

DAFFODIL PEDIATRICS

43 KIMBERLY KARLIN

LEAD NURSE/SCHOOL HEALTH PROFESSIONAL

RCPS

44 CHERYL KENDALL

PHYSICIAN

WE CARE PEDIATRIC AND ADOLESCENT GROUP

45 SHELLEY KIM, MD

PEDIATRICIAN

LITTLE FIVE POINTS PEDIATRICS

46 DEBBIE KING, RN, BSN

SCHOOL HEALTH SERVICES COORDINATOR

FAYETTE COUNTY SCHOOLS

47 VICKI KNIGHT-MATHIS, MD

PHYSICIAN

DV PEDIATRICS

48 SHIRLETA LAWRENCE

SCHOOL DIRECTOR

SHELTERING ARMS

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.

49 RICHARD LEVITT, MD

PHYSICIAN

NORTH FULTON PEDIATRICS

50 BOB LICATA, MD

PHYSICIAN

51 VALERIE LOVEJOY

FAMILY CHILD CARE PROVIDER

STEM GROW LLC

52 MONETTE LOWE

ELEMENTARY CLINIC ASSISTANT

RCPS

53 SEAN MACK

STATE WIC DIRECTOR

GA DPH - WIC

54 KHAWAJA MAHMOOD

ASSOCIATE PROFESSOR OF PEDIATRICS

MOUNTAINSIDE PEDS

55 CAROL MARTIN

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.

LEAD NURSE

NEWTON COUNTY SCHOOLS

56 DAN MATHEWS

COO

CAMP TWIN LAKES

57 REBECCA MCWALTERS

SCHOOL HEALTH PROFESSIONAL

FORSYTH COUNTY SCHOOLS

58 LYNNE P. MEADOWS

COORDINATOR, STUDENT HEALTH SERVICES

FULTON COUNTY SCHOOL SYSTEM

59 ISAAC MELAMED, MD

PEDIATRICIAN

KIDS START PEDIATRICS

60 JANET MEMARK

DISTRICT HEALTH DIRECTOR

COBB AND DOUGLAS PUBLIC HEALTH

61 KAREN MINYARD

CEO AND PROFESSOR

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.

GEORGIA HEALTH POLICY CENTER

62 BILL MOATS

HR DIRECTOR

HALL COUNTY GOVT

63 ROGER MORALES

MEDICAL DIRECTOR

EXCELLENT PEDIATRICS

64 CINDY MOTT

CLUSTER NURSE - TELEHEALTH

HENRY COUNTY SCHOOLS

65 DEBRA MURDOCK

EXECUTIVE DIRECTOR, SCHOOL OPERATIONS

CHEROKEE COUNTY SCHOOL DISTRICT

66 JOHN MYNATT, MD

PHYSICIAN

LOCUST GROVE PEDIATRICS, LLC

67 DORSEY NORWOOD, MD

PEDIATRICIAN

LIFE CYCLE PEDIATRICS, LLC

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.

68 WANDE OKUNOREN-MEADOWS

EARLY CHILDHOOD PROGRAM ADMINISTRATOR

LITTLE ONES LEARNING CENTER

69 TAMARA OLAGBEGI

SITE DIRECTOR

OUR HOUSE

70 KOLA OLOGUNJA

SPECTRUM PEDIATRIC GROUP

71 J. PATRICK O'NEAL

RETIRED

DPH

72 JULIE OPEKA

CPNP

GRAYSON PEDIATRICS

73 JILL OVERCASH, MD

PRACTICE OWNER AND PEDIATRICIAN

ALL ABOUT KIDS PEDIATRICS

74 WILLIAM PAYNE, MD

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.

PEDIATRICIAN

CARTERSVILLE PEDIATRIC ASSOCIATES

75 ROBERT PLATNER, MD

PEDIATRICIAN AND PRACTICE OWNER

OLD FOURTH WARD PEDIATRICS (HAMMAD & PLATNER)

76 C. PLEASANT

CHILDCARE PROVIDER

PLEASANT FAMILY CHILDCARE

77 BENTLEY PONDER

DEPUTY COMMISSIONER, QUALITY INNOVATIONS AND PARTNERSHIPS

GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

78 DARRIA PRINTUP

EDUCATION DISABILITIES SPECIALIST

EASTER SEALS NORTH GA

79 JIM PRYOR

DIRECTOR OF PARKS & RECREATION

FORSYTH COUNTY GOVERNMENT

80 PAMELA QUATTLEBAUM, RN

SCHOOL HEALTH PROFESSIONAL

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.

ROCKDALE CO. PUBLIC SCHOOLS- SHOAL CREEK ELEMENTARY

81 GHAZALA QURAIISHI, MD

PHYSICIAN

CRESCENT NEUROLOGY AND SLEEP

82 MICHELLE RAINES

HR DIRECTOR

DEKALB COUNTY BOARD OF HEALTH

83 JOSEPH ROSENFELD, MD

PHYSICIAN

SNAPFINGER WOODS PEDIATRICS

84 CONNIE RUSSELL

DISTRICT PROGRAM DIRECTOR

GWINNETT, NEWTON AND ROCKDALE COUNTY HEALTH DEPARTMENTS

85 ADRIANA RZEZNIK, MD

PEDIATRICIAN

WOODSTOCK PEDIATRIC MEDICINE

86 MARIBEL ANGKA SERVERA, MD

PHYSICIAN

MAIN STREET IM & PEDS PC

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.

87 HAL SCHERZ

MANAGING PARTNER & PRESIDENT

GEORGIA UROLOGY

88 LUQMAN SEIDU, MD

PHYSICIAN

OMNI ALLERGY IMMUNOLOGY

89 SONIA SERRANO

BILLER/CERTIFIED MEDICAL ASSISTANT

WESTSIDE PEDIATRICS

90 ALLISON SETTERLIND

GEORGIA HEAD START COLLABORATION DIRECTOR

GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

91 ANU SHETH, MD

PHYSICIAN

PEDIATRIC ASSOCIATES OF LAWRENCEVILLE

92 GERALD SILVERBOARD, MD

PHYSICIAN

93 RON SMITH, MD

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.

PHYSICIAN OWNER

STORYBOOK PEDIATRICS

94 KELLY SPANGLER, RN

SCHOOL HEALTH PROFESSIONAL

FORSYTH COUNTY SCHOOLS

95 TERESA TATUM

SCHOOL HEALTH PROFESSIONAL

CCSD - CLAYTON ELEMENTARY SCHOOL

96 RUTH TAYLOR

COORDINATOR

FULTON COUNTY SCHOOL NUTRITION PROGRAM

97 ASHLEE TELI

PROGRAM DIRECTOR

LITTLE SUNSHINE'S PLAYHOUSE

98 CHERYL TILLMAN, RN

LEAD NURSE/SCHOOL HEALTH PROFESSIONAL

WALTON COUNTY SCHOOLS

99 MICHAEL TIM, MD

PHYSICIAN

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.

100 CONNIE TRENT

HEALTH SERVICES FACILITATOR

FORSYTH COUNTY SCHOOLS

101 YASMIN TYLER-HILL

CHAIR DEPT OF PEDIATRICS

MOREHOUSE SCHOOL OF MEDICINE

102 PHIL WEISS, MD

PHYSICIAN

NORTH ATLANTA PEDIATRICS

103 ROBERT WHIPPLE, MD

PHYSICIAN

104 LATRICE WILLIAMS

SCHOOL HEALTH PROFESSIONAL

ATLANTA PUBLIC SCHOOL DISTRICT

105 DOUGLAS WILLIAMS, MD

PEDIATRICIAN

GEORGETOWN PEDIATRICS

106 MELINDA WILLINGHAM

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.

PHYSICIAN OWNER

DECATUR PEDIATRIC GROUP

107 BOB WISKIND, MD

PHYSICIAN

PEACHTREE PARK PEDIATRICS

THE CHNA SURVEY AND QUALITATIVE INTERVIEWS WERE COMPLETED FROM MAY 15, 2019 TO SEPTEMBER 15, 2019. THE SURVEY WAS COMPLETED BY INDIVIDUALS REPRESENTING THE INTERESTS OF THE PEDIATRIC COMMUNITY IN THE GREATER METROPOLITAN ATLANTA REGION, INCLUDING CHILDREN OF ALL AGES, RACES, ETHNICITIES, INCOME LEVELS AND INSURANCE STATUSES. THESE INDIVIDUALS ALSO REPRESENT EACH OF THE COUNTIES IN THE PRIMARY AND SECONDARY SERVICE AREAS. THERE WAS SIGNIFICANT CONSENSUS THAT THE PEDIATRIC COMMUNITY HEALTH NEED PRIORITIES AND ISSUES IDENTIFIED AFFECTED CHILDREN ACROSS MULTIPLE CULTURAL, SOCIO-ECONOMIC AND GEOGRAPHIC COMMUNITIES WITHIN THE EXPANSIVE GREATER METRO ATLANTA REGION.

CHILDREN'S HAS DEVELOPED PROGRAMS TO ADDRESS HEALTH NEEDS OF IMMIGRANT AND TRANSIENT POPULATIONS. THESE PROGRAMS INCLUDE 1) MERCY CARE CHAMBLEE THAT COLLABORATES WITH CHILDREN'S TO OFFER ONSITE PEDIATRIC PRIMARY CARE INCLUDING ROUTINE HEALTH CHECKUPS, SICK VISITS FOR CHILDREN, IMMUNIZATIONS FOR SCHOOL TO INFANTS, CHILDREN AND ADOLESCENTS WHO RELY ON MEDICAID 2) INTERPRETATIVE SERVICES AT EVERY FACILITY, AND 3) RESOURCES FOR STAFF TO INCREASE CULTURAL AWARENESS CONCERNING THE HEALTH NEEDS OF

Part V Facility Information (continued)

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

IMMIGRANT POPULATIONS.

HUGHES SPALDING IS A HOSPITAL MANAGED BY CHILDREN'S FOR FULTON-DEKALB HOSPITAL AUTHORITY. IN ADDITION TO BEING AN ACUTE CARE HOSPITAL WITH A FULL SERVICE EMERGENCY DEPARTMENT AND INPATIENT BEDS, HUGHES SPALDING PROVIDES PRIMARY CARE SERVICES FOR THOSE UNDERSERVED POPULATIONS IN AND AROUND DOWNTOWN ATLANTA.

FINALLY, SOME OF THE COMMUNITY GROUPS THAT PARTICIPATED IN EITHER KEY INFORMANT INTERVIEWS OR THE SURVEY REPRESENT UNIQUE HEALTH NEEDS, INCLUDING: *HEALTHMPOWERS, INC.: OBESITY AND NUTRITION, *GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING: EARLY CARE AND LEARNING, *CAMP TWIN LAKES: INCLUSION FOR KIDS WITH SPECIAL NEEDS, *VOICES FOR GEORGIA'S KIDS: CHILD POLICY AND ADVOCACY, AND *BOYS & GIRLS CLUB: MENTORING FOR CHILDREN FACING ADVERSITY.

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

THE CHNA REPORT WAS CONDUCTED WITH BOTH EGLESTON CHILDREN'S HOSPITAL AND SCOTTISH RITE HOSPITAL.

Part V Facility Information (continued)

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

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

THE CHNA REPORT WAS WIDELY AVAILABLE TO THE PUBLIC ON THE HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.CHOA.ORG/~MEDIA/FILES/CHILDRENS/ABOUT-US/CHILDRENS-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2019.PDF?LA=EN](https://www.choa.org/~media/files/childrens/about-us/childrens-community-health-needs-assessment-2019.pdf?la=en)

SCHEDULE H, PART V, SECTION B, LINE 10

THE IMPLEMENTATION STRATEGY IS INCLUDED IN THE CHNA REPORT ON THE HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.CHOA.ORG/~MEDIA/FILES/CHILDRENS/ABOUT-US/CHILDRENS-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2019.PDF?LA=EN](https://www.choa.org/~media/files/childrens/about-us/childrens-community-health-needs-assessment-2019.pdf?la=en)

SCHEDULE H, PART V, SECTION B, LINE 11

UNIQUE AND DETAILED IMPLEMENTATION PLANS FOR EGLESTON AND SCOTTISH RITE HOSPITALS ARE INCLUDED IN THE CHNA REPORT LOCATED AT WWW.CHOA.ORG OR AT [HTTPS://WWW.CHOA.ORG/~MEDIA/FILES/CHILDRENS/ABOUT-US/CHILDRENS-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2019.PDF?LA=EN](https://www.choa.org/~media/files/childrens/about-us/childrens-community-health-needs-assessment-2019.pdf?la=en)

DUE TO THE LONG HISTORY OF CHILDREN'S WORKING WITH THE COMMUNITY, THE PRIORITY HEALTH NEEDS IN THE ASSESSMENT WERE EXPECTED. EACH OF THE 10 NEEDS IS ACTIVELY BEING ADDRESSED IN SOME CAPACITY BY EXISTING AND ONGOING PROGRAMS AND SERVICES OF CHILDREN'S. THERE ARE MANY ORGANIZATIONS IN THE COMMUNITY THAT ARE ADDRESSING THESE NEEDS, AS WELL.

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.

DUE TO LIMITED RESOURCES AND THE EXTRAORDINARY COST OF PROVIDING HIGHLY SPECIALIZED CARE TO CHILDREN THROUGHOUT GEORGIA, THE CHILDREN'S COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY IS FOCUSED ON LEVERAGING EXISTING PROGRAMS, SERVICES AND RESOURCES, WHERE POSSIBLE, AND FOCUSES ON THE HEALTH NEED PRIORITIES OF CHILDREN AND ADOLESCENTS WHO RESIDE IN OUR 18-COUNTY, METROPOLITAN ATLANTA PRIMARY AND SECONDARY SERVICE AREA COMMUNITIES.

IN ADDITION TO LEVERAGING EXISTING PROGRAMS, OVER THE NEXT THREE YEARS, CHILDREN'S WILL PLACE SPECIAL EMPHASIS ON FOUR OF THE TOP FIVE NEEDS, AS THESE TIGHTLY ALIGN WITH OUR STRATEGIC PLAN. THESE NEEDS ARE:

- ENSURE ACCESS TO PRIMARY CARE MEDICAL HOMES FOR CHILDREN AND ADOLESCENTS
- ENHANCE ACCESS TO BEHAVIORAL AND DEVELOPMENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS
- ADDRESS CHILDHOOD OVERWEIGHT AND OBESITY
- ENSURE ACCESS TO SPECIALTY CARE FOR CHILDREN AND ADOLESCENTS

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, LINES 16A-C

THE FAP WAS WIDELY AVAILABLE TO THE PUBLIC AT THE HOSPITAL FACILITY'S WEBSITE LISTED BELOW:

[HTTPS://WWW.CHOA.ORG/~MEDIA/FILES/CHILDRENS/PATIENTS/BILLS-AND-INSURANCE/
FINANCIAL-ASSISTANCE-POLICY.PDF?LA=EN](https://www.choa.org/~media/files/childrens/patients/bills-and-insurance/financial-assistance-policy.pdf?la=en)

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

THE HOSPITAL FACILITY DID NOT ENGAGE IN ANY OF THE EFFORTS LISTED IN LINE 20 A THROUGH D.

SCHEDULE H, PART V, SECTION B, LINE 22B

BASED ON INCOME AS ATTESTED TO BY FAMILY, PROVIDED FREE CARE UP TO 235% OF FEDERAL POVERTY GUIDELINE, "SLIDING SCALE" CARE UP TO 340% OF FEDERAL POVERTY GUIDELINE WITH MINIMUM WRITE OFF EQUIVALENT TO THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE PAYMENT RATES. THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE PAYMENT RATES.

SCHEDULE H, PART V, SECTION D

NON-HOSPITAL HEALTH CARE FACILITIES

THE NON-HOSPITAL HEALTH CARE FACILITIES LISTED PROVIDE SERVICES TO PATIENTS ON AN OUTPATIENT BASIS. THESE SERVICES VARY BY LOCATION AND FACILITY AND MAY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING: URGENT CARE SERVICES, REHABILITATION, DIAGNOSTIC AND TREATMENT SERVICES,

Part V Facility Information (continued)

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

SURGICAL SERVICES, SPORTS MEDICINE AND ORTHOTICS AND PROSTHETICS

SERVICES.

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? 43

Name and address	Type of Facility (describe)
1 MARCUS AUTISM CENTER 1920 BRIARCLIFF ROAD ATLANTA GA 30329	OUTPATIENT SERVICES
2 CHILDREN'S OUTPATIENT SURG CTR SAT BLVD 2620 SATELLITE BOULEVARD DULUTH GA 30096	OUTPATIENT SERVICES
3 CHILDREN'S MEDICAL OFFICE BUILDING 5455 MERIDIAN MARK ROAD NE ATLANTA GA 30342	OUTPATIENT SERVICES
4 CHILDREN'S SPECIAL SERVICES 2015 UPPERGATE DRIVE ATLANTA GA 30322	OUTPATIENT SERVICES
5 CHILDREN'S AT MERIDIAN MARK, LLC 5445 MERIDIAN MARK ROAD NE ATLANTA GA 30342	OUTPATIENT SERVICES
6 CHILDREN'S AT NORTH DRUID HILLS 1605 CHANTILLY DRIVE NE ATLANTA GA 30324	OUTPATIENT SERVICES
7 CHILDREN'S AT FORSYTH 410 PEACHTREE PARKWAY CUMMING GA 30041	OUTPATIENT SERVICES
8 CHILDREN'S AT SATELLITE BOULEVARD 2660 SATELLITE BOULEVARD DULUTH GA 30096	OUTPATIENT SERVICES
9 CHILDREN'S AT TOWN CENTER 625 BIG SHANTY ROAD NW KENNESAW GA 30144	OUTPATIENT SERVICES
10 CHILDREN'S AT WEBB BRIDGE 3155 NORTH POINT PARKWAY ALPHARETTA GA 30005	OUTPATIENT SERVICES

Schedule H (Form 990) 2019

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

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

Name and address	Type of Facility (describe)
1 CHILDREN'S AT SANDY PLAINS 3618 SANDY PLAINS ROAD MARIETTA GA 30066	OUTPATIENT SERVICES
2 CHILDREN'S AT FAYETTE 1265 HIGHWAY 54 WEST FAYETTEVILLE GA 30214	OUTPATIENT SERVICES
3 CHILDREN'S AT MOUNT ZION 2201 MOUNT ZION PARKWAY MORROW GA 30260	OUTPATIENT SERVICES
4 CHILDREN'S AT ALPHARETTA HIGHWAY 11835 ALPHARETTA HIGHWAY ROSWELL GA 30076	OUTPATIENT SERVICES
5 CHILDREN'S AT HUDSON BRIDGE 1510 HUDSON BRIDGE ROAD STOCKBRIDGE GA 30281	OUTPATIENT SERVICES
6 CHILDREN'S AT NORTHPOINT 3795 MANSELL ROAD ALPHARETTA GA 30022	OUTPATIENT SERVICES
7 PRIMARY CARE CENTER OF CHAMBLEE 4166 BUFORD HIGHWAY ATLANTA GA 30345	OUTPATIENT SERVICES
8 DAY REHABILITATION CENTER 993-F JOHNSON FERRY ROAD NE ATLANTA GA 30342	OUTPATIENT SERVICES
9 CHILDREN'S AT HAMILTON CREEK 2240 HAMILTON CREEK PARKWAY DACULA GA 30019	OUTPATIENT SERVICES
10 CHILDREN'S AT DULUTH 2270 DULUTH HIGHWAY 120 DULUTH GA 30097	OUTPATIENT SERVICES

Schedule H (Form 990) 2019

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

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

Name and address	Type of Facility (describe)
1 CHILDREN'S AT SNELLVILLE 2220 WISTERIA DRIVE SNELLVILLE GA 30078	OUTPATIENT SERVICES
2 CHILDREN'S AT EXECUTIVE PARK 6 EXECUTIVE PARK DRIVE NE ATLANTA GA 30329	OUTPATIENT SERVICES
3 CHILDREN'S AT MARIETTA 175 WHITE STREET MARIETTA GA 30060	OUTPATIENT SERVICES
4 CHILDREN'S AT OLD MILTON PARKWAY 3300 OLD MILTON PARKWAY ALPHARETTA GA 30005	OUTPATIENT SERVICES
5 CHILDREN'S AT SUWANEE 3640 BURNETTE ROAD SUWANEE GA 30024	OUTPATIENT SERVICES
6 NORTHSIDE PROFESSIONAL CENTER 975 JOHNSON FERRY ROAD NE ATLANTA GA 30342	OUTPATIENT SERVICES
7 CHILDREN'S AT IVY WALK 1675 CUMBERLAND PARKWAY, SUITE 105 SMYRNA GA 30080	OUTPATIENT SERVICES
8 CHILDREN'S AT CHEROKEE 1554 RIVERSTONE PARKWAY CANTON GA 30114	OUTPATIENT SERVICES
9 CENTER FOR ADVANCED PEDIATRICS 1400 TULLIE ROAD NE ATLANTA GA 30329	OUTPATIENT SERVICES
10 CHILDREN'S AT CHAMBLEE-BROOKHAVEN 5080 PEACHTREE BLVD., SUITE 100 BROOKHAVEN GA 30341	OUTPATIENT SERVICES

Schedule H (Form 990) 2019

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

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

Name and address	Type of Facility (describe)
1 CHILDREN'S AT EAST COBB 1255 JOHNSON FERRY ROAD, SUITE 2 MARIETTE GA 30068	OUTPATIENT SERVICES
2 CHILDREN'S AT HAMILTON MILL 2108 TERON TRACE, SUITE 200 DACULA GA 30019	OUTPATIENT SERVICES
3 CHILDREN'S AT MOUNT VERNON HIGHWAY 859 MOUNT VERNON HIGHWAY, SUITE 300 ATLANTA GA 30328	OUTPATIENT SERVICES
4 ATHENS-ST. MARY'S 1230 BAXTER ST. ATHENS GA 30606	OUTPATIENT SERVICES
5 ATHENS-HAWTHORNE AVENUE 1000 HAWTHORNE AVE., SUITE S ATHENS GA 30606	OUTPATIENT SERVICES
6 ATHENS-OGLETHORPE AVENUE 1500 OGLETHORPE AVE. ATHENS GA 30606	OUTPATIENT SERVICES
7 ATHENS-OCONEE CAMPUS 1181 LANGFORD DRIVE, BLDG 200, STE 101 WATKINSVILLE GA 30677	OUTPATIENT SERVICES
8 BUFORD 2914 VINSON COURT BUFORD GA 30518	OUTPATIENT SERVICES
9 COLUMBUS 705 17TH ST., SUITE 406 COLUMBUS GA 31901	OUTPATIENT SERVICES
10 MACON 4660 RIVERSIDE PARK BLVD. MACON GA 31210	OUTPATIENT SERVICES

Schedule H (Form 990) 2019

Part V Facility Information *(continued)*

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

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

Name and address	Type of Facility (describe)
1 NEWMAN 60 OAK HILL BLVD., SUITE 102 NEWMAN GA 30265	OUTPATIENT SERVICES
2 THOMASVILLE 915 GORDON AVE. THOMASVILLE GA 31792	OUTPATIENT SERVICES
3 VILLA RICA 705 DALLAS HIGHWAY, SUITE 301 VILLA RICA GA 30180	OUTPATIENT SERVICES
4	
5	
6	
7	
8	
9	
10	

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

SCHEDULE H, PART I, LINE 6A

COMMUNITY BENEFIT REPORTING

CHILDREN'S HEALTHCARE OF ATLANTA, INC., A RELATED ORGANIZATION, PREPARES AND MAKES AVAILABLE TO THE PUBLIC AN ANNUAL REPORT THAT INCLUDES EGGLESTON AND SCOTTISH RITE'S COMMUNITY BENEFITS.

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY

THE COSTING METHODOLOGY UTILIZED WAS DERIVED PER IRS SCHEDULE, WORKSHEET 2, WHICH CALCULATES RATIO OF PATIENT CARE COST TO CHARGES.

SCHEDULE H, PART I, LINE 7G

SUBSIDIZED HEALTH SERVICES

THE SUBSIDIZED HEALTH SERVICES REPORTED ARE FOR HOSPITAL BASED PHYSICIAN CLINICS, INCLUDING DENTAL, ORTHODONTIC, MULTI-SPECIALTY, ETC.

Part VI Supplemental 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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SCHEDULE H, PART I, LINE 7, COLUMN (F)

BAD DEBT EXPENSE

BAD DEBT EXPENSE IN THE AMOUNT OF \$32,568,308 HAS BEEN REMOVED FROM TOTAL EXPENSE.

SCHEDULE H, PART II

CHILDREN'S HEALTHCARE COMMUNITY BUILDING ACTIVITIES INCLUDE:

ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT: ARCHI FOLLOWS THE COLLECTIVE IMPACT FRAMEWORK TO ADDRESS COMPLEX ISSUES, LIKE HEALTH DISPARITIES BY ALIGNING RESOURCES AND EXPERTISE FROM MULTIPLE AND DIVERSE SECTORS IN A MULTI-YEAR COMMITMENT TO CREATE CHANGE. CHILDREN'S PARTICIPATES AS A PARTNER AGENCY TO BUILD ALIGNMENTS THAT CREATE MUTUALLY REINFORCING WORK AND FORGING THE TRUST AND RELATIONSHIPS TO SUSTAIN THE WORK.

ATLANTA FALCONS YOUTH FOUNDATION: CHILDREN'S ATTENDS AND FREQUENTLY

Part VI Supplemental Information

Provide the following information.

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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.

PRESENTS AT MONTHLY MEETINGS WITH OTHER GRANTEE ORGANIZATIONS TO DISCUSS PROJECT DETAILS RELATED TO PROGRAM DEVELOPMENT AND IMPLEMENTATION. THE PRIMARY PURPOSE OF THIS MEETING IS TO SUPPORT COLLABORATIVE RELATIONSHIPS BETWEEN GRANTEE ORGANIZATIONS AND TO SUSTAIN PARTNERSHIPS.

ATLANTA PUBLIC SCHOOLS WELLNESS COMMITTEE: CHILDREN'S PARTICIPATES IN THE ATLANTA PUBLIC SCHOOLS DISTRICT WELLNESS COUNCIL MEETINGS, IN WHICH ORGANIZATIONS COME TOGETHER TO HIGHLIGHT CURRENT APS WORK AND DISCUSS NEW WAYS TO PARTNER TO BETTER STUDENT HEALTH AND WELLNESS AT APS. THIS ALSO PROVIDES AN OPPORTUNITY TO PROVIDE GUIDANCE ON THE DISTRICT'S SCHOOL WELLNESS POLICY.

BOY SCOUTS OF AMERICA ATLANTA AREA COUNCIL, SAFETY AND HEALTH COMMITTEE: THIS COMMITTEE ADVISES THE BOY SCOUTS OF AMERICA ATLANTA AREA COUNCIL ON SAFETY AND HEALTH PRACTICES AND POLICIES.

BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING (DECAL) HEAD START HEALTH SERVICES ADVISORY COMMITTEE. THE HEALTH

Part VI Supplemental Information

Provide the following information.

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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SERVICES ADVISORY COMMITTEE IS COMPRISED OF LOCAL ORGANIZATIONS THAT ADVISE THE AGENCY AND PROVIDE SUPPORT FOR HEALTH AND WELLNESS INITIATIVES FOR HEAD START AND EARLY HEAD START STUDENTS.

CHILD DEVELOPMENT INSTITUTE, HEAD START HEALTH SERVICES ADVISORY COMMITTEE: THE HEALTH SERVICES ADVISORY COMMITTEE IS COMPRISED OF LOCAL ORGANIZATIONS THAT ADVISE THE AGENCY AND PROVIDE SUPPORT FOR HEALTH AND WELLNESS INITIATIVES FOR HEAD START AND EARLY HEAD START STUDENTS.

COBB 2020: (COBB2020) IS A PARTNERSHIP CONSISTING OF COMMUNITY ORGANIZATIONS AND INDIVIDUALS DEDICATED TO PROMOTING HEALTHY LIFESTYLES AND THE DELIVERY OF ESSENTIAL HEALTH SERVICES IN COBB COUNTY. THE PARTNERSHIP IS FOCUSED ON A HEALTH IMPROVEMENT PLAN, WHICH TARGETS THE REDUCTION AND PREVENTION OF CHRONIC DISEASES SUCH AS DIABETES, STROKE, HEART DISEASE AND CANCER. CHILDREN'S SITS ON BOTH THE HEALTHY EATING AND PHYSICAL ACTIVITY WORKGROUPS.

CHILD PROTECTIVE SERVICES ADVISORY COMMITTEE: MEETINGS TO DISCUSS ISSUES

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RELATED TO CHILD PROTECTIVE SERVICES (DFCS) IN GEORGIA. FOCUS IS ON
POLICY IMPLEMENTATION AND PROCESS IMPROVEMENT

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES
(DBHDD) SUICIDE PREVENTION COMMITTEE: STATEWIDE WORKGROUP TO DEVELOP
STRATEGIC PLAN FOR SUICIDE PREVENTION IN MULTIPLE SECTORS.

FARM TO EARLY CARE AND EDUCATION: FARM TO EARLY CARE AND EDUCATION IS A
COALITION OF ORGANIZATIONS COMMITTED TO PROMOTING NUTRITION EDUCATION,
LOCAL FOODS, AND GARDENING IN EARLY CARE AND EDUCATION PROGRAMS
THROUGHOUT GEORGIA.

FORSYTH COUNTY MENTAL HEALTH AND WELLNESS COMMITTEE: THIS GROUP IS
BROUGHT TOGETHER IN PARTNERSHIP WITH DISTRICT 4 COUNTY COMMISSIONER IN
FORSYTH COUNTY, UNITED WAY, PUBLIC SAFETY PROFESSIONALS, REPRESENTATIVES
FROM NON-PROFITS, NAMI AND FORSYTH COUNTY SCHOOLS. THE FOCUS IS ON
COLLABORATIVE PARTNERSHIPS TO IMPROVED MENTAL HEALTH AND WELLNESS IS
FORSYTH COUNTY.

Part VI Supplemental Information

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FORSYTH COUNTY TOTAL WELLNESS COLLABORATIVE: THIS MULTIDISCIPLINARY GROUP IS LED BY THE FORSYTH COUNTY SCHOOL SYSTEM WITH THE GOAL OF BRINGING TOGETHER COMMUNITY PARTNERS TO IMPROVE THE PHYSICAL, EMOTIONAL AND MENTAL HEALTH OF ALL STUDENTS SO THAT THEY WILL SUCCEED IN SCHOOL. CHILDREN'S PARTICIPATES AS A COMMUNITY PARTNER.

GEORGIA 4H ADVISORY COMMITTEE: THE GEORGIA 4-H ADVISORY COMMITTEE'S PURPOSE IS TO ADVISE THE UNIVERSITY OF GEORGIA COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES EXTENSION, ON BEHALF OF THE CITIZENS OF GEORGIA, IN THE PLANNING OF 4-H PROGRAMS WHICH MEET THE NEEDS OF GEORGIA YOUTH.

GEORGIA COMMISSION FOR TRAUMA EXCELLENCE: CHILDREN'S SERVES ON THE INJURY PREVENTION SUBCOMMITTEE AND THE MOTOR VEHICLE TASK FORCE TO COLLABORATE WITH OTHER INJURY PREVENTION PARTNERS THROUGHOUT THE STATE.

GEORGIA FARM TO SCHOOL ALLIANCE: CHILDREN'S IS A MEMBER IN THIS NETWORK

Part VI Supplemental Information

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THAT JOINS STATEWIDE AGENCIES WORKING IN FOOD, FARMING AND NUTRITION TO COLLABORATE AND PROVIDES UPDATES ON RESOURCES AND SUPPORT FOR FARM TO SCHOOL AND CREATES A DIALOGUE FOR BUILDING STATEWIDE PROGRAMMING.

GEORGIA INJURY PREVENTION ADVISORY COUNCIL: THIS GROUP BRING TOGETHER STATEWIDE PARTNERS FROM THE PUBLIC AND PRIVATE SECTOR TO COLLABORATE ON INJURY PREVENTION WORK.

GEORGIA PHYSICAL ACTIVITY AND NUTRITION ASSESSMENT COMMITTEE: THIS GROUP IS LED BY HEALTHMPOWERS IN CONJUNCTION WITH VOICES FOR GEORGIA'S CHILDREN WITH A FOCUS ON ALIGNING ASSESSMENT STANDARDS ACROSS EARLY CARE SETTINGS TO GUIDE AND MEASURE IMPACT OF NUTRITION AND PHYSICAL ACTIVITY EFFORTS. THIS PROVIDES AN OPPORTUNITY FOR PARTNERS WORKING IN THE EARLY CARE AND EDUCATION SPACE TO ALIGN.

GEORGIA SHAPE: CHILDREN'S PARTICIPATES ON THE SHAPE ADVISORY BOARD AND SEVERAL WORKGROUPS. THIS STATEWIDE GOVERNOR-LED INITIATIVE BRINGS TOGETHER GOVERNMENTAL, PHILANTHROPIC, ACADEMIC AND BUSINESS COMMUNITIES

Part VI Supplemental Information

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TO ADDRESS CHILDHOOD OBESITY IN GEORGIA. GEORGIA SHAPE WORKS TO: REACH
DISPARATE POPULATIONS, INCREASE THE AEROBIC CAPACITY MEASURE OF GEORGIA'S
YOUTH, INCREASE THE BREASTFEEDING RATE ACROSS GEORGIA, AND INCREASE THE
NUMBER OF EARLY CARE CENTERS THAT EXCEL IN NUTRITION AND PHYSICAL
ACTIVITY MEASURES.

GEORGIA STATEWIDE CHILD FATALITY REVIEW TEAM: SERVE ON TEAM TO DEVELOP
BROAD PREVENTION MESSAGING RELATED TO LEADING CAUSES OF CHILDHOOD DEATHS
IN GEORGIA. ALSO SERVE ON THE CHILD MALTREATMENT SUBCOMMITTEE TO DEVELOP
MESSAGING RELATED TO FATALITIES CAUSED BY CHILD ABUSE AND NEGLECT.

GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES: CHILDREN'S PARTICIPATES
IN THE GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES HEALTH AND
WELLNESS COMMITTEE. THE COUNTY-WIDE INITIATIVE INCLUDES 'LIVE HEALTHY
GWINNETT'. LIVE HEALTHY GWINNETT PROMOTES POSITIVE CHANGE IN THE GWINNETT
COMMUNITY AND ENCOURAGES PEOPLE TO BE ACTIVE, EAT HEALTHY, GET CHECKED,
AND BE POSITIVE. THE INITIATIVE BRINGS SEVERAL LOCAL PARTNERS TO THE
TABLE TO PLAN EVENTS, DEVELOP PARTNERSHIPS, AND SEEK GRANT OPPORTUNITIES.

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CHILDREN'S ALSO PARTICIPATES IN THE EARLY LEARNING COMMITTEE, BRINGING TOGETHER STAKEHOLDERS INVESTED IN PROMOTING QUALITY EARLY CARE AND LEARNING EXPERIENCES FOR GWINNETT COUNTY YOUTH.

GWINNETT COUNTY SCHOOLS WELLNESS COMMITTEE: CHILDREN'S PARTICIPATES IN THE GWINNETT COUNTY SCHOOLS DISTRICT WELLNESS COUNCIL MEETINGS, IN WHICH ORGANIZATIONS COME TOGETHER TO HIGHLIGHT CURRENT GWINNETT COUNTY SCHOOLS WORK AND DISCUSS NEW WAYS TO PARTNER TO BETTER STUDENT HEALTH AND WELLNESS. THIS ALSO PROVIDES AN OPPORTUNITY TO PROVIDE GUIDANCE ON THE DISTRICT'S SCHOOL WELLNESS POLICY.

HUMAN TRAFFICKING TASK FORCE: THIS GROUP MEETS QUARTERLY TO DISCUSS CHILD SEX TRAFFICKING CONCERNS IN THE STATE. CHILDREN'S SERVES ON MULTIPLE SUBGROUPS INCLUDING THE COMMUNITY AWARENESS WORKGROUP, THE TASK FORCE MANAGEMENT TEAM AND THE YOUTH AWARE AND SAFE WORKGROUP.

INTERAGENCY DIRECTOR'S TEAM: IDT WAS CREATED BY GEORGIA'S DBHDD IN ORDER TO DESIGN, MANAGE, FACILITATE, AND IMPLEMENT AN INTEGRATED APPROACH TO A

Part VI Supplemental Information

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CHILD AND ADOLESCENT SYSTEM OF CARE THAT INFORMS POLICY AND PRACTICE, AND SHARES RESOURCES AND FUNDING. IDT IS MADE UP OF OVER 20 REPRESENTATIVES FROM STATE AGENCIES AND NON-GOVERNMENTAL ORGANIZATIONS THAT SERVE CHILDREN WITH BEHAVIORAL HEALTH NEEDS.

QUALITY RATED ADVISORY COMMITTEE: THE QRAC IS LED BY BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING AND IS COMPRISED OF CHILDCARE PROVIDERS AT OTHER STAKEHOLDERS TO PROVIDE FEEDBACK ON GEORGIA'S QUALITY RATING AND IMPROVEMENT SYSTEM FOR EARLY CARE AND EDUCATION PROGRAMS.

LIVE HEALTHY DOUGLAS: THIS COMMITTEE IS A PARTNERSHIP CONSISTING OF COMMUNITY ORGANIZATIONS AND INDIVIDUALS DEDICATED TO PROMOTING HEALTHY LIFESTYLES AND ENVIRONMENTS IN DOUGLAS COUNTY.

NORTH FULTON MENTAL HEALTH COLLABORATIVE: THE NORTH FULTON MENTAL HEALTH COLLABORATIVE IS NORMALIZING THE CONVERSATION SURROUNDING MENTAL HEALTH THROUGH ENGAGING COMMUNITY LEADERS AND FAMILIES IN AN ON-GOING DIALOGUE

Part VI Supplemental Information

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TO PROMOTE MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION IN OUR FAITH
COMMUNITIES, SCHOOLS, BUSINESSES, AND COMMUNITY AT LARGE.

RESILIENT GEORGIA: CHILDREN'S PARTICIPATES IN RESILIENT GEORGIA MEETINGS,
INCLUDING REPRESENTATION ON MULTIPLE SUBGROUPS. THIS MULTISECTOR
COLLABORATIVE GROUP ALIGNS PUBLIC AND PRIVATE EFFORTS AND RESOURCES TO
SUPPORT RESILIENCY FOR ALL PERSONS AGED 0-26 AND THEIR FAMILIES.

STRENGTHENING FAMILIES GEORGIA (SFG): SFG REPRESENTS A MULTI-DISCIPLINARY
PARTNERSHIP OF NEARLY 50 NATIONAL, STATE AND LOCAL, AND PUBLIC AND
PRIVATE ORGANIZATIONS DEDICATED TO EMBEDDING FIVE RESEARCH-BASED
PROTECTIVE FACTORS INTO SERVICES AND SUPPORT FOR CHILDREN AND THEIR
FAMILIES. CHILDREN'S SERVES ON THEIR COMMUNITY COLLABORATIVE MEETINGS.

WESTSIDE HEALTH COLLABORATIVE: A COLLECTIVE EFFORT AMONG WESTSIDE
RESIDENTS, FOUNDATIONS, CIVIC LEADERS, NONPROFITS AND BUSINESSES TO
CATALYZE TRANSFORMATION IN ATLANTA'S HISTORIC WESTSIDE NEIGHBORHOODS.
CHILDREN'S COLLABORATES AS A MEMBER OF THE COLLABORATIVE FOCUSED ON

Part VI Supplemental Information

Provide the following information.

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IMPACTING THE PEDIATRIC POPULATION IN THE WESTSIDE.

SCHEDULE H, PART III, LINE 2 AND 3

BAD DEBT EXPENSE

THE AMOUNT REPORTED IS CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS AND INCLUDES BAD DEBT AMOUNTS WRITTEN OFF AND A PROVISIONAL ESTIMATE BASED ON HISTORICAL EXPERIENCE. CHILDREN'S CHARITY RECOGNITION PROCESSES ARE BELIEVED TO RESULT IN APPROPRIATE DIFFERENTIATION BETWEEN CHARITY AND BAD DEBT. AS SUCH, CHILDREN'S REFLECTS 0 (ZERO) ON PART III, SECTION A, LINE 3.

SCHEDULE H, PART III, LINE 4

THE PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE IS BASED ON AN EVALUATION OF POTENTIALLY UNCOLLECTIBLE PORTIONS OF ACCOUNTS RECEIVABLE. THE PROVISION CONSIDERED NECESSARY FOR SUCH DEBTS IS BASED ON AN ANALYSIS OF CURRENT AND PAST DUE ACCOUNTS, COLLECTION EXPERIENCE IN RELATION TO AMOUNTS BILLED AND OTHER RELEVANT INFORMATION. THE ALLOWANCE

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FOR UNCOLLECTIBLE ACCOUNTS REPRESENTS THE ESTIMATED UNCOLLECTIBLE PORTION
OF PATIENT ACCOUNTS RECEIVABLE FOR SELF-PAY RECEIVABLES ASSOCIATED WITH
PATIENTS THAT HAVE THIRD PARTY COVERAGE.

SCHEDULE H, PART III, LINE 8

EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT

MEDICARE PAYMENT AND MEDICARE CHARGES ARE ISOLATED BASED ON PAYMENTS
POSTED/RECEIVED IN THE CALENDAR YEAR. COST IS ESTIMATED USING OVERALL
COST-TO-CHARGE RATIO.

SCHEDULE H, PART III, LINE 9B

PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS

INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS AS
WELL AS MOST OUTPATIENT VISITS ARE CONDUCTED BY FINANCIAL COUNSELORS TO
IDENTIFY POTENTIAL INSURANCE OR OTHER COVERAGE FOR EACH PATIENT.
COUNSELORS MAKE CONTACT WITH THE FAMILIES, EITHER IN PERSON OR LETTER, TO

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ASSIST THE FAMILY IN IDENTIFYING ANY PROGRAMS FOR WHICH THE PATIENT/SERVICE MAY QUALIFY (INCLUDING MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP), INSURANCE COVERAGE, AND CHARITY ASSISTANCE). IF THE FAMILY CANNOT BE LOCATED OR IS UNCOOPERATIVE AFTER A PERIOD OF TIME, THESE ACCOUNTS ARE TRANSFERRED TO AN INTERNAL COLLECTION AREA FOR FURTHER ATTEMPTS TO OBTAIN PAYMENT OR, IF THE PATIENT MAY QUALIFY FOR ASSISTANCE, TO SECURE A FINANCIAL ASSISTANCE APPLICATION.

SCHEDULE H, PART IV, LINE 1

MANAGEMENT COMPANIES AND JOINT VENTURES

NAME OF ENTITY: CHILDREN'S HEALTHCARE OF ATLANTA SURGERY CENTER AT MERIDIAN MARK PLAZA, LLC

DESCRIPTION OF PRIMARY ACTIVITY: OUTPATIENT SURGERY CENTER ORGANIZATION'S

PROFIT OR OWNERSHIP %: 51%

OFFICERS', DIRECTORS', TRUSTEES' OR KEY EMPLOYEES' OWNERSHIP %: 0%

PHYSICIANS' PROFIT OR OWNERSHIP %: 49%

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SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT

TO CONTINUE TO ADVANCE THE HEALTH AND WELLNESS OF CHILDREN AND ADOLESCENTS WITHIN THE COMMUNITY, CHILDREN'S IDENTIFIED AND PRIORITIZED PEDIATRIC COMMUNITY HEALTH NEEDS WITH INPUT FROM A BROAD RANGE OF TRULY REMARKABLE PROFESSIONALS WHO ARE PASSIONATE ABOUT THE INTERESTS OF CHILDREN AND ADOLESCENTS. THE ASSESSMENT HELPS CHILDREN'S BETTER UNDERSTAND THE NEEDS OF THE PEDIATRIC COMMUNITY, INFORMS OUR COMMUNITY BENEFIT ACTIVITIES AND INFLUENCES OUR STRATEGIC PLANNING EFFORTS. WE WILL REPEAT THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS EVERY THREE YEARS AND REPORT THE RESULTS OF OUR ASSESSMENT ON THE CHILDREN'S WEBSITE IN ACCORDANCE WITH IRS REGULATIONS.

OUR COMMUNITY OF FOCUS

THE 2019 CHNA FOCUSED ON IDENTIFYING PEDIATRIC HEALTH NEEDS IN THE METROPOLITAN ATLANTA REGION, FOCUSING SPECIFICALLY ON THE 18-COUNTY PRIMARY AND SECONDARY SERVICE AREAS THAT ACCOUNTED FOR 88 PERCENT OF ADMISSIONS, 93 PERCENT OF EMERGENCY DEPARTMENT VISITS AND 88 PERCENT OF

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OUTPATIENT VISITS TO CHILDREN'S DURING 2018. THESE 18 COUNTIES ARE
BARTOW, CARROLL, CHEROKEE, CLAYTON, COBB, COWETA, DEKALB, DOUGLAS,
FAYETTE, FORSYTH, FULTON, GWINNETT, HALL, HENRY, NEWTON, PAULDING,
ROCKDALE AND WALTON.

PROCESS AND DATA SOURCES

BUILDING ON EXTENSIVE WORK CONDUCTED IN 2013 AND 2016, THE 2019 CHNA
PROCESS USED A SURVEY TO VALIDATE THE TOP NEEDS AND DETERMINE WHETHER ANY
NEW NEEDS HAD EMERGED IN THE THREE YEARS BETWEEN ASSESSMENTS. IN
ADDITION, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS
ACROSS MULTIPLE SECTORS TO PROVIDE IN-DEPTH FEEDBACK.

THE SURVEY WAS COMPLETED BY 108 INDIVIDUALS REPRESENTING THE INTERESTS OF
THE PEDIATRIC COMMUNITY IN THE GREATER METROPOLITAN ATLANTA REGION,
INCLUDING COMMUNITY LEADERS, PHYSICIANS, SCHOOLS, RESEARCH/ACADEMIA,
GOVERNMENT/NONPROFIT, EDUCATION, AND PARENTS. A COMPLETE LIST OF
PARTICIPANTS IS AVAILABLE IN THE ACKNOWLEDGMENTS. THESE INDIVIDUALS ALSO
REPRESENT EACH OF THE COUNTIES IN THE PRIMARY AND SECONDARY SERVICE

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AREAS. CONTRIBUTORS WERE ASKED TO RANK THE PEDIATRIC COMMUNITY HEALTH NEED PRIORITIES PREVIOUSLY IDENTIFIED ON AN ORDINAL SCALE WITH ONE BEING THE HIGHEST PRIORITY AND 10 BEING THE LOWEST PRIORITY. RESULTS WERE WEIGHTED TO DETERMINE THE OVERALL RANKING AMONG RESPONDENTS. PARTICIPANTS ALSO HAD THE OPPORTUNITY TO IDENTIFY NEW HEALTH NEEDS OUTSIDE OF THE 10 LISTED, AS WELL AS CLARIFYING STATEMENTS FOR EACH NEED LISTED. THERE WAS SIGNIFICANT CONSENSUS THAT THESE ISSUES AFFECTED CHILDREN ACROSS MULTIPLE CULTURAL, SOCIO-ECONOMIC AND GEOGRAPHIC COMMUNITIES WITHIN THE EXPANSIVE GREATER METRO ATLANTA REGION. PARTICIPANTS ALSO HAD THE OPPORTUNITY TO IDENTIFY NEW HEALTH NEEDS IN ADDITION TO THE 10 IDENTIFIED. THE CHNA WAS COMPLETED FROM MAY TO JUNE 2019. KEY INFORMANT INTERVIEWS WERE CONDUCTED FROM MAY TO SEPTEMBER 2019, WHICH LARGELY CONFIRMED THE SURVEY RANKING OF HEALTH NEEDS WITH DEEPER DISCUSSION OF THE INTRICACIES SURROUNDING EACH. SURVEY PARTICIPANTS AND KEY INFORMANT INTERVIEWS ALSO IDENTIFIED SOCIAL DETERMINANTS OF HEALTH AS A CONCERN NOT CURRENTLY IDENTIFIED IN THE REPORT, SPECIFICALLY POVERTY AND UNDER-RESOURCED COMMUNITIES.

COMMUNITY HEALTH NEEDS PRIORITIES

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THE PEDIATRIC HEALTHCARE NEEDS PREVIOUSLY IDENTIFIED REMAIN THE TOP NEEDS, EXCEPT FOR INJURY AND ILLNESS PREVENTION REPLACING DENTISTRY DUE TO THE PRINCIPAL FUNCTIONS OF CHILDREN'S. THE 2019 CHNA NEEDS IN PRIORITY ORDER ARE:

1. ENSURE ACCESS TO PRIMARY CARE MEDICAL HOMES FOR CHILDREN AND ADOLESCENTS
2. ENHANCE ACCESS TO BEHAVIORAL AND DEVELOPMENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS
3. ADDRESS CHILDHOOD OVERWEIGHT AND OBESITY
4. ENSURE ACCESS TO SPECIALTY CARE FOR CHILDREN AND ADOLESCENTS
5. RAISE AWARENESS FOR ASTHMA, ALLERGIES AND RESPIRATORY ISSUES
6. SUPPORT ACCESS TO HEALTH SERVICES THAT ADDRESS ADOLESCENT ISSUES
7. COORDINATE CARE WITH SCHOOLS FOR PRIMARY AND CHRONIC HEALTH ISSUES
8. ADDRESS INJURY AND ILLNESS PREVENTION
9. COORDINATE TRANSITION OF CARE FOR INDIVIDUALS WITH CHRONIC HEALTH ISSUES FROM ADOLESCENTS TO YOUNG ADULTHOOD
10. DEVELOP PROGRAMS TO ADDRESS THE HEALTH NEEDS OF IMMIGRANT AND

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TRANSIENT POPULATIONS

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

ANNUALLY, A NEWSPAPER NOTICE ADVISES THE COMMUNITY THAT THE ORGANIZATION'S HOSPITALS ARE MEDICAID PROVIDERS PARTICIPATING IN THE STATE'S INDIGENT CARE TRUST FUND, AND THAT FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY HOSPITAL SERVICES MAY BE AVAILABLE. SIMILARLY, SIGNS AT ALL HOSPITAL REGISTRATION SITES PROVIDE PATIENTS AND FAMILIES WITH SIMILAR NOTICE. IN ADDITION, HOSPITAL FINANCIAL COUNSELORS ACTIVELY ENGAGE FAMILIES TO ASSIST THEM IN SECURING FINANCIAL ASSISTANCE, AND WRITTEN NOTICES ADVISE FAMILIES TO CONTACT CUSTOMER SERVICE WITH ANY ISSUES CONCERNING THEIR BILLS AND POTENTIAL ASSISTANCE.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

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GEOGRAPHIC

CHILDREN'S IS THE LARGEST PEDIATRIC PROVIDER IN THE STATE, CARING FOR CHILDREN FROM ALL 159 GEORGIA COUNTIES IN 2019.

DEMOGRAPHICS

OF THE 10.6 MILLION PEOPLE WHO LIVE IN GEORGIA, 2.5 MILLION (24 PERCENT) OF THOSE ARE CHILDREN (DEFINED AS LESS THAN 18 YEARS OF AGE). APPROXIMATELY 1.4 MILLION CHILDREN LIVE IN THE ATLANTA MSA, THE LARGEST POPULATION OF CHILDREN IN THE ATLANTA MSA BY AGE COHORT IS CHILDREN AGES 10 TO 14 YEARS OLD (JUST UNDER 420,000). THE ATLANTA MSA POPULATION IS RACIALLY DIVERSE: 47 PERCENT WHITE, 33.5 PERCENT BLACK OR AFRICAN AMERICAN, 10.8 PERCENT HISPANIC OR LATINO, 5.8 PERCENT ASIAN OR PACIFIC ISLANDER AND 2.8 PERCENT OTHER. THE 2018 ESTIMATED MEDIAN HOUSEHOLD INCOME FOR RESIDENTS IN THE ATLANTA MSA IS APPROXIMATELY \$65,381 AS COMPARED TO \$56,183 FOR GEORGIA OVERALL.

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

THE CHILDREN'S HEALTHCARE OF ATLANTA BOARD OF TRUSTEES IS THE GOVERNING BODY OF CHILDREN'S. IT IS COMPRISED OF VOLUNTARY COMMUNITY LEADERS WHO SHARE A COMMITMENT TO SERVING THE COMMUNITY BY ENHANCING THE LIVES OF CHILDREN. A MAJORITY OF THIS GOVERNING BODY IS COMPRISED OF BOARD MEMBERS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA. THEY ARE NOT EMPLOYEES OR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. CHILDREN'S HEALTHCARE OF ATLANTA EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF OUR DEPARTMENTS. CHILDREN'S PROVIDES ACCESS TO MORE THAN 1,900 PEDIATRIC PHYSICIANS.

CHILDREN'S IS ALSO THE PEDIATRIC PHYSICIAN TEACHING SITE FOR EMORY UNIVERSITY SCHOOL OF MEDICINE AND MOREHOUSE SCHOOL OF MEDICINE. NEW PHYSICIANS ARE ENCOURAGED TO PARTICIPATE IN FELLOWSHIP PROGRAMS, WHICH ARE AVAILABLE IN A VARIETY OF SPECIALTIES. CHILDREN'S HEALTHCARE OF ATLANTA APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL

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EDUCATION AND RESEARCH.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM

EGLSTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC. (EGLSTON) AND SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC. (SCOTTISH RITE) ARE PART OF AN AFFILIATED HEALTH CARE SYSTEM. EGLSTON AND SCOTTISH RITE ARE WHOLLY-OWNED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC. (CHILDREN'S). CHILDREN'S CONTROLS, EITHER DIRECTLY OR INDIRECTLY, SEVERAL OTHER ENTITIES WHICH, TOGETHER, MAKE UP THE SYSTEM. CHILDREN'S ALSO MANAGES THE OPERATIONS OF HUGHES SPALDING WHICH IS OWNED BY GRADY HEALTH SYSTEM. EGLSTON AND SCOTTISH RITE PLAY A MAJOR ROLE IN PROMOTING THE HEALTH OF THE COMMUNITY THROUGH THE SPECIALTY PEDIATRIC SERVICES OFFERED, INCLUDING: ORTHOPEDIC, NEUROSCIENCES, AND CRANIOFACIAL TO NAME A FEW. MORE THAN 11,500 EMPLOYEES WORK ACROSS THE CHILDREN'S HEALTHCARE SYSTEM PROVIDING CARE FOR OVER 1,160,186 PATIENT VISITS THEY MANAGED IN 2018.

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IN 2018, CHILDREN'S HEALTHCARE OF ATLANTA, INC. PROMOTED THE HEALTH OF THE OVERALL COMMUNITY AND PROVIDED 638 LICENSED BEDS AND 430,868 UNIQUE PATIENTS (FROM ALL 159 COUNTIES IN GEORGIA) 27,074 HOSPITAL DISCHARGES, 165,570 INPATIENT DAYS, 1,124,069 OUTPATIENT VISITS, 43,333 SURGICAL PROCEDURES, 243,709 EMERGENCY DEPARTMENT VISITS, AND 177,894 URGENT CARE CENTER VISITS. IN ADDITION, CHILDREN'S MANAGED 74,645 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE.

EXAMPLES OF SPECIFIC PROGRAMS OFFERED AT CHILDREN'S TO PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY THE SYSTEM INCLUDE:

- A CAMP FOR OVERWEIGHT AND OBESE CHILDREN AND THEIR FAMILIES. THE STRONG4LIFE CAMP HELPS OVERWEIGHT CHILDREN IMPROVE THEIR LIVES BY EMPHASIZING INCREASED PHYSICAL ACTIVITY, BETTER EATING HABITS AND HEIGHTENED MOTIVATION TO ENGAGE IN HEALTHY BEHAVIORS.
- A SCHOOL-BASED PROGRAM, THE STRONG4LIFE CHALLENGE, THAT TEACHES ELEMENTARY SCHOOL CHILDREN ABOUT THE IMPORTANCE OF GOOD NUTRITION AND PHYSICAL ACTIVITY IN A FUN AND ENGAGING WAY, ENERGIZING THE ENTIRE SCHOOL

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.

COMMUNITY

- A SCHOOL NUTRITION PROGRAM, THE STRONG4LIFE SCHOOL NUTRITION PROGRAM, THAT AIMS TO INCREASE CONSUMPTION OF HEALTHIER FOODS IN GEORGIA SCHOOL LUNCHROOMS BY BETTER EQUIPPING SCHOOL NUTRITION TEAM MEMBERS WITH TARGETED SKILLS AND AN INNOVATIVE TOOLKIT. STRONG4LIFE USES BASIC MARKETING PRINCIPLES TO ENCOURAGE KIDS TO MAKE POSITIVE CHOICES REGARDING THE FOODS THEY EAT.
- A HEALTHCARE PROVIDER TRAINING PROGRAM THAT EQUIPS PROVIDERS WITH EVIDENCE-BASED OBESITY PREVENTION COUNSELING TECHNIQUES THAT CAN BE USED ACROSS THE SPECTRUM OF CARE FROM PREVENTION COUNSELING IN HEALTHY CHILDREN TO TREATMENT FOR CHILDREN IN CRISIS.
- A TRAINING PROGRAM FOR HEALTHCARE PROVIDERS, THE STRONG4LIFE EARLY FEEDING PROGRAM, THAT EQUIPS HEALTHCARE PROVIDERS WITH THE NECESSARY TRAINING, PARENT TOOLS AND RESOURCES TO EDUCATE AND MOTIVATE FAMILIES OF YOUNG CHILDREN TO ADOPT HEALTHY BEHAVIORS THAT PREVENT CHILDHOOD OBESITY.
- A TRAINING PROGRAM FOR YOUTH-SERVING COMMUNITY-BASED ORGANIZATIONS PROMOTE A HEALTHY ENVIRONMENT THROUGH THE IMPLEMENTATION OF A WELLNESS

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.

BLUEPRINT, WHICH IS A WRITTEN SET OF STANDARDS AN ORGANIZATION COMMITS TO ACHIEVING TO PROMOTE THE HEALTH AND WELLNESS OF THOSE REACHED BY THEIR PROGRAMS AND SERVICES.

- A TRAINING PROGRAM FOR BOTH HEALTHCARE PROVIDERS AND SCHOOLS FOCUSED ON WHOLE-CHILD WELLNESS AND BUILDING RESILIENCE AMONG CHILDREN AND ADOLESCENTS.

- A TRAINING PROGRAM FOR KEY STAKEHOLDERS FOCUSING ON PREVENTION OF CHILD ABUSE AND NEGLECT.

- A CONCUSSION PROGRAM THAT PROVIDES TREATMENT FOR AND EDUCATION ABOUT CONCUSSIONS TO CHILDREN, PARENTS, COACHES AND HEALTHCARE PROFESSIONALS. A DEDICATED CONCUSSION NURSE HELPS COORDINATE EACH CHILD'S CARE. THE PROGRAM ALSO PROVIDES RETURN-TO-PLAY GUIDELINES AND A CONCUSSION TOOLKIT TO HELP INCREASE AWARENESS AND UNDERSTANDING OF CONCUSSIONS.

- A SCHOOL PROGRAM WHERE CHILDREN'S EMPLOYERS TEACHERS SO THAT PATIENTS CAN RECEIVE INSTRUCTION DURING HOSPITALIZATIONS AND LONG CLINIC VISITS.

- A SPECIAL NEEDS CAR SEAT PROGRAM THAT IS HOSPITAL BASED AND DESIGNED TO EDUCATE AND ASSIST PARENTS AND FAMILIES WITH CHILDREN WHO HAVE SPECIAL TRANSPORTATION NEEDS.

Part VI Supplemental Information

Provide the following information.

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

- THE HEALTH LAW PARTNERSHIP (HELP), WHICH IS AN INTERDISCIPLINARY COMMUNITY COLLABORATION AMONG GEORGIA STATE UNIVERSITY'S COLLEGE OF LAW, THE ATLANTA LEGAL AID SOCIETY, AND CHILDREN'S HEALTHCARE OF ATLANTA TO IMPROVE THE HEALTH AND WELL-BEING OF LOW-INCOME CHILDREN AND THEIR FAMILIES. HELP HAS A LAW OFFICE ON THE SCOTTISH RITE CAMPUS.

- A LEVEL I TRAUMA PROGRAM AT EGLESTON AND A LEVEL II TRAUMA PROGRAM AT SCOTTISH RITE PROVIDE HIGH QUALITY TRAUMA CARE TO PEDIATRIC PATIENTS. CHILDREN'S HAS THE ONLY DESIGNATED PEDIATRIC TRAUMA CENTERS IN GEORGIA. TRAUMA IS THE NUMBER ONE CAUSE OF DEATH IN CHILDREN FROM ONE TO 21 YEARS OF AGE.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT

CHILDREN'S HEALTHCARE OF ATLANTA IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT UNDER GEORGIA LAW. HOWEVER, AN ANNUAL REPORT IS PRODUCED ILLUSTRATING THE BENEFIT TO THE COMMUNITY AND WHICH IS MADE AVAILABLE ON CHOA'S WEBSITE AT WWW.CHOA.ORG. THIS REPORT IS POSTED IN THE "COMMUNITY

Part VI Supplemental Information

Provide the following information.

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

AND GOVERNMENT AFFAIRS" SECTION. THESE IS ALSO A SECTION TITLED "OUT

IMPACT ON GEORGIA" TO SHOW OUR BROADER IMPACT ON THE STATE.

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HEALTHCARE OF ATLANTA - HUGHES S 25 JESSEE HILL DR. ATLANTA, GA 30303	26-2037695	501(C)(3)	1,305,684.				SUPPORT FOR CAPITAL PURCHASES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 NURSING SCHOLARSHIPS	4.	7,575.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS

NURSES CURRENTLY ENROLLED IN AN ACCREDITED NURSING PROGRAM AND WHO ARE SEEKING FINANCIAL ASSISTANCE MAY APPLY FOR THE JESSIE M. CANDLISH SCHOLARSHIP. TO QUALIFY, APPLICANTS MUST MEET THE FOLLOWING CRITERIA:

- 1) MUST BE EMPLOYED BY CHILDREN'S BY MAY 31ST OF THE SCHOLARSHIP YEAR;
- 2) BE ENROLLED AS AN UNDERGRADUATE STUDENT IN AN ACCREDITED NURSING PROGRAM FOR AN RN DEGREE OR HIGHER, WITH A MINIMUM GPA OF 3.0;

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

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

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

3) UPHOLD THE MISSION AND VALUES OF CHILDREN'S; AND

4) IS NOT A PAST RECIPIENT OF THE CANDLISH SCHOLARSHIP.

THE DOLLAR AMOUNT AND NUMBER OF SCHOLARSHIPS AWARDED VARIES FROM YEAR TO YEAR, DEPENDING ON THE THREE YEAR AVERAGE GENERATED BY THE CANDLISH FUND. PER THE MANAGEMENT AGREEMENT, HSOC, INC. HAS OVERSIGHT OF ALL HUGHES SPALDING OPERATIONS, INCLUDING THE USE OF GRANT FUNDS. THE AMOUNT OF FUNDS PROVIDED ANNUALLY TO HUGHES SPALDING FROM HSOC, INC. IS GOVERNED BY AGREED UPON TERMS OF THE MANAGEMENT CONTRACT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

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 type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input 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 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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. **7**

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 **8**

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

	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) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (E) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL SALINAS, MD CMO & TRUSTEE- SYSTEM/HSOC	(i) 0. (ii) 486,201. (iii) 31,277.	0. 127,635.	0. 0.	93,748.	27,705.	0. 766,566.	0. 0.
2 RONALD FRIESON TRUSTEE-PRES FDN & EXT AFFAIRS	(i) 0. (ii) 446,963. (iii) 29,875.	0. 168,006.	0. 0.	45,675.	24,775.	0. 715,294.	0. 0.
3 DONNA HYLAND, PRESIDENT TRUSTEE - SYS/MAC/FDN/HSOC	(i) 0. (ii) 1,163,550. (iii) 49,036.	0. 468,092.	0. 0.	316,410.	16,638.	0. 2,013,726.	0. 0.
4 RUTH FOWLER CFO/TREASURER - SYSTEM	(i) 0. (ii) 684,340. (iii) 33,595.	0. 197,998.	0. 0.	130,455.	13,453.	0. 1,059,841.	0. 0.
5 LESLIE JONES GEN COUNSEL, SECRETARY-SYS/MAC	(i) 0. (ii) 442,066. (iii) 17,304.	0. 123,524.	0. 0.	45,874.	23,959.	0. 652,727.	0. 0.
6 MARY BETH BOVA SR ADVISOR/INDIV TRUSTEE-HSOC	(i) 0. (ii) 281,392. (iii) 22,170.	0. 72,019.	0. 0.	0.	24,245.	0. 399,826.	0. 0.
7 JILL STRICKLAND SVP PHYSICIAN PRACTICES OPS	(i) 0. (ii) 285,427. (iii) 13,103.	0. 84,758.	0. 0.	50,130.	0.	0. 433,418.	0. 0.
8 JIM FORTENBERRY, MD INDIVIDUAL TRUSTEE - FDN	(i) 0. (ii) 421,464. (iii) 25,187.	0. 130,396.	0. 0.	47,568.	0.	0. 647,852.	0. 0.
9 STACEY DEWEESE SVP SYSTEM OPERATIONS	(i) 0. (ii) 234,766. (iii) 11,371.	0. 60,756.	0. 0.	0.	24,303.	0. 331,196.	0. 0.
10 TONJA BRIDGES CAMPAIGN OPS DIRECTOR/SEC-FDN	(i) 0. (ii) 121,601. (iii) 6,330.	0. 18,430.	0. 0.	0.	31,064.	0. 177,425.	0. 0.
11 LUCKY JAIN INDIV TRUSTEE-MAC/EX. PRAC DIR	(i) 0. (ii) 247,250. (iii) 15,988.	0. 52,045.	0. 0.	0.	0.	0. 318,665.	0. 0.
12 LYNN PEREZ INDIV TRUSTEE - MAC/VP OPS MAC	(i) 0. (ii) 235,113. (iii) 11,170.	0. 67,572.	0. 0.	0.	31,742.	0. 345,597.	0. 0.
13 MICHAEL RILEY INDIV TRUSTEE-HSOC/VP FIN OPS	(i) 0. (ii) 271,204. (iii) 11,574.	0. 71,196.	0. 0.	0.	31,019.	0. 384,993.	0. 0.
14 BILL MAHLE, MD INDIVIDUAL TRUSTEE- SYSTEM/FDN	(i) 0. (ii) 512,857. (iii) 11,200.	0. 130,446.	0. 0.	11,200.	0.	0. 654,503.	0. 0.
15 ANDREW REISNER NEUROURGEON	(i) 0. (ii) 879,515. (iii) 17,203.	0. 78,867.	0. 0.	0.	35,010.	0. 1,010,595.	0. 0.
16 WILLIAM BOYDSTON CHIEF NEUROURGEON/BRAIN HLTH	(i) 0. (ii) 923,346. (iii) 23,011.	0. 87,132.	0. 0.	0.	29,234.	0. 1,062,723.	0. 0.

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TIM SCHRADER, MD INDIVIDUAL TRUSTEE - SYSTEM	(i) 787,666. (ii) 0.	68,768.	7,094.	0.	30,583.	894,111.	0.
2 MICHAEL SCHMITZ ORTHOPEDIC SURGEON	(i) 861,291. (ii) 0.	62,180.	15,587.	0.	34,428.	973,486.	0.
3 JULIA JONES FORMER KEY EMPLOYEE - HSOC	(i) 208,429. (ii) 0.	54,125.	12,088.	0.	19,074.	293,716.	0.
4 SCOTT HODOVAL FORMER KEY EMPLOYEE - PDN	(i) 213,302. (ii) 0.	63,849.	11,643.	0.	20,535.	309,329.	0.
5 CHERYL HEAD VP NURSING & HOSP OPS - ECH	(i) 177,847. (ii) 0.	37,739.	8,734.	0.	20,553.	244,873.	0.
6 LORISA WILLIAMS VP NURSING & HOSP OPS - SR	(i) 205,163. (ii) 0.	45,010.	12,140.	0.	12,453.	274,766.	0.
7 DENNIS DEVITO, MD ORTHOPEDIC SURGEON	(i) 999,057. (ii) 0.	94,449.	23,120.	0.	14,729.	1,131,355.	0.
8 SAMUEL WILLIMON ORTHOPEDIC SURGEON	(i) 983,154. (ii) 0.	83,659.	12,514.	0.	31,884.	1,111,211.	0.
9	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
10	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
11	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
12	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
13	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
14	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
16	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.

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.

SUPPLEMENTAL COMPENSATION

EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC. HAVE THE OPTION TO PARTICIPATE IN THE 403(B) RETIREMENT PLAN OFFERED BY THE ORGANIZATION.

CHILDREN'S PROVIDES AN ANNUAL DISCRETIONARY CONTRIBUTION IN A 401(A) RETIREMENT PLAN FOR EMPLOYEES WHO WORK AT LEAST 1,000 HOURS IN THE CALENDAR YEAR AND ARE EMPLOYED ON 12/31/2019.

ALL INDIVIDUALS ARE EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC. (THE "PARENT" EIN 58-2367819) WITH CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN (THE "GROUP" EXEMPTION NUMBER 5857) ACTING AS THE COMMON PAYROLL AGENT FOR THE PARENT AND ALL ENTITIES WITHIN THE GROUP.

SCHEDULE J, PART I, LINE 1A

PURSUANT TO THE ORGANIZATION'S TRAVEL AND REIMBURSEMENT POLICY, THE CEO IS ENTITLED TO TRAVEL FIRST CLASS OR BUSINESS CLASS ON FLIGHTS LONGER THAN TWO HOURS TO ENABLE THE CEO TO GET WORK DONE MORE EFFICIENTLY AND EFFECTIVELY ON LONGER FLIGHTS. HOWEVER, THE CEO MUST GIVE STRONG

CONSIDERATION TO THE FINANCIAL IMPLICATIONS OF TRAVELLING FIRST OR

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.

BUSINESS CLASS. IN ADDITION, THE CHIEF INVESTMENT OFFICER (CIO) IS ENTITLED TO TRAVEL FIRST CLASS OR BUSINESS CLASS DUE TO FREQUENT INTERNATIONAL TRAVEL. CHOA DOES NOT TREAT THE PAYMENTS FOR FIRST CLASS TRAVEL AS TAXABLE TO THE CEO AND CIO GIVEN THE BUSINESS PURPOSE ASSOCIATED WITH SUCH FLIGHTS.

SCHEDULE J, PART I, LINE 4B

IN 2012, THE COMPENSATION AND BENEFITS COMMITTEE ELECTED TO OFFER AN ADDITIONAL EXECUTIVE RETIREMENT PLAN TO CERTAIN EXECUTIVES. THE BOARD APPROVED THIS RECOMMENDATION IN EARLY 2013. BELOW ARE THE PARTICIPANTS AND THE TOTAL AMOUNT CONTRIBUTED TO THE PLAN FOR EACH DURING 2019:

DONNA HYLAND - \$316,410

RUTH FOWLER - \$130,455

DAN SALINAS - \$93,748

RONALD FRIESON - \$45,675

JILL STRICKLAND - \$29,892

LESLIE JONES - \$45,874

JIM FORTENBERRY - \$47,568

Part III Supplemental Information

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

THE APPROVED PLAN CALLED FOR A FIVE YEAR VESTING PERIOD, AFTER WHICH PAYOUT TO PARTICIPANTS WOULD OCCUR AS OUTLINED IN THE PLAN DOCUMENTS.

SCHEDULE J, PART I, LINES 5A & 5B

EXECUTIVES ARE ELIGIBLE FOR AN ANNUAL INCENTIVE, WHICH INCLUDES A MEASUREMENT FOR ACHIEVEMENT OF BUDGETED OPERATING MARGIN. THESE INCENTIVES ARE CALCULATED AS A CERTAIN PERCENTAGE OF THE EXECUTIVE'S BASE COMPENSATION APPROVED BY THE COMPENSATION AND BENEFITS COMMITTEE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HANNAH CHANCY	SEE SCHEDULE L, PART V	2,524.	EMPLOYEE COMPENSATION		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, COLUMN (B)

(1) HANNAH CHANCY - HANNAH CHANCY WORKS AS A CLINICAL NURSE 2 IN PICU AT EGGLESTON, SHE IS THE DAUGHTER OF MARK CHANCY, WHO IS A TRUSTEE FOR FOUNDATION AND SYS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	145 .	1,781,619 .	COST/SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 9, COLUMN (B)

THE AMOUNT OF 145 REPRESENTS THE NUMBER OF CONTRIBUTIONS

**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.

OMB No. 1545-0047

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**Open to Public
Inspection**

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

FORM 990, PART I, LINE 6

VOLUNTEERS

CHILDREN'S RELIES ON VOLUNTEER SUPPORT TO RAISE FUNDS IN OUR COMMUNITY THROUGH ORGANIZING OR VOLUNTEERING AT EVENTS. INDIVIDUALS AND CORPORATIONS WORK WITH CHILDREN'S TO HOST AND SUPPORT NUMEROUS COMMUNITY, SPORTS AND HOLIDAY EVENTS, ALL TO BENEFIT OUR NOT-FOR-PROFIT ORGANIZATION. IN 2019, 11,197 VOLUNTEERS SUPPORTED CHILDREN'S IN THIS CAPACITY.

VOLUNTEERS PLAY AN IMPORTANT ROLE IN CLINICAL SETTINGS WITHIN OUR NOT-FOR-PROFIT HEALTHCARE SYSTEM. THE VOLUNTEERS IN THE CLINICAL SETTINGS ARE CALLED IN-SERVICE VOLUNTEERS. THEY HELP BY BRINGING A SENSE OF ENTHUSIASM AND WARMTH THAT IS IMPORTANT TO OUR PATIENTS, THEIR FAMILIES AND OUR STAFF. WITH THE GUIDANCE OF THE CHILDREN'S STAFF, CHILDREN'S VOLUNTEERS WORK A SET WEEKLY SCHEDULE WITHIN ONE OF THE FOLLOWING HOSPITAL AREAS: DIRECT PATIENT CARE, CUSTOMER SERVICE AND ADMINISTRATIVE SUPPORT. HOSPITAL VOLUNTEERS CAN BE FOUND WORKING ON ALL OF OUR HOSPITAL CAMPUSES AS WELL AS SEVERAL OF OUR NEIGHBORHOOD LOCATIONS. APPROXIMATELY 5,346 ACTIVE VOLUNTEERS ASSIST AT OUR MEDICAL FACILITIES. VOLUNTEERS THAT WORK WITH THE FOUNDATION IN THE COMMUNITY ARE CALLED FRIENDS.

FOR MORE INFORMATION ON VOLUNTEER OPPORTUNITIES IN FUNDRAISING AND OTHER SUPPORT TO OUR PATIENTS AND FAMILIES, PLEASE VISIT

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

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90-0779996

WWW.CHOA.ORG/VOLUNTEER.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W-3

W-2'S FOR EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC. - GROUP ARE
ISSUED UNDER EING 58-2367819, THE PARENT RETURN.

FORM 990, PART VI, LINE 4

SIGNIFICANT CHANGES TO THE GOVERNING DOCUMENTS

EFFECTIVE DECEMBER 17, 2019, THE ORGANIZATION'S BYLAWS WERE AMENDED TO:

HSOC - REFER TO CHILDREN'S RESERVED POWERS AND NOTE THAT SUCH POWERS ARE
RESERVED SOLELY TO CHILDREN'S;

ECH - REMOVE THE REFERENCE TO RESERVED POWERS;

MAC - REDUCE THE NUMBER OF EX-OFFICIO TRUSTEES FROM FIVE TO FOUR; REPLACE
EXECUTIVE DIRECTOR OF THE PEDIATRIC CENTER WITH EXECUTIVE DIRECTOR OF THE
PEDIATRIC INSTITUTE; AMEND EX-OFFICIO TITLES OF THE VP OF THE BRAIN
HEALTH CENTER/CORPORATION AND THE DIRECTOR OF THE CORPORATION;

FDN - ADDED PROVISION THAT OFFICERS OF THE BOARD WILL NOT BE SUBJECT TO
TERM LIMITATIONS WHILE SERVING AS AN OFFICER;

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
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ECH/SR/EAS/EPG/FDN/HSOC - MAKE RESIGNATION PROVISIONS CONSISTENT WITH OTHER CHILDREN'S ORGANIZATIONS; AND ADDS CONDITION THAT AUTHORITY TO ENTER CONTRACTS MUST BE CONSISTENT WITH CHILDREN'S POLICIES.

FORM 990, PART VI, LINE 6
MEMBERS OR STOCKHOLDERS

CHILDREN'S HEALTHCARE OF ATLANTA, INC. IS THE SOLE MEMBER OF ALL SUBORDINATES EXCEPT HSOC. EGGLESTON CHILDREN'S HOSPITAL IS THE SOLE CORPORATE MEMBER OF HSOC.

FORM 990, PART VI, LINE 7A
POWER TO ELECT OR APPOINT MEMBERS

THE BYLAWS OF EGGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC., SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC., EGGLESTON AFFILIATED SERVICES, INC., AND EGGLESTON PEDIATRIC GROUP, INC., PROVIDE THAT ITS TRUSTEES SHALL BE THE PERSONS THEN SERVING AS THE TRUSTEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC. THE BYLAWS OF MARCUS AUTISM CENTER AND CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC. PROVIDE THAT THE TRUSTEES OF THESE ORGANIZATIONS ARE SUBJECT TO THE APPROVAL AND REMOVAL BY CHILDREN'S HEALTHCARE OF ATLANTA.

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
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FORM 990, PART VI, LINE 7B

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS

CHILDREN'S HEALTHCARE OF ATLANTA, INC. (CHOA), A SECTION 501(C)(3) PUBLIC CHARITY, IS THE CORPORATE PARENT OF THE SUBORDINATES INCLUDED IN THIS GROUP RETURN. UNDER THE SUBORDINATES' BYLAWS, CERTAIN CORPORATE ACTIONS ARE SUBJECT TO DIRECT OR INDIRECT APPROVAL OF CHOA. THESE ACTIONS INCLUDE: APPOINTMENT OR REMOVAL OF DIRECTORS; ADOPTION OR AMENDMENT OF A STRATEGIC PLAN; ADOPTION AND/OR AMENDMENT OF THE ANNUAL BUDGET; APPROVAL OF MAJOR CAPITAL EXPENDITURES; APPROVAL OR AMENDMENT OF MAJOR CONTRACTS; THE ADDITION OR DISCONTINUATION OF SIGNIFICANT HEALTHCARE SERVICES; INCURRENCE OF DEBT IN EXCESS OF \$1 MILLION; APPROVAL OF PURCHASES, LEASES OR DISPOSAL OF ASSETS IN EXCESS OF \$250,000; PARTICIPATION IN JOINT VENTURES OR OTHER STRATEGIC RELATIONSHIPS; CREATION OF NEW AFFILIATES; MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION OF THE ORGANIZATION; SIGNIFICANT DISPOSITION OF THE ORGANIZATION'S ASSETS; AND AMENDMENT OR RESTATEMENT OF THE ORGANIZATION'S GOVERNING DOCUMENTS.

FORM 990, PART VI, LINE 11B

PROCESS USED TO REVIEW THE FORM 990

THE ORGANIZATION'S FORM 990 IS REVIEWED IN DETAIL BY THE MEMBERS OF THE AUDIT AND FINANCE COMMITTEES, AFTER WHICH THE ENTIRE BOARD OF DIRECTORS IS PROVIDED A COPY PRIOR TO FINAL APPROVAL AND FILING.

FORM 990, PART VI, LINE 12C

MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
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CHILDREN'S BOARD OF TRUSTEES ADOPTED A CONFLICT OF INTEREST POLICY THAT APPLIES TO AN "INTERESTED PERSON". AN INTERESTED PERSON WOULD BE EVERY DIRECTOR, TRUSTEE, MEMBER OF A BOARD COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, OFFICERS OR "KEY MANAGEMENT EMPLOYEE" OR A CHILDREN'S ORGANIZATION WHOM HAS A DIRECT OR INDIRECT FINANCIAL INTEREST.

A KEY MANAGEMENT EMPLOYEE WOULD BE THE CHIEF EXECUTIVE OFFICER OF A CHILDREN'S ORGANIZATION, ANY MANAGERS WHO REPORT DIRECTLY TO THE CHIEF EXECUTIVE OFFICER OR THE BOARD OF A CHILDREN'S ORGANIZATION; ANY EMPLOYEE OTHERWISE LISTED AS A CURRENT OR FORMER "KEY EMPLOYEE" IN THE MOST RECENTLY FILED IRS FORM 990 OF A CHILDREN'S ORGANIZATION, OR ANY OTHER PERSONNEL SO DESIGNATED BY THE CHIEF EXECUTIVE OFFICER.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS OR TRUSTEES AND MEMBERS OF THE COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, SUCH INTERESTED PERSON SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT EXISTS.

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AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER:

- A) THE TRANSACTION OR ARRANGEMENT IS IN THE CHILDREN'S ORGANIZATION BEST INTEREST, AND IS FAIR AND REASONABLE; OR
- B) WHETHER THE CHILDREN'S ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS AN EQUAL OR MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS OR TRUSTEES WHETHER:

- A) TO ENTER INTO THE TRANSACTION OR ARRANGEMENT;
- B) TO ENTER INTO AN EQUAL OR MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST; OR
- C) TAKE NO ACTION.

EACH INTERESTED PERSON OF A CHILDREN'S ORGANIZATION SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

- A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- B) HAS READ AND UNDERSTANDS THE POLICY; AND
- C) HAS AGREED TO COMPLY WITH THE POLICY. ANNUALLY, INTERESTED PERSONS WILL COMPLETE A QUESTIONNAIRE TO PROVIDE INFORMATION NEEDED IN CONNECTION

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
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WITH THE CHILDREN'S ORGANIZATIONS' FILING OF ITS IRS FORM 990 WITH THE INTERNAL REVENUE SERVICE. RESULTS OF THE QUESTIONNAIRE ARE REVIEWED BY SENIOR LEADERSHIP.

FORM 990, PART VI, LINES 15A AND 15B
PROCESS FOR DETERMINING COMPENSATION

CHILDREN'S BOARD OF TRUSTEES (BOARD) HAS ULTIMATE DECISION-MAKING OVER EXECUTIVE COMPENSATION, AND THE COMPENSATION AND BENEFITS COMMITTEE (COMMITTEE) IS RESPONSIBLE FOR PROGRAM OVERSIGHT AND ADMINISTRATION AND FOR MAKING RECOMMENDATIONS TO THE BOARD.

THE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS AND CHARGED WITH EVALUATING THE TOTAL COMPENSATION PACKAGE OF SELECTED EMPLOYEES (CALLED "DISQUALIFIED PERSONS"), AND OTHER EXECUTIVES AND LEADERS.

TO CARRY OUT THIS CHARGE, THE COMMITTEE ENGAGES AN INDEPENDENT THIRD PARTY EXECUTIVE COMPENSATION CONSULTING FIRM TO COMPLETE AN ANNUAL ASSESSMENT OF THE COMPETITIVENESS AND REASONABLENESS OF THE TOTAL COMPENSATION PACKAGE FOR "DISQUALIFIED PERSONS" AND OTHER EXECUTIVES AND LEADERS TO THE BOARD.

USING MARKET DATA PROVIDED BY THE THIRD PARTY RELATED TO THE PAY, BENEFITS AND PERQUISITES PAID TO FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS COMPARABLE TO CHILDREN'S HEALTHCARE OF ATLANTA, THE COMMITTEE PROVIDES TOTAL COMPENSATION RECOMMENDATIONS. PAY

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RECOMMENDATIONS FOR "DISQUALIFIED PERSONS", AND OTHER EXECUTIVES AND LEADERS ARE MADE IN DECEMBER AND BOARD APPROVED CHANGES, IF ANY, ARE EFFECTIVE IN THE FIRST PAY PERIOD OF THE COMING YEAR. INCENTIVE PAYOUTS ARE APPROVED IN FEBRUARY, FOR THE PRIOR YEAR'S PERFORMANCE, AND ISSUED IN MARCH.

ALL COMMITTEE RECOMMENDATIONS AND BOARD DECISIONS (RELATED TO EXECUTIVE COMPENSATION) ARE DOCUMENTED IN THE APPLICABLE MEETING MINUTES.

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS TO GENERAL PUBLIC

THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE, CONSISTENT WITH IRS REQUIREMENTS.

FORM 990, PART VII, SECTION A

DESCRIPTION OF PERSONS TITLES

ABBREVIATION DEFINITIONS:

FDN - CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC.

MAC - MARCUS AUTISM CENTER, INC.

HSOC - HSOC, INC.

CHOA, EAS, EPG, ECH, SRCH ARE COLLECTIVELY REFERRED TO AS "SYSTEM" OR "SYS" ON PART VII. INDIVIDUALS WITH "SYSTEM" OR "SYS" INDICATION SERVE OF

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THE BOARD OF THE FOLLOWING ENTITIES:

- CHOA - CHILDREN'S HEALTHCARE OF ATLANTA, INC.
- EAS - EGLESTON AFFILIATED SERVICES, INC.
- EPG - EGLESTON PEDIATRIC GROUP, INC.
- ECH - EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC.
- SRCH - SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC.

FORM 990, PART VII

HOURS DEVOTED TO RELATED ORGANIZATIONS

ALL MEMBERS OF CHILDREN'S HEALTHCARE OF ATLANTA EXECUTIVE TEAM WORK A MINIMUM OF 50 HOURS PER WEEK. THE SPLIT OF THESE HOURS BETWEEN THE PARENT AND GROUP RETURNS IS DETERMINED BY THE INDIVIDUAL'S ROLE AND RESPONSIBILITIES AS WELL AS THE LOCATION OF THE INDIVIDUAL'S PAYROLL EXPENSE. INDIVIDUALS WHOSE PAYROLL EXPENSE IS LOCATED AT THE PARENT SPEND 80% OR 40 HOURS OF THEIR WORK WEEK DEVOTED TO CARRYING OUT THE GOALS AND OBJECTIVES OF THE CHOA ORGANIZATION AS A WHOLE. THE REMAINING 20% OR 10 HOURS IS DEVOTED TO SPECIFIC GOALS AND TASKS ASSOCIATED WITH ONE OR MORE OF THE ORGANIZATIONS REPRESENTED IN THE GROUP RETURN. INDIVIDUALS WHOSE PAYROLL EXPENSE IS LOCATED AT THE SUPPORT ZONE SPEND 80% OR 40 HOURS OF THEIR WORK WEEK DEVOTED TO CARRYING OUT THE GOALS AND OBJECTIVES OF ONE OR MORE OF THE ENTITIES REPRESENTED IN THE GROUP RETURN. THE REMAINING 20% OR 10 HOURS IN DEVOTED TO TASKS OR OBJECTIVES RELATED TO THE CHOA ORGANIZATION AS A WHOLE.

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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFERS BETWEEN ENTITIES (702,008,624)

OTHER RECONCILING ITEMS 36,675,308

TOTAL (665,333,316)

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC. WAS ESTABLISHED IN 2008 AND WORKS TO ENGAGE THE COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERISM IN SUPPORT OF THE MISSION AND VISION OF CHILDREN'S HEALTHCARE OF ATLANTA. IN 2019, THE FOUNDATION HAD 86 PAID STAFF AND MORE THAN 10,000 HOSPITAL AND EVENT VOLUNTEERS.

IN 1998, EGGLESTON CHILDREN'S HEALTH CARE SYSTEM AND SCOTTISH RITE MEDICAL CENTER CAME TOGETHER TO FORM CHILDREN'S HEALTHCARE OF ATLANTA - ONE OF THE LARGEST PEDIATRIC SYSTEMS IN THE COUNTRY. THE NEW SYSTEM HAD A SINGLE PRIORITY: FAMILY-CENTERED CARE. IN 2006, CHILDREN'S ASSUMED RESPONSIBILITY FOR THE MANAGEMENT OF SERVICES AT HUGHES SPALDING CHILDREN'S HOSPITAL, GROWING THE SYSTEM TO THREE HOSPITALS AND 27 NEIGHBORHOOD LOCATIONS. IN 2019, THE THREE HOSPITALS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC. PROVIDED 673 LICENSED BEDS AND MANAGED 1,205,697 PATIENT VISITS, 444,076 UNIQUE PATIENTS, 26,818 HOSPITAL ADMISSIONS, 164,453 INPATIENT DAYS, 1,170,880 OUTPATIENT VISITS, 44,993 SURGICAL PROCEDURES (INPATIENT AND OUTPATIENT), 244,403 EMERGENCY

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DEPARTMENT VISITS, 194,669 URGENT CARE CENTER VISITS AND 42,595 PRIMARY CARE VISITS. CHILDREN'S ALSO MANAGED 69,507 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE.

MARCUS AUTISM CENTER IS A NOT-FOR-PROFIT ORGANIZATION WITH A MISSION TO PROVIDE INFORMATION, SERVICES AND PROGRAMS TO CHILDREN WITH AUTISM SPECTRUM DISORDER, THEIR FAMILIES AND THOSE WHO LIVE AND WORK WITH THEM. MARCUS AUTISM CENTER OFFERS INTEGRATED ADVANCED CLINICAL, BEHAVIORAL, EDUCATIONAL AND FAMILY SUPPORT SERVICES THROUGH A SINGLE ORGANIZATION TO REDUCE THE STRESS FOR FAMILIES THAT USE OUR SERVICES.

MARCUS AUTISM CENTER HAD ITS BEGINNINGS AS THE MARCUS DEVELOPMENTAL RESOURCE CENTER AT EMORY UNIVERSITY IN 1991. SINCE THEN, WITH THE HELP OF COMMUNITY SUPPORT, MARCUS AUTISM CENTER HAS TREATED MORE THAN 40,000 CHILDREN. IN 2019, THEY CARED FOR MORE THAN 4,700 INDIVIDUAL PATIENTS. WITH THE SUPPORT OF GENEROUS DONATIONS, MARCUS AUTISM CENTER HAS BECOME A NATIONALLY RECOGNIZED CENTER FOR EXCELLENCE FOR THE PROVISION OF COORDINATED AND COMPREHENSIVE SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER. SINCE 2014, MARCUS AUTISM CENTER HAS TRACKED MORE THAN 6,000 DIAGNOSTIC EVALUATIONS AND 180,000 CLINICAL VISITS WITH 24,000 UNIQUE PATIENTS, CONDUCTED RESEARCH, AND PROVIDED EDUCATION AND TRAINING PROGRAMS.

TOGETHER WITH FAMILIES, SUPPORT GROUPS, GOVERNMENT AGENCIES AND FOUNDATIONS, MARCUS AUTISM CENTER IS STRENGTHENING THE COMMUNITY THROUGH

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
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ADVOCACY AT THE LOCAL AND STATE LEVEL. MARCUS AUTISM CENTER STRIVES FOR FULLER INTEGRATION OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER INTO SCHOOL AND COMMUNITY LIFE, BETTER ACCESS FOR FAMILIES TO APPROPRIATE CLINICAL AND EDUCATIONAL SERVICES, AND ENHANCED FUNDING FOR RESEARCH AND TRAINING. THE CENTER'S SERVICES INCLUDE PROVIDING CHILDREN AND THEIR CAREGIVERS SUPPORT, OPPORTUNITY, ENCOURAGEMENT, PRIDE, COMMITMENT AND DETERMINATION.

IN 2019, THE RESEARCH TEAM AT MARCUS AUTISM CENTER CONTINUED WORK AS AN NIH AUTISM CENTER OF EXCELLENCE, RECORDING THOUSANDS OF VISUAL AND VOCAL MEASUREMENTS OVER INFANTS' FIRST YEARS OF DEVELOPMENT.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC. WAS ESTABLISHED IN 2008 AND WORKS TO ENGAGE THE COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERISM IN SUPPORT OF THE MISSION AND VISION OF CHILDREN'S HEALTHCARE OF ATLANTA. IN 2019, THE FOUNDATION HAD 86 PAID STAFF AND MORE THAN 10,000 HOSPITAL AND EVENT VOLUNTEERS.

IN 1998, EGLESTON CHILDREN'S HEALTH CARE SYSTEM AND SCOTTISH RITE MEDICAL CENTER CAME TOGETHER TO FORM CHILDREN'S HEALTHCARE OF ATLANTA - ONE OF THE LARGEST PEDIATRIC SYSTEMS IN THE COUNTRY. THE NEW SYSTEM HAD A SINGLE PRIORITY: FAMILY-CENTERED CARE. IN 2006, CHILDREN'S ASSUMED RESPONSIBILITY FOR THE MANAGEMENT OF SERVICES AT HUGHES SPALDING CHILDREN'S HOSPITAL, GROWING THE SYSTEM TO THREE HOSPITALS AND 27 NEIGHBORHOOD LOCATIONS. IN 2019, THE THREE

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
---	--

ATTACHMENT 1 (CONT'D)

HOSPITALS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC. PROVIDED 673 LICENSED BEDS AND MANAGED 1,205,697 PATIENT VISITS, 444,076 UNIQUE PATIENTS, 26,818 HOSPITAL ADMISSIONS, 164,453 INPATIENT DAYS, 1,170,880 OUTPATIENT VISITS, 44,993 SURGICAL PROCEDURES (INPATIENT AND OUTPATIENT), 244,403 EMERGENCY DEPARTMENT VISITS, 194,669 URGENT CARE CENTER VISITS AND 42,595 PRIMARY CARE VISITS. CHILDREN'S ALSO MANAGED 69,507 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE.

MARCUS AUTISM CENTER IS A NOT-FOR-PROFIT ORGANIZATION WITH A MISSION TO PROVIDE INFORMATION, SERVICES AND PROGRAMS TO CHILDREN WITH AUTISM SPECTRUM DISORDER, THEIR FAMILIES AND THOSE WHO LIVE AND WORK WITH THEM. MARCUS AUTISM CENTER OFFERS INTEGRATED ADVANCED CLINICAL, BEHAVIORAL, EDUCATIONAL AND FAMILY SUPPORT SERVICES THROUGH A SINGLE ORGANIZATION TO REDUCE THE STRESS FOR FAMILIES THAT USE OUR SERVICES.

MARCUS AUTISM CENTER HAD ITS BEGINNINGS AS THE MARCUS DEVELOPMENTAL RESOURCE CENTER AT EMORY UNIVERSITY IN 1991. SINCE THEN, WITH THE HELP OF COMMUNITY SUPPORT, MARCUS AUTISM CENTER HAS TREATED MORE THAN 40,000 CHILDREN. IN 2019, THEY CARED FOR MORE THAN 4,700 INDIVIDUAL PATIENTS. WITH THE SUPPORT OF GENEROUS DONATIONS, MARCUS AUTISM CENTER HAS BECOME A NATIONALLY RECOGNIZED CENTER FOR EXCELLENCE FOR THE PROVISION OF COORDINATED AND COMPREHENSIVE SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER.

Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
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ATTACHMENT 1 (CONT'D)

SINCE 2014, MARCUS AUTISM CENTER HAS TRACKED MORE THAN 6,000 DIAGNOSTIC EVALUATIONS AND 180,000 CLINICAL VISITS WITH 24,000 UNIQUE PATIENTS, CONDUCTED RESEARCH, AND PROVIDED EDUCATION AND TRAINING PROGRAMS.

TOGETHER WITH FAMILIES, SUPPORT GROUPS, GOVERNMENT AGENCIES AND FOUNDATIONS, MARCUS AUTISM CENTER IS STRENGTHENING THE COMMUNITY THROUGH ADVOCACY AT THE LOCAL AND STATE LEVEL. MARCUS AUTISM CENTER STRIVES FOR FULLER INTEGRATION OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER INTO SCHOOL AND COMMUNITY LIFE, BETTER ACCESS FOR FAMILIES TO APPROPRIATE CLINICAL AND EDUCATIONAL SERVICES, AND ENHANCED FUNDING FOR RESEARCH AND TRAINING. THE CENTER'S SERVICES INCLUDE PROVIDING CHILDREN AND THEIR CAREGIVERS SUPPORT, OPPORTUNITY, ENCOURAGEMENT, PRIDE, COMMITMENT AND DETERMINATION.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AK, CA, CO, CT,
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR,
RI, SC, TN, UT, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MORRIS & DICKSON CO LLC PO BOX 51367 SHREVEPORT, LA 71135-1367	PHARMACY DISTRIB.	45,552,899.
CVS CAREMARK LLC PO BOX 840336 DALLAS, TX 75284-0336	PRESCRIPTION SVCS	22,060,805.
BRASFIELD & GORRIE LLC PO BOX 11407 BIRMINGHAM, AL 35246-0351	CONTRACTING SERVICES	20,224,763.
PEDIATRIC EMERGENCY MEDICINE ASSOCIATES 2247 SALIENT ROAD MARIETTA, GA 30064-1360	EMERGENCY SERVICES	18,965,784.
PROSYS INFORMATION SYSTEMS 6025 THE CORNERS PKWY STE 120 NOCROSS, GA 30092	IT PROFESSIONAL SVCS	11,632,869.

**SCHEDULE R
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

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

Open to Public
Inspection

2019

Employer identification number
90-0779996

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) CHILDREN'S SEDATION SERVICES, LLC 81-0582607 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	1,301,928.	0.	EGLESTON PED
(2) CHILDREN'S ANESTHESIA SERVICES, LLC 20-0044124 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	17,273,909.	0.	EGLESTON PED
(3) CHOA CENTER FOR PAIN RELIEF, LLC 32-0185406 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	0.	0.	EGLESTON PED
(4) PED NEUROSURGERY ASSOC AT CHILDREN'S LLC 26-0833842 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	5,564,215.	0.	EGLESTON PED
(5) CHOA - MULTISPECIALTY, LLC 61-1665353 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	49,736,104.	0.	EGLESTON PED
(6) CHOA - HOSPITAL BASED, LLC 80-0863895 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	104397824.	0.	EGLESTON PED

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHILDREN'S HEALTHCARE OF ATLANTA, INC. 58-2367819 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	HLTHCRE MGMT	GA	501(C)(3)	12B	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization: CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN
Employer identification number: 90-0779996

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) SPECIALTY PROVIDERS AT CHILDREN'S LLC 61-1753346 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	0.	0.	EGLLESTON PED
(2) MED-SURGICAL PROVIDERS AT CHILDREN'S LLC 30-0853755 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA		0.	EGLLESTON PED
(3) CARDIOTHORACIC PROVDRS AT CHILDREN'S LLC 32-0456470 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	5,918,302.	0.	EGLLESTON PED
(4) PRIMARY CARE AT CHILDREN'S LLC 61-1752679 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	1,975,042.	0.	EGLLESTON PED
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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) MERIDIAN MARK LLC 01-0723254 1575 NE EXPY AVE, GA 30329	SURGERY CENTER	GA	SCOTTISH RITE	RELATED	10,549,057.	14,588,805.		X			X	51.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(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) EMORY-EGLESTON CHILDREN'S HEART CENTER 2835 BRANDYWINE RD, SUITE 300 ATLANTA, GA 30329	CARDIAC SERVICES	GA	CHOA	C CORP	0.	0.	100.0000	X	
(2) THE CHILDREN'S CARE NETWORK 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYSICIAN SRVS	GA	CHOA	C CORP	-1,687,628.	6,783,734.	100.0000	X	
(3) CHARITABLE REMAINDER TRUST - SUNTRUST 303 PEACHTREE ST. ATLANTA, GA 30303	SPLIT INT. TRUST	GA	N/A	TRUST	26,934.	1,012,363.	100.0000		X
(4) LAURIE DAVIS WEBSTER TRUST 303 PEACHTREE ST. ATLANTA, GA 30303	CHARITABLE TRUST	GA	CHOA	TRUST	2,498.	103,240.	100.0000	X	
(5) W.E. CHAPLIN TRUST 303 PEACHTREE ST. ATLANTA, GA 30303	CHARITABLE TRUST	GA	CHOA	TRUST	320.	13,187.	100.0000	X	
(6) THOMAS EGLESTON TRUST 303 PEACHTREE ST. ATLANTA, GA 30303	CHARITABLE TRUST	GA	CHOA	TRUST	407,539.	23,967,659.	100.0000	X	
(7) CHARITABLE REMAINDER TRUST - WELLS FARGO 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	SPLIT INT. TRUST	NC	N/A	TRUST					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.

(1)	(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)													
(2)													
(3)													
(4)													
(5)													
(6)													
(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.

(1)	(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)	NEAL ALLEN CHARITABLE REMAINDER UNITRUST 303 PEACHTREE ST. ATLANTA, GA 30303	CHARITABLE TRUST	GA	N/A		23,062.	899,844.	100.0000		X
(2)	TYCHO HOWLE CHARITABLE REMAINDER UNITRUS 303 PEACHTREE ST. ATLANTA, GA 30303	CHARITABLE TRUST	GA	N/A		10,671.	41,923.	100.0000		X
(3)										
(4)										
(5)										
(6)										
(7)										

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THOMAS EGLESTON TRUST	C	407,539.	CASH TRANSFER
(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.

(1)	(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.
