

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public  
Inspection

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

B Check if applicable:	C Name of organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN					D Employer identification number 90-0779996
<input checked="" type="checkbox"/> Address change	Doing Business As					E Telephone number (404) 785-7944
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 1575 NORTHEAST EXPRESSWAY					F Gross receipts \$ 2,046,303,068.
<input type="checkbox"/> Initial return	Room/suite					G Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30329					H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Amended return	F Name and address of principal officer: DONNA HYLAND 1575 NORTHEAST EXPRESSWAY, ATLANTA, GA 30329					H(c) Group exemption number ► 5857
<input type="checkbox"/> Application pending	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	J Website: ► WWW.CHOA.ORG	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.	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 82.
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 74.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .	5 13,415.
	6 Total number of volunteers (estimate if necessary) . . . . .	6 11,197.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0.
	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	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	► 	11/11/2020			
	Signature of officer RUTH FOWLER	Date 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 . . . . .  X

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

TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW.

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- 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  X 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  X 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

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

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

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**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**

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

**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 . . . . .	22	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. . . . .	23	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 . . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
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? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	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 . . . . .	25b	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. . . . .	26	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 . . . . .	27	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 . . . . .	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	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 . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	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. . . . .	32	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. . . . .	33	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. . . . .	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	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 . . . . .	35b	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	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 . . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	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 . . . . . 

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .
- |    |     |
|----|-----|
| 1a | 211 |
|----|-----|
- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .
- |    |    |
|----|----|
| 1b | 13 |
|----|----|
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .
- |    |   |
|----|---|
| 1c | X |
|----|---|

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

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

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	82
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent . . . . .	1b	74
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
6	Did the organization have members or stockholders? . . . . .	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .	9	X

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

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

### 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.
 

Own website  Another's website  Upon request  Other (explain on Schedule O)
19. Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20. State the name, address, and telephone number of the person who possesses the organization's books and records ►
 

TOM BREMS 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 404-785-7944

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current key employees**, if any. See instructions for definition of "key employee."

- List the organization's five **current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
			Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	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 DEWEENE	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.
<b>1b Sub-total</b>									8,937,634.	6,005,095.	1,265,065.
<b>c Total from continuation sheets to Part VII, Section A</b>									0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>									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

- |   |   |     |    |   |   |   |   |   |   |
|---|---|-----|----|---|---|---|---|---|---|
| <p>3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .</p> <p>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 . . . . .</p> <p>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 . . . . .</p> | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;">Yes</td> <td style="width: 50%; padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">3</td> <td style="padding: 2px;">X</td> </tr> <tr> <td style="padding: 2px;">4</td> <td style="padding: 2px;">X</td> </tr> <tr> <td style="padding: 2px;">5</td> <td style="padding: 2px;">X</td> </tr> </table> | Yes | No | 3 | X | 4 | X | 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
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			
( 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.
<b>1b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

	Yes	No
3	X	
4	X	
5		X

- 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 . . . . .
- 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 . . . . .
- 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 . . . . .

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►</b>		

**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			
( 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.
<b>1b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

	Yes	No
3	X	
4	X	
5		X

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 . . . . .

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 . . . . .

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 . . . . .

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►</b>		

**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				
( 48) TYLER WOOLSON	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - FDN	0.	X								
( 49) BERNIE MARCUS	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - MAC	0.	X								
( 50) RICHARD COURTS	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - FDN	0.	X								
( 51) ANDREW SULLIVAN	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - FDN	0.	X								
( 52) TRIPP RAWLS	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - MAC	0.	X								
( 53) CEDRIC MILLER, MD	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - SYSTEM	1.00	X								
( 54) EDDIE MEYERS	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - SYSTEM	1.00	X								
( 55) ERNEST GREER	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - SYSTEM	1.00	X								
( 56) JEFF SEAMAN	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - SYSTEM	1.00	X								
( 57) KEITH MASON	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - SYSTEM	1.00	X								
( 58) LIZ BLAKE	1.00							0.	0.	0.
INDIVIDUAL TRUSTEE - SYS & MAC	0.	X								
<b>1b Sub-total</b>							►	0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							►			
<b>d Total (add lines 1b and 1c)</b>							►			

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

**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	
			Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former		
( 59) STEPHANIE BLANK		1.00								0.	0.
	INDIVIDUAL TRUSTEE - SYSTEM	1.00	X							0.	0.
( 60) CHANTAL BAGWELL		1.00								0.	0.
	INDIVIDUAL TRUSTEE - FDN	0.	X							0.	0.
( 61) JAY CUNNINGHAM		1.00								0.	0.
	INDIVIDUAL TRUSTEE - FDN	0.	X							0.	0.
( 62) ALLISON DUKES		1.00								0.	0.
	INDIVIDUAL TRUSTEE - SYSTEM	1.00	X							0.	0.
( 63) MARCIA TAYLOR		1.00								0.	0.
	INDIVIDUAL TRUSTEE - FDN	0.	X							0.	0.
( 64) MARK GILREATH		1.00								0.	0.
	INDIVIDUAL TRUSTEE - MAC	0.	X							0.	0.
( 65) CHARLES OGBURN		1.00								0.	0.
	INDIVIDUAL TRUSTEE - SYSTEM	1.00	X							0.	0.
( 66) ALAN DAHL		1.00								0.	0.
	INDIVIDUAL TRUSTEE - SYSTEM	1.00	X							0.	0.
( 67) CHRIS MOFFETT		1.00								0.	0.
	INDIVIDUAL TRUSTEE - MAC	0.	X							0.	0.
( 68) JOHN STEPHENSON		1.00								0.	0.
	INDIVIDUAL TRUSTEE - FDN	0.	X							0.	0.
( 69) MARK GRIFFITHS, MD		1.00								0.	0.
	INDIVIDUAL TRUSTEE - HSOC	0.	X							0.	0.
<b>1b Sub-total</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>											

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

	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 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			
( 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.
<b>1b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

	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
<b>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 ►</b>		

**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			
( 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 SCHAFER 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.
<b>1b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

	Yes	No
3	X	
4	X	
5		X

- 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 . . . . .
- 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 . . . . .
- 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 . . . . .

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►</b>		

**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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
( 92) CAROLINE JEFFORDS INDIVIDUAL TRUSTEE - MAC	1.00 0.	X							0.	0.
( 93) DAVID SAPP INDIVIDUAL TRUSTEE - MAC	1.00 0.	X							0.	0.
( 94) HALA MODDELMOG INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X							0.	0.
( 95) JOSHUA VOVA, MD INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X							0.	0.
( 96) MICHAEL COTE INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X							0.	0.
( 97) PAUL BROWN INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X							0.	0.
( 98) MARYAM ALAVI INDIVIDUAL TRUSTEE - MAC	1.00 0.	X							0.	0.
-----										
-----										
-----										
-----										
<b>1b Sub-total</b>								►	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								►		
<b>d Total (add lines 1b and 1c)</b>								►		

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII . . . . . 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>						
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.				
<b>h Total. Add lines 1a-1f . . . . . ►</b>		<b>130,320,916.</b>				
<b>Program Service Revenue</b>		<b>Business Code</b>				
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 . . . . .						
<b>g Total. Add lines 2a-2f . . . . . ►</b>		<b>1,815,858,818.</b>				
<b>Other Revenue</b>						
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.			
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) . . . . . ►		<b>-2,975,380.</b>				-2,975,380.
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	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) . . . . . ►		<b>65,982,810.</b>				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. . . . . ►		<b>10,003,302.</b>				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. . . . . ►		<b>137,346.</b>				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. . . . . ►		<b>0.</b>				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
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.			
<b>e Total. Add lines 11a-11d . . . . . ►</b>		<b>13,753,979.</b>				
<b>12 Total revenue. See instructions . . . . . ►</b>		<b>2,036,209,449.</b>	<b>1,829,612,797.</b>			<b>76,275,736.</b>

**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 . . . . . 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	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) Beginning of year	(B) End of year	
<b>Assets</b>	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.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	4,318,871,883.	16	4,849,817,153.	
<b>Liabilities</b>	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.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	865,829,048.	26	1,657,762,635.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here ►</b> <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.
	<b>Organizations that do not follow FASB ASC 958, check here ►</b> <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	
	<b>32 Total net assets or fund balances . . . . .</b>	3,453,042,835.	32	3,192,054,518.
<b>33 Total liabilities and net assets/fund balances . . . . .</b>	4,318,871,883.	33	4,849,817,153.	

Form 990 (2019)

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

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1 2,036,209,449.
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 

	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	2a	X
b Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	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? . . . . .	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	3b	X

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

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)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

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"/>		

Schedule A (Form 990 or 990-EZ) 2019

**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 . . . . .						0.
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 . ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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**

	<b>Yes</b>	<b>No</b>
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in <b>Part I</b> , answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
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)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? If "Yes," provide detail in <b>Part VI</b> .	6	
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? If "Yes," complete <b>Part I</b> of Schedule L (Form 990 or 990-EZ).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete <b>Part I</b> of Schedule L (Form 990 or 990-EZ).	8	
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))? If "Yes," provide detail in <b>Part VI</b> .	9a	
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? If "Yes," provide detail in <b>Part VI</b> .	9b	
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? If "Yes," provide detail in <b>Part VI</b> .	9c	
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)? If "Yes," answer 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

**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  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  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.

- 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.

- 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.

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.
- 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.

	Yes	No
2a		
2b		

  

	Yes	No
3a		
3b		

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

<b>Section D - Distributions</b>		<b>Current Year</b>	
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 <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
<b>Section E - Distribution Allocations (see instructions)</b>			
	(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 <b>Part VI</b> ). 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	<b>Total of lines 3a through e</b>		
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 <b>Part VI</b> . See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.		
7	<b>Excess distributions carryover to 2020.</b> 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 . . . . .		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 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 B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

2019

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

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

Organization type (check one):

Filers of:

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 checked="" 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.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
8		\$ 5,928,443.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

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

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

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.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2019

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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 <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other _____              |
| c <input type="checkbox"/> Preservation for future generations |   |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	170,514,035.	165,633,234.	151,455,152.	144,155,800.	142,112,872.
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .	11,941,906.	5,453,985.	14,740,293.	7,825,208.	2,500,092.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	582,894.	573,184.	562,211.	525,856.	457,164.
f Administrative expenses . . . . .					
g End of year balance . . . . .	181,873,047.	170,514,035.	165,633,234.	151,455,152.	144,155,800.

- 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:

	Yes	No
3a(i) Unrelated organizations . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii) Related organizations . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		185,418,715.		185,418,715.
b Buildings . . . . .		874,710,567.	342,070,199.	532,640,368.
c Leasehold improvements . . . . .		18,608,527.	9,247,305.	9,361,222.
d Equipment . . . . .		630,920,164.	292,861,574.	338,058,590.
e Other . . . . .		269,950,187.	236,894,860.	33,055,227.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ► 1,098,534,122.

**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 RECEIVABLES 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 LIABILITY	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.

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

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

**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 EGLESTON'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)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

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 <input type="checkbox"/> | Mail solicitations               | e <input type="checkbox"/> | Solicitation of non-government grants |
| b <input type="checkbox"/> | Internet and email solicitations | f <input type="checkbox"/> | Solicitation of government grants     |
| c <input type="checkbox"/> | Phone solicitations              | g <input type="checkbox"/> | Special fundraising events            |
| d <input type="checkbox"/> | In-person solicitations          |                            |                                       |

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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**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))
<b>Revenue</b>				
<b>1 Gross revenue . . . . .</b>			<b>187,345.</b>	<b>187,345.</b>
<b>Direct Expenses</b>				
<b>2 Cash prizes . . . . .</b>				
<b>3 Noncash prizes . . . . .</b>			<b>49,999.</b>	<b>49,999.</b>
<b>4 Rent/facility costs . . . . .</b>				
<b>5 Other direct expenses . . . . .</b>				
<b>6 Volunteer labor . . . . .</b>	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
<b>7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .</b>				<b>49,999.</b>
<b>8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .</b>				<b>137,346.</b>

**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: \_\_\_\_\_

## Schedule G (Form 990 or 990-EZ) 2019

- 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

- 15 a 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)**

Department of the Treasury  
Internal Revenue Service

**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](http://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 Financial Assistance and Certain Other Community Benefits at Cost**

- |    | Yes                                 | No |
|----|-------------------------------------|----|
| 1a | <input checked="" type="checkbox"/> |    |
| 1b | <input checked="" type="checkbox"/> |    |
| 3a | <input checked="" type="checkbox"/> |    |
| 3b | <input checked="" type="checkbox"/> |    |
| 4  | <input checked="" type="checkbox"/> |    |
| 5a | <input checked="" type="checkbox"/> |    |
| 5b | <input checked="" type="checkbox"/> |    |
| 5c |                                     |    |
| 6a | <input checked="" type="checkbox"/> |    |
| 6b | <input checked="" type="checkbox"/> |    |
- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  
 b If "Yes," was it a written policy?. . . . .
- 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.  
 Applied uniformly to all hospital facilities       Applied uniformly to most hospital facilities  
 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:  
 100%     150%     200%     Other 235.0000 %
- 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: . . . . .  
 200%     250%     300%     350%     400%     Other 340.0000 %
- 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"? . . . . .
- 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
 b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  
 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? . . . . .
- 6a Did the organization prepare a community benefit report during the tax year? . . . . .  
 b If "Yes," did the organization make it available to the public? . . . . .
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
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
<b>Other Benefits</b>						
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.

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**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**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- 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) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 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:

Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? . . . . .
- 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 . . . . .

<b>Part IV Management Companies and Joint Ventures</b> (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				



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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? If "Yes," provide details of the acquisition in Section C . . . . .
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .  
If "Yes," indicate what the CHNA report describes (check all that apply):
- a  A definition of the community served by the hospital facility
  - b  Demographics of the community
  - c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community
  - d  How data was obtained
  - e  The significant health needs of the community
  - f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
  - g  The process for identifying and prioritizing community health needs and services to meet the community health needs
  - h  The process for consulting with persons representing the community's interests
  - i  The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
  - j  Other (describe in Section C)
- 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? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .
- 7 Did the hospital facility make its CHNA report widely available to the public? . . . . .  
If "Yes," indicate how the CHNA report was made widely available (check all that apply):
- a  Hospital facility's website (list url): SEE PART V, SECTION C
  - b  Other website (list url): \_\_\_\_\_
  - c  Made a paper copy available for public inspection without charge at the hospital facility
  - d  Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .
- 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? . . . . .  
a If "Yes," (list url): SEE PART V, SECTION C  
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .  
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ \_\_\_\_\_

	Yes	No
1	X	
2	X	
3	X	
5	X	
6a	X	
6b		X
7	X	
8	X	
10	X	
10b		
12a		X
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:	13 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? . . . . .	14 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):	15 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):	16 X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C		
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)		

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**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? . . . . .	17	X
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	19	X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input 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? . . . . . If "No," indicate why:	21	X
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information (continued)****Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group GROUP A

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

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**Part V Facility Information (continued)**

**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

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**Part V Facility Information (continued)**

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

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**Part V Facility Information (continued)**

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

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**Part V Facility Information (continued)**

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

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**Part V Facility Information (continued)**

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

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**Part V Facility Information (continued)**

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

30 FAY FULTON

EXECUTIVE VICE PRESIDENT

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**Part V Facility Information (continued)**

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

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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.

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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

MOUNTAININSIDE 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.

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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 &amp; 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 &amp; 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 QURAISHI, MD

PHYSICIAN

CRESCENT NEUROLOGY AND SLEEP

82 MICHELLE RAINES

HR DIRECTOR

DEKALB COUNTY BOARD OF HEALTH

83 JOSEPH ROSENFIELD, 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

GEOGETOWN 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

PYHSICIAN

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](https://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 HEATH 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 UPPERCATE 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

**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 MARIETTEA 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	

Schedule H (Form 990) 2019

**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.

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 EGLESTON  
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.

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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**

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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

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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

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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.

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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

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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

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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 CONCERN 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

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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

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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

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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

**Part VI Supplemental Information**

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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 HEATLH CARE SYSTEM

EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC. (EGLESTON) AND SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC. (SCOTTISH RITE) ARE PART OF AN AFFILIATED HEALTH CARE SYSTEM. EGLESTON 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. EGLESTON 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

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**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 EMPLOYS 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 AFFARIS" 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**

OMB No. 1545-0047

**2019**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? .....
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HEALTHCARE OF ATLANTA - HUGHES S 25 JESSE 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 .....

3 Enter total number of other organizations listed in the line 1 table .....

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

1.

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 V 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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

## 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				
DANIEL SALINAS, MD 1 CMO & TRUSTEE - SYSTEM/HSOC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
RONALD FRIESON 2 TRUSTEE-PRES FIN & EXT AFFAIRS	(i) 486,201.	(ii) 127,635.	(iii) 31,277.	93,748.	27,705.	766,566.	0.
DONNA HYLAND, PRESIDENT 3 TRUSTEE - SYS/MAC/FDN/HSOC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
RUTH FOWLER 4 CFO/TREASURER - SYSTEM	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
LESLIE JONES 5 GEN COUNSEL, SECRETARY-SYS/MAC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
MARY BETH BOVA 6 SR ADVISOR/INDIV TRUSTEE-HSOC	(i) 442,066.	(ii) 123,524.	(iii) 17,304.	45,874.	23,959.	652,727.	0.
JILL STRICKLAND 7 SVP PHYSICIAN PRACTICES OPS	(i) 281,392.	(ii) 72,019.	(iii) 22,170.	0.	24,245.	399,826.	0.
JIM FORTENBERRY, MD 8 INDIVIDUAL TRUSTEE - FDN	(i) 421,464.	(ii) 130,396.	(iii) 25,187.	47,568.	23,237.	647,852.	0.
STACEY DEWESESE 9 SVP SYSTEM OPERATIONS	(i) 234,766.	(ii) 60,756.	(iii) 11,371.	0.	24,303.	331,196.	0.
TOMJA BRIDGES 10 CAMPAIGN OPS DIRECTOR/SEC-FDN	(i) 121,601.	(ii) 18,430.	(iii) 6,330.	0.	31,064.	177,425.	0.
LUCKY JAIN 11 INDIV TRUSTEE-MAC/EX. PRAC DIR	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
LYNN PEREZ 12 INDIV TRUSTEE - MAC/VP OPS MAC	(i) 235,113.	(ii) 67,572.	(iii) 11,170.	0.	31,742.	345,597.	0.
MICHAEL RILEY 13 INDIV TRUSTEE-HSOC/VP FIN OPS	(i) 247,250.	(ii) 52,045.	(iii) 15,988.	0.	3,382.	318,665.	0.
BILL MAHLE, MD 14 INDIVIDUAL TRUSTEE- SYSTEM/FDN	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
ANDREW REISNER 15 NEUROSURGEON	(i) 879,515.	(ii) 130,446.	(iii) 0.	11,200.	0.	654,503.	0.
WILLIAM BOYDSTON 16 CHIEF NEUROSURGEON/BRAIN HLTH	(i) 923,346.	(ii) 87,132.	(iii) 23,011.	0.	29,234.	1,062,723.	0.
	(ii) 0.	(iii) 0.	(iii) 0.	0.	0.	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				
TIM SCHRAEDER, MD 1 INDIVIDUAL TRUSTEE - SYSTEM	(i) 787,666. (ii) 0.	68,768. 0.	7,094. 0.	0.	30,583. 0.	894,111. 0.	0.
MICHAEL SCHMITZ 2 ORTHOPEDIC SURGEON	(i) 861,291. (ii) 0.	62,180. 0.	15,587. 0.	0.	34,428. 0.	973,486. 0.	0.
JULIA JONES 3 FORMER KEY EMPLOYEE - HSOC	(i) 208,429. (ii) 0.	54,125. 0.	12,088. 0.	0.	19,074. 0.	293,716. 0.	0.
SCOTT HODOVAL 4 FORMER KEY EMPLOYEE - FDN	(i) 213,302. (ii) 0.	63,849. 0.	11,643. 0.	0.	20,535. 0.	309,329. 0.	0.
CHERYL HEAD 5 VP NURSING & HOSP OPS - ECH	(i) 177,847. (ii) 0.	37,739. 0.	8,734. 0.	0.	20,553. 0.	244,873. 0.	0.
LORISIA WILLIAMS 6 VP NURSING & HOSP OPS - SR	(i) 205,163. (ii) 0.	45,010. 0.	12,140. 0.	0.	12,453. 0.	274,766. 0.	0.
DENNIS DEVITO, MD 7 ORTHOPEDIC SURGEON	(i) 99,057. (ii) 0.	94,449. 0.	23,120. 0.	0.	14,729. 0.	1,131,355. 0.	0.
SAMUEL WILLIMON 8 ORTHOPEDIC SURGEON	(i) 983,154. (ii) 0.	83,659. 0.	12,514. 0.	0.	31,884. 0.	1,111,211. 0.	0.
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Schedule J (Form 990) 2019

**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 TRAVELING 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 2013:

DONNA HYLAND - \$316,410

RUTH FOWLER - \$130,455

DAN SALINAS - \$93,748

RONALD FRIESEN - \$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**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](http://www.irs.gov/Form990) for instructions and the latest information.

Open To Public  
Inspection

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
(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 EGLESTON, 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**

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

- 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](http://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 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	X
-----	---

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? . . . . .

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? . . . . .

31	X
----	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a	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

JSA

9E1298 1.000

4417OM 1467

V 19-7.7F

PAGE 115

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

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

Employer identification number

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 EIN 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

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. EGLESTON 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 EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC., SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC., EGLESTON AFFILIATED SERVICES, INC., AND EGLESTON 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 HEATLHCARE OF ATLANTA.

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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 AMEMDMENT 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 &amp; ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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.

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

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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

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

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

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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

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

## 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.

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

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

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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, 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 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

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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 AUTSIM CENTER IS STRENGTHENING THE COMMUNITY THROUGH

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

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.

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**ATTACHMENT 1**

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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
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**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

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 AUTSIM 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 2FORM 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 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

Name of the organization <b>CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN</b>	<b>Employer identification number 90-0779996</b>
<b>ATTACHMENT 3 (CONT'D)</b>	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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 NO CROSS, GA 30092	IT PROFESSIONAL SVCS	11,632,869.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue ServiceName of the organization  
CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.OMB No. 1545-0047  
**2019**Open to Public  
InspectionEmployer 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 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	1,301,928.	0.	EGLESTON PED
(2) CHILDREN'S ANESTHESIA SERVICES, LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	17,273,909.	0.	EGLESTON PED
(3) CHA CENTER FOR PAIN RELIEF, LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	0.	0.	EGLESTON PED
(4) PED NEUROSURGERY ASSOC AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	5,564,215.	0.	EGLESTON PED
(5) CHA - MULTISPECIALTY, LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	PHYS SERVICES	GA	49,736,104.	0.	EGLESTON PED
(6) CHA - HOSPITAL BASED, LLC 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. 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	HILTHCRE 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.

JSA

9E13071.000  
4417OM 1467**Schedule R (Form 990) 2019**

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue ServiceName of the organization  
CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.OMB No. 1545-0047  
**2019**Open to Public  
InspectionEmployer identification number  
90-0779996**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
(1) SPECIALTY PROVIDERS AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	61-1753346 PHYS SERVICES	GA	0.	0.	EGLESTON PED
(2) MED-SURGICAL PROVIDERS AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	30-0853755 PHYS SERVICES	GA		0.	EGLESTON PED
(3) CARDIOTHORACIC PROVDRS AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	32-0456470 PHYS SERVICES	GA	5,918,302.	0.	EGLESTON PED
(4) PRIMARY CARE AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	61-1752679 PHYS SERVICES	GA	1,975,042.	0.	EGLESTON PED
(5)					
(6)					
(7)					

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

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

JSA

9E1307 1.000  
44170M 1467**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 ATTL, 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?	(j) Yes No
(1) EMORY-EGLESTON CHILDREN'S HEART CENTER 2835 BRANDYWINE RD, SUITE 300 ATLANTA, GA 30329	58-1871713	CARDIAC SERVICES	GA	CHOA	C CORP	0.	0.	100.0000	X
(2) THE CHILDREN'S CARE NETWORK 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	47-137158	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	58-6026013	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	58-6026010	CHARITABLE TRUST	GA	CHOA	TRUST	2,498.	103,240.	100.0000	X
(5) W.E. CHAPLIN TRUST 303 PEACHTREE ST. ATLANTA, GA 30303	58-6026009	CHARITABLE TRUST	GA	CHOA	TRUST	320.	13,187.	100.0000	X
(6) THOMAS EGLESTON TRUST 303 PEACHTREE ST. ATLANTA, GA 30303	58-6026009	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

Schedule R (Form 990) 2019

## Schedule R (Form 990) 2019

Page 2

**Part II 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
(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.

(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?
(1)								
(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 UNITRUST 303 PEACHTREE ST. ATLANTA, GA 30303	CHARITABLE TRUST	GA N/A			10,671.	41,923.	100.0000	X
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

## 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.

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. . . . .
- b Gift, grant, or capital contribution to related organization(s) . . . . .
- c Gift, grant, or capital contribution from related organization(s) . . . . .
- d Loans or loan guarantees to or for related organization(s) . . . . .
- e Loans or loan guarantees by related organization(s) . . . . .
- f Dividends from related organization(s) . . . . .
- g Sale of assets to related organization(s) . . . . .
- h Purchase of assets from related organization(s) . . . . .
- i Exchange of assets with related organization(s) . . . . .
- j Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o Sharing of paid employees with related organization(s) . . . . .
- p Reimbursement paid to related organization(s) for expenses . . . . .
- q Reimbursement paid by related organization(s) for expenses . . . . .
- r Other transfer of cash or property to related organization(s) . . . . .
- s Other transfer of cash or property from related organization(s) . . . . .

- 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>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.

(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
(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.