

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Form **990**

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

| | | | | | | |
|---|--|--|------------------------------------|--|--------------------------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN | | | D Employer identification number 90-0779996 | | |
| | Doing Business As | | | E Telephone number (404) 785-7944 | | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1575 NORTHEAST EXPRESSWAY | | | G Gross receipts \$ 2,109,235,734. | | |
| | City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30329 | | | H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | | |
| F Name and address of principal officer: DONNA HYLAND 1575 NORTHEAST EXPRESSWAY, ATLANTA, GA 30329 | | | H(c) Group exemption number ▶ 5857 | | | |
| 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: <u>TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW.</u> | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 75. |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 66. |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 13,009. |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 7,391. |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 130,320,916. | 332,692,660. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,815,858,818. | 1,749,918,082. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 69,110,468. | 7,145. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 20,919,247. | 16,435,465. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,036,209,449. | 2,099,053,352. | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,313,259. | 168,640. |
| | 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) | 1,003,203,678. | 962,577,714. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,652,459. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 617,887,795. | 667,941,180. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,622,404,732. | 1,630,687,534. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 413,804,717. | 468,365,818. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 4,849,817,153. | 5,470,375,390. |
| | 21 | Total liabilities (Part X, line 26) | 1,657,762,635. | 1,714,503,037. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 3,192,054,518. | 3,755,872,353. | |

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

| | | |
|------------------|---|--------------------|
| Sign Here | Signature of officer | 11/04/2021 Date |
| | RUTH FOWLER CFO Type or print name and title | |

| | | | | | | |
|-------------------------------|--|--------------------------|--------------------|---|-------------------|--|
| Paid Preparer Use Only | Print/Type preparer's name TRAVIS L PATTON | Preparer's signature | Date 11/03/2021 | 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** (2020)

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.

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

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

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 \$ 1,326,151,692. including grants of \$ 168,640.) (Revenue \$ 1,761,640,843.) ATTACHMENT 1

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,326,151,692.

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)? <i>If "Yes," complete Schedule A.</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> 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? <i>If "Yes," complete Schedule C, Part I.</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | | 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | 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? <i>If "Yes," complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> | 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? <i>If "Yes," complete Schedule D, Part VI.</i> | 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | 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? <i>If "Yes," complete Schedule D, Part IX.</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | 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)? <i>If "Yes," complete Schedule D, Part X.</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | 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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II.</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | X | |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS requirements.

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 [X]

Table with 3 columns: Question number, Description, and Yes/No response. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

| | | Yes | No |
|------------|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 13,009 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note: If "Yes," see instructions and file Form 4720, Schedule N. | X | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (75), 1b (66), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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 employee | Former | | | |
| (1) DONNA HYLAND, PRESIDENT/CEO TRUSTEE - SYS/MAC/FDN/HSOC | 10.00 42.00 | X | | X | | | | 0. | 1,985,749. | 307,400. |
| (2) SAMUEL WILLIMON ORTHOPEDIC SURGEON | 50.00 0. | | | | | X | | 1,217,527. | 0. | 34,241. |
| (3) MICHAEL SCHMITZ ORTHOPEDIC SURGEON | 50.00 0. | | | | | X | | 1,135,619. | 0. | 37,405. |
| (4) RUTH FOWLER CFO/TREASURER - SYSTEM | 10.00 40.00 | | | X | | | | 0. | 1,026,194. | 139,732. |
| (5) DAVID WRUBEL NEUROSURGEON | 50.00 0. | | | | | X | | 1,066,081. | 0. | 32,663. |
| (6) WILLIAM BOYDSTON CHIEF NEUROSURGEON/BRAIN HLTH | 50.00 0. | | | | | X | | 1,055,425. | 0. | 31,541. |
| (7) COLIN BRADY PLASTIC SURGEON | 50.00 0. | | | | | X | | 1,051,376. | 0. | 15,770. |
| (8) RONALD FRIESON COO, TRUSTEE-HSOC & PRES.-FDN | 11.00 40.00 | X | | X | | | | 0. | 761,099. | 103,655. |
| (9) JAMES FORTENBERRY, MD INDIVIDUAL TRUSTEE - FDN | 11.00 40.00 | X | | | | | | 0. | 738,455. | 117,661. |
| (10) DANIEL SALINAS, MD CMO & TRUSTEE- SYSTEM/HSOC | 11.00 40.00 | X | | | | | | 0. | 706,958. | 112,540. |
| (11) LINDA COLE CHIEF NRSING & HOSP OPS OFFCER | 10.00 40.00 | | | | | X | | 0. | 640,175. | 98,541. |
| (12) WILLIAM MAHLE, MD INDIVIDUAL TRUSTEE - SYSTEM | 50.00 1.00 | X | | | | | | 714,310. | 0. | 11,400. |
| (13) LESLIE JONES GEN COUNSEL, SECRETARY-SYS/MAC | 10.00 40.00 | | | X | | | | 0. | 630,110. | 59,813. |
| (14) JOSHUA VOVA, MD INDIVIDUAL TRUSTEE - SYSTEM | 41.00 1.00 | X | | | | | | 417,666. | 0. | 32,863. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) JAMES RILEY INDIV TRUSTEE-HSOC & VP FIN OP | 41.00 10.00 | X | | | | | | 385,275. | 0. | 33,852. |
| (16) LYNN PEREZ INDIV TRUSTEE-MAC & VP OPS MAC | 51.00 0. | X | | | | | | 356,519. | 0. | 31,153. |
| (17) STACEY DEWEESE SVP SYSTEM OPERATIONS | 50.00 0. | | | | X | | | 329,287. | 0. | 30,664. |
| (18) LUCKY JAIN INDIV TRUSTEE-MAC& EX PRAC DIR | 51.00 1.00 | X | | | | | | 354,765. | 0. | 3,709. |
| (19) JILL STRICKLAND SVP PHYSICIAN PRACTICES OPS | 50.00 0. | | | | | | X | 289,799. | 0. | 60,715. |
| (20) SCOTT HODOVAL FORMER KEY EMPLOYEE - FDN | 50.00 0. | | | | | | X | 317,290. | 0. | 3,875. |
| (21) JULIA JONES FORMER KEY EMPLOYEE - HSOC | 50.00 0. | | | | | | X | 278,511. | 0. | 20,531. |
| (22) LORISA WILLIAMS VP NURSING & HOSP OPS - SR | 40.00 10.00 | | | | X | | | 282,010. | 0. | 13,481. |
| (23) CHERYL HEAD VP NURSING & HOSP OPS - ECH | 40.00 10.00 | | | | X | | | 257,800. | 0. | 22,429. |
| (24) SHARON ROBINSON CAMPAIGN PLANNING & SEC - FDN | 40.00 0. | | | X | | | | 158,552. | 0. | 32,751. |
| (25) JANINE MUSHOLT FOUNDATION PRESIDENT | 50.00 0. | | | X | | | | 37,777. | 0. | 2,051. |
| 1b Sub-total | | | | | | | | 9,705,589. | 6,488,740. | 1,390,436. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 9,705,589. | 6,488,740. | 1,390,436. |

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 **1635**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| 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 **214**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) MADELYN ADAMS ----- INDIVIDUAL TRUSTEE - HSOC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (27) AMY HERTZ AGAMI ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (28) MARYAM ALAVI ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (29) PAUL BOWERS ----- INDIVIDUAL TRUSTEE - SYSTEM | 0. 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) CHANTAL BAGWELL ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (31) BRIAN BETKOWSKI ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (32) ELIZABETH BLAKE ----- INDIVIDUAL TRUSTEE - MAC | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (33) STEPHANIE BLANK ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (34) VIRGINIA BREWER ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (35) PAUL BROWN ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) JIMMY CARLOS ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1635**

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

Section B. Independent Contractors

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (37) HELEN CARLOS ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (38) JACK CAY ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (39) STEVE CHADDICK ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (40) MARK CHANCY ----- INDIVIDUAL TRUSTEE- SYS & FDN | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) MICHAEL COTE ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) RICHARD COURTS ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (43) JAY CUNNINGHAM ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (44) ALAN DAHL ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) ALLISON DUKES ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (46) JOHN DYER ----- INDIVIDUAL TRUSTEE- SYS & MAC | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (47) ALLEN ECKER ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1635**

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

Section B. Independent Contractors

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (48) WALT EHMER ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (49) SARAH FANNING ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (50) KRISTINE FAULKNER ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (51) NICK FLETCHER ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (52) MARIE FOSTER ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (53) LIGE GILLIS ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (54) MARK GILREATH ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (55) ERNEST GREER ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (56) MARK GRIFFITHS, MD ----- INDIVIDUAL TRUSTEE - HSOC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (57) MATTHEW GUFFEY ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (58) TOMMY HOLDER ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1635

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

Section B. Independent Contractors

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (59) MARY ELLEN IMLAY ----- INDIVIDUAL TRUSTEE - FDN | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (60) CAROLINE JEFFORDS ----- INDIVIDUAL TRUSTEE - MAC | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (61) MARK KAUFFMAN ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 ----- 1.00 | X | | | | | | 0. | 0. | 0. |
| (62) AMI KLIN ----- INDIVIDUAL TRUSTEE - MAC | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (63) WONYA LUCAS ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 ----- 1.00 | X | | | | | | 0. | 0. | 0. |
| (64) FREDERICK R. MARCUS, PHD ----- INDIVIDUAL TRUSTEE - MAC | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (65) KEITH MASON ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 ----- 1.00 | X | | | | | | 0. | 0. | 0. |
| (66) CEDRIC MILLER, MD ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 ----- 1.00 | X | | | | | | 0. | 0. | 0. |
| (67) ASHISH MISTRY ----- INDIVIDUAL TRUSTEE - FDN | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (68) HALA MODDELMOG ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 ----- 1.00 | X | | | | | | 0. | 0. | 0. |
| (69) CHRIS MOFFETT ----- INDIVIDUAL TRUSTEE - MAC | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1635

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

Section B. Independent Contractors

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (70) JACKIE MONTAG ----- INDIVIDUAL TRUSTEE - HSOC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (71) CHARLES OGBURN ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (72) BEATRIZ PEREZ ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (73) HELEN SMITH PRICE ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (74) ASIF RAMJI ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (75) TRIPP RAWLS ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (76) TONY RICH ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (77) JOHN RICHERT ----- INDIVIDUAL TRUSTEE - FDN | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (78) LIN ROGERS ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (79) REBECCA ROULAND ----- INDIVIDUAL TRUSTEE - MAC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (80) LOVETTE RUSSELL ----- INDIVIDUAL TRUSTEE - FDN/HSOC | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1635

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

Section B. Independent Contractors

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (81) DAVID SAPP ----- INDIVIDUAL TRUSTEE - MAC | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (82) JEFF SEAMAN ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 ----- 1.00 | X | | | | | 0. | 0. | 0. | |
| (83) CAMERON SHERRILL ----- INDIVIDUAL TRUSTEE - FDN | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (84) LARRY SMITH ----- INDIVIDUAL TRUSTEE - MAC | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (85) JESSE SPIKES ----- INDIVIDUAL TRUSTEE - HSOC | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (86) JOHN STEPHENSON ----- INDIVIDUAL TRUSTEE - FDN | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (87) ANDREW SULLIVAN ----- INDIVIDUAL TRUSTEE - FDN | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (88) MARCIA TAYLOR ----- INDIVIDUAL TRUSTEE - FDN | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (89) DAVID TOOLAN ----- INDIVIDUAL TRUSTEE - MAC | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (90) STEVE TOSONE ----- INDIVIDUAL TRUSTEE - SYSTEM | 1.00 ----- 1.00 | X | | | | | 0. | 0. | 0. | |
| (91) TYLER WOOLSON ----- INDIVIDUAL TRUSTEE - FDN | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1635**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|-------------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 1,895,635. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) . . | 1e 81,065,189. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f 249,731,836. | | | | |
| | g Noncash contributions included in lines 1a-1f. | 1g \$ 2,016,116. | | | | |
| | h Total. Add lines 1a-1f | | 332,692,660. | | | |
| | Program Service Revenue | | Business Code | | | |
| 2a NET PATIENT SERVICE REVENUE | | 622310 | 1,692,978,637. | 1,692,978,637. | | |
| b GRADUATE MEDICAL FUNDING | | 622310 | 9,522,728. | 9,522,728. | | |
| c STATE NEONATE INCOME | | 622310 | 3,945,354. | 3,945,354. | | |
| d MANAGEMENT SERVICE FEE | | 622310 | 42,404,671. | 42,404,671. | | |
| e OTHER | | 622310 | 1,066,692. | 1,066,692. | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 1,749,918,082. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | | -2,149,429. | | -2,149,429. | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0. | | | |
| | 5 Royalties | | 0. | | | |
| | 6a Gross rents | 6a | (i) Real | | | |
| | | | (ii) Personal | | | |
| | | | 2,743,757. | | | |
| | b Less: rental expenses | 6b | 6,381,919. | | | |
| | c Rental income or (loss) | 6c | -3,638,162. | | | |
| | d Net rental income or (loss) | | | -3,638,162. | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | |
| | | | (ii) Other | | | |
| | | | 570,481. | 3,656,140. | | |
| | b Less: cost or other basis and sales expenses | 7b | | 2,070,047. | | |
| | c Gain or (loss) | 7c | 570,481. | 1,586,093. | | |
| | d Net gain or (loss) | | | 2,156,574. | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | 1,895,635. | 9,964,812. | | | |
| | | | 1,730,416. | | | |
| b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events. | | | 8,234,396. | 8,234,396. | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | 116,470. | | | |
| | | | 0. | | | |
| | | | | 116,470. | 116,470. | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities. | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 0. | | | |
| | | | 0. | | | |
| | | | | 0. | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory. | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| | 11a GIFT SHOPS | 900099 | 1,180,838. | 1,180,838. | | |
| | b PARKING | 900099 | 950,820. | 950,820. | | |
| | c MEANINGFUL USE | 900099 | 383,801. | 383,801. | | |
| | d All other revenue | | 9,207,302. | 9,207,302. | | |
| e Total. Add lines 11a-11d | | 11,722,761. | | | | |
| 12 Total revenue. See instructions | | 2,099,053,352. | 1,761,640,843. | | 4,719,849. | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 158,640. | 158,640. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 10,000. | 10,000. | | |
| 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 | 2,216,205. | 2,024,902. | 9,565. | 181,738. |
| 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 | 797,976,807. | 646,064,261. | 145,616,717. | 6,295,829. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 42,261,096. | 35,435,271. | 6,825,825. | |
| 9 Other employee benefits | 74,062,878. | 59,757,517. | 12,908,166. | 1,397,195. |
| 10 Payroll taxes | 46,060,728. | 38,621,203. | 7,439,525. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0. | | | |
| b Legal | 945,034. | 187,072. | 757,962. | |
| c Accounting | 416,212. | | 416,212. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 301,511. | | 301,511. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 11,223,343. | 9,425,583. | 1,157,801. | 639,959. |
| 12 Advertising and promotion | 3,574,440. | 885,188. | 2,558,801. | 130,451. |
| 13 Office expenses | 10,936,940. | 6,354,438. | 3,842,074. | 740,428. |
| 14 Information technology. | 37,571,426. | 30,668,368. | 6,901,918. | 1,140. |
| 15 Royalties. | 0. | | | |
| 16 Occupancy | 22,924,279. | 14,970,986. | 7,952,995. | 298. |
| 17 Travel | 813,709. | 499,427. | 255,841. | 58,441. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 5,155,017. | 2,624,771. | 2,413,447. | 116,799. |
| 20 Interest | 18,510,111. | 5,108. | 18,505,003. | |
| 21 Payments to affiliates. | 0. | | | |
| 22 Depreciation, depletion, and amortization | 98,260,486. | 73,210,658. | 25,047,658. | 2,170. |
| 23 Insurance | 17,463,448. | 5,855,227. | 11,608,221. | |
| 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 | 196,605,130. | 195,220,975. | 1,384,155. | |
| b PURCHASED SVCS-MEDICAL | 45,520,426. | 45,520,426. | | |
| c BAD DEBT EXPENSE | 29,042,209. | 29,042,209. | | |
| d PURCHASED SVCS-NON MED | 68,208,781. | 29,544,941. | 34,979,986. | 3,683,854. |
| e All other expenses | 100,468,678. | 100,064,521. | | 404,157. |
| 25 Total functional expenses. Add lines 1 through 24e | 1,630,687,534. | 1,326,151,692. | 290,883,383. | 13,652,459. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|---------------------------|----------------|----------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 283,896,661. | 1 | 150,218,726. |
| | 2 Savings and temporary cash investments. | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 102,389,900. | 3 | 267,879,144. |
| | 4 Accounts receivable, net. | 233,284,447. | 4 | 289,521,073. |
| | 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 | 25,192,326. | 8 | 27,921,966. |
| | 9 Prepaid expenses and deferred charges | 19,908,397. | 9 | 19,051,865. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,242,070,067. | | |
| | b Less: accumulated depreciation. | 10b 965,430,043. | | |
| | | 1,098,534,122. | 10c | 1,276,640,024. |
| | 11 Investments - publicly traded securities. | 965,221,544. | 11 | 771,037,514. |
| | 12 Investments - other securities. See Part IV, line 11. | 169,962,431. | 12 | 178,495,100. |
| | 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 | 1,951,427,325. | 15 | 2,489,609,978. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 4,849,817,153. | 16 | 5,470,375,390. | |
| Liabilities | 17 Accounts payable and accrued expenses. | 241,849,190. | 17 | 312,223,595. |
| | 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 | 1,415,913,445. | 25 | 1,402,279,442. |
| | 26 Total liabilities. Add lines 17 through 25. | 1,657,762,635. | 26 | 1,714,503,037. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 2,593,943,711. | 27 | 3,087,054,978. |
| | 28 Net assets with donor restrictions. | 598,110,807. | 28 | 668,817,375. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund. | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds. | | 31 | |
| 32 Total net assets or fund balances | 3,192,054,518. | 32 | 3,755,872,353. | |
| 33 Total liabilities and net assets/fund balances. | 4,849,817,153. | 33 | 5,470,375,390. | |

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 | 2,099,053,352. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,630,687,534. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 468,365,818. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,192,054,518. |
| 5 | Net unrealized gains (losses) on investments | 5 | 31,138,621. |
| 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 | 64,313,396. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 3,755,872,353. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 607,770,862.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 56.54%. Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 82.61%.

16a 33 1/3% support test - 2020. 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. [X]
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,870,000. | 8,364,000. | 8,245,000. | 9,797,000. | 7,502,000. | 43,778,000. |
| 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 | 5,424,000. | 6,164,000. | 5,878,000. | 11,805,000. | 13,911,000. | 43,182,000. |
| 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 | 15,294,000. | 14,528,000. | 14,123,000. | 21,602,000. | 21,413,000. | 86,960,000. |
| 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.) | | | | | | 86,960,000. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6. | 15,294,000. | 14,528,000. | 14,123,000. | 21,602,000. | 21,413,000. | 86,960,000. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | 256,000. | 352,000. | 283,000. | 891,000. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | | | 256,000. | 352,000. | 283,000. | 891,000. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | 0. | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 66,000. | 195,000. | 400,000. | 675,000. | 764,000. | 2,100,000. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 15,360,000. | 14,723,000. | 14,779,000. | 22,629,000. | 22,460,000. | 89,951,000. |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 96.67% |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15. | 16 | 97.40% |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|------|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). | 17 | .99% |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 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. | | |

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). | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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. | | |

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|---|----------|--|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|---|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2020 | | |
| a | From 2015 | | |
| b | From 2016 | | |
| c | From 2017 | | |
| d | From 2018 | | |
| e | From 2019 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2020 distributable amount | | |
| i | Carryover from 2015 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2020 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2016 | | |
| b | Excess from 2017 | | |
| c | Excess from 2018 | | |
| d | Excess from 2019 | | |
| e | Excess from 2020 | | |

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

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 II

PROR YEAR AMOUNTS HAVE BEEN RESTATED TO ALIGN WITH CURRENT YEAR

METHODOLOGY AND MORE ACCURATELY REFLECT THE AMOUNTS RELATED TO GROUP

MEMBERS REQUIRED TO COMPLETE PART II.

SCHEDULE A, PART II, LINE 12

OTHER INCOME

AMOUNTS REPORTED ARE RELATED TO CHANGE IN VALUATION FOR CHARITABLE GIFT

ANNUITIES.

SCHEDULE A, PART III

PROR YEAR AMOUNTS HAVE BEEN RESTATED TO ALIGN WITH CURRENT YEAR

METHODOLOGY AND MORE ACCURATELY REFLECT THE AMOUNTS RELATED TO GROUP

MEMBERS REQUIRED TO COMPLETE PART III.

SCHEDULE A, PART III, LINE 12

OTHER INCOME

AMOUNTS REPORTED ARE RELATED TO REVENUE FROM SCHOOL/PRESCHOOL SERVICES AT

MARCUS AUTISM CENTER ("MAC"), RENTAL REVENUE FROM EMORY'S USE OF MAC

FACILITIES, AND OTHER MISCELLANEOUS REVENUE.

Schedule of Contributors

2020

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 | N/A | \$ 8,238,676. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A | \$ 200,010,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A | \$ 10,035,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A | \$ 10,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A | \$ 6,884,246. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | N/A | \$ 68,293,342. | 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 II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for line 2(d) with columns 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

Schedule D (Form 990) 2020

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
b Permanent endowment 91.8500 %
c Term endowment 8.1500 %

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 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.

Table with 2 columns: (a) Description, (b) Book value. Rows include IC RECEIVALBES FROM PARENT, DEPOSITS/NON CURRENT ASSETS, and Total.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, BONDS, LONG TERM INSURANCE RESERVES, etc.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final summary column.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final summary column.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

THE PERMANENTLY RESTRICTED ENDOWMENT BALANCE INCLUDES \$57,890,722 OF EGGLESTON'S BENEFICIAL INTEREST IN TRUSTS AND \$120,154,479 OF SCOTTISH RITE'S BENEFICIAL INTEREST IN TRUSTS. CHILDREN'S IS THE PRIMARY BENEFICIARY OF THE PROPORTIONAL INCOME FROM CERTAIN PERPETUAL THIRD-PARTY TRUSTS. CHILDREN'S HAS NO ACCESS TO THE CORPUS OF THESE TRUSTS AND HAS LIMITED INPUT INTO, AND ONLY IN SOME CASES, THE INVESTMENT MIX OF THE UNDERLYING FUNDS HELD BY THE TRUSTS. THE ESTIMATED PRESENT VALUE OF FUTURE DISTRIBUTIONS TO BE RECEIVED FROM THESE TRUSTS IS USED FOR VALUATION PURPOSES. ALL ENDOWMENT FUNDS ARE COMPRISED OF PUBLICLY TRADED AND MARKETABLE SECURITIES, WITH THE EXCEPTION OF THE SCOTTISH RITE BENEFICIAL INTERESTS IN TRUSTS, WHICH ARE CLASSIFIED AS OTHER SECURITIES. ENDOWMENT FUNDS ARE UTILIZED TO PROVIDE FINANCIAL SUPPORT FOR CLINICAL, RESEARCH, TEACHING, AND WELLNESS INITIATIVES AND PROGRAMS, INCLUDING A DESIGNATED PORTION FOR CHARITY CARE SERVICES.

SCHEDULE D, PART X

DESCRIPTION OF OTHER LIABILITIES

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

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

Part XIII Supplemental Information *(continued)*

ATLANTA, INC., EIN 58-2367819.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|--------------|--------------|------------------|---------------------------------|
| | | GALA | PARTY | 79. | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 1,292,100. | 572,828. | 9,995,519. | 11,860,447. |
| | 2 Less: Contributions | 344,250. | 371,170. | 1,180,215. | 1,895,635. |
| | 3 Gross income (line 1 minus line 2) | 947,850. | 201,658. | 8,815,304. | 9,964,812. |
| Direct Expenses | 4 Cash prizes | | | 591. | 591. |
| | 5 Noncash prizes | | | 11,633. | 11,633. |
| | 6 Rent/facility costs | 20,000. | 31,161. | 57,690. | 108,851. |
| | 7 Food and beverages | 28,927. | | 8,999. | 37,926. |
| | 8 Entertainment | 2,750. | 1,000. | 3,077. | 6,827. |
| | 9 Other direct expenses | 216,889. | 140,450. | 1,207,249. | 1,564,588. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 1,730,416. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 8,234,396. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------|--|--|---|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | 116,470. |

9 Enter the state(s) in which the organization conducts gaming activities: GA,
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

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

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

Name ▶ ANTHONY MEADOWS

Address ▶ 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ DENISE BARNES

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ EMPLOYEE/INDEPENDENT

Director/officer Employee Independent contractor

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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) | | | 30,100,522. | | 30,100,522. | 1.88 |
| b Medicaid (from Worksheet 3, column a) | | | 756,565,914. | 628,491,310. | 128,074,604. | 8.00 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 786,666,436. | 628,491,310. | 158,175,126. | 9.88 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 26,794,248. | 3,565,204. | 23,229,044. | 1.45 |
| f Health professions education (from Worksheet 5) | | | 30,898,108. | 17,750,826. | 13,147,282. | .82 |
| g Subsidized health services (from Worksheet 6) | | | 53,220,003. | 28,050,870. | 25,169,133. | 1.57 |
| h Research (from Worksheet 7) | | | 104,620,230. | 24,050,071. | 80,570,159. | 5.03 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 13,441. | | 13,441. | |
| j Total. Other Benefits | | | 215,546,030. | 73,416,971. | 142,129,059. | 8.87 |
| k Total. Add lines 7d and 7j | | | 1,002,212,466. | 701,908,281. | 300,304,185. | 18.75 |

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 | | | 25,110. | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 25,110. | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

| | | |
|---|---|------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 5,842,233. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 5,843,312. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -1,079. |
| 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

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

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 SEE PART VI | OUTPATIENT SURGERY CENTER | 52.00000 | | 48.00000 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)
 How many hospital facilities did the organization operate during the tax year? 2

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

| | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 EGGLESTON CHILDREN'S HOSPITAL 1405 CLIFTON ROAD NE ATLANTA GA 30322 CHOA.ORG 044-079 | X | | | | | | | | | A |
| 2 SCOTTISH RITE CHILDREN'S MEDICAL CTR 1001 JOHNSON FERRY ROAD NE ATLANTA GA 30342 CHOA.ORG 060-303 | X | | | | | | | | | A |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group 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 | | Yes | No |
|-----------------------------------|--|-----|----|
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | X |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | X |
| 3 | During the tax year or either of the 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): | X | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | X | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | X |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | X | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u> | | |
| b | <input type="checkbox"/> Other website (list url): _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | X | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | X | |
| a | If "Yes," (list url): <u>SEE PART V, SECTION C</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | X |
| b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

| | | Yes | No |
|---|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | X | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>235.0000</u> % and FPG family income limit for eligibility for discounted care of <u>340.0000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input type="checkbox"/> Underinsurance status | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | X | |
| 15 | Explained the method for applying for financial assistance? | X | |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of 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? | X | |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Billing and Collections

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

| | | Yes | No |
|--|-----------|-----|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 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) | | | |

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 5

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

LIST OF CHNA CONTRIBUTORS

1 ROY BENAROCHE, MD

PEDIATRICIAN

PEDIATRIC PHYSICIANS, PC

2 CHERYL BENEFIELD

PROGRAM MANAGER

GEORGIA DEPARTMENT OF EDUCATION

3 HELENA BENTLEY, MD

PHYSICIAN

KIDCARE PEDIATRICS, LLC

4 KERI BERRY, LPN

SCHOOL HEALTH PROFESSIONAL

DENMARK HIGH SCHOOL

Part V Facility Information (continued)

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

5 TIFFINI BILLINGSLY

MEDICAL DIRECTOR

PREMIER PEDIATRIC ASSOCIATES

6 FIONA BLAIR

PHYSICIAN-OWNER

ABC PEDIATRIC GROUP

7 DANITA BREEDEN, RN

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CHICKAMAUGA CITY SCHOOLS

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10 JENNIFER CANTRELL

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CORNERSTONE PEDIATRICS

11 ALICIA CARDWELL-ALSTON

Part V Facility Information (continued)

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

DISTRICT COMMUNICATIONS DIRECTOR

FULTON COUNTY BOARD OF HEALTH

12 GWEN CHAMBERS, RN

LEAD NURSE/SCHOOL HEALTH PROFESSIONAL

CHEROKEE COUNTY SCHOOL DISTRICT

13 RAJANI CHAUDHARI, MD

PHYSICIAN

RAJANI CHAUDHARI MD PC

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PHYSICIAN

MOREHOUSE HEALTHCARE

15 MARK COKER, MD

PHYSICIAN

COKER PEDIATRICS

16 TIM COLEY

DIRECTOR

PARKS & RECREATION

17 JEFF COOPER, MD

PEDIATRICIAN

Part V Facility Information (continued)

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

COOPER PEDIATRICS

18 CATHERINE CRENSON, PA

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SUN PEDIATRICS

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DEPUTY DIRECTOR

COBB & DOUGLAS PUBLIC HEALTH

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PEDIA-DOC

21 LORI DESOUTTER, MD

PEDIATRICIAN

PEDIATRIC ASSOCIATES OF NORTH ATLANTA

22 JESSICA DOYLE, MD

PEDIATRICIAN

OAKHURST PEDIATRICS

23 MISSY DUGAN

CEO

BOYS & GIRLS CLUBS OF METRO ATLANTA

Part V Facility Information (continued)

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

24 TARA ECHOLS

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GNR HEALTH

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DIRECTOR, GWINNETT COUNTY DEPARTMENT OF COMMUNITY SERVICES

GWINNETT COUNTY

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PROGRAM MANAGER

CITY OF SOUTH FULTON PARKS AND RECREATION

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SCHOOL CLINIC WORKER

GCPS

29 LESTER A FREEMAN, MD

PEDIATRICIAN

TEENS, LITTLE ONES & CHILDREN PEDIATRICS, LLC

Part V Facility Information (continued)

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

30 FAY FULTON

EXECUTIVE VICE PRESIDENT

GEORGIA ACADEMY OF FAMILY PHYSICIANS

31 ANN GOEHE

SPECIAL EDUCATION NURSE

DEKALB SCHOOLS

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SCHOOL HEALTH PROFESSIONAL

FORSYTH COUNTY SCHOOLS

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PHYSICIAN

ABC PEDIATRICS

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SCHOOL HEALTH PROFESSIONAL

SHILOH POINT ELEMENTARY

36 MONCIA HOLZWARTH, MD

Part V Facility Information (continued)

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

PHYSICIAN

PEDIATRIC AND ADOLESCENT HEALTHCARE

37 DR. ANGELA HARRISON-COLLIER

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CLAYTON COUNTY PUBLIC SCHOOLS

38 SHARON HOWELL

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FORSYTH COUNTY BOE

39 JASMINE HUGHEY

PARAPROFESSIONAL

HENRY COUNTY BOE

40 LINDSEY JORSTAD

OUTREACH MANAGER

GWINNETT COUNTY DEPARTMENT OF COMMUNITY SERVICES

41 MICHAEL JUSTUS

DIRECTOR, PARKS, RECREATION AND CULTURAL AFFAIRS

PAULDING COUNTY BOARD OF COMMISSIONERS

42 ABIGAIL KAMISHLIAN, MD

PHYSICIAN

Part V Facility Information (continued)

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

DAFFODIL PEDIATRICS

43 KIMBERLY KARLIN

LEAD NURSE/SCHOOL HEALTH PROFESSIONAL

RCPS

44 CHERYL KENDALL

PHYSICIAN

WE CARE PEDIATRIC AND ADOLESCENT GROUP

45 SHELLEY KIM, MD

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LITTLE FIVE POINTS PEDIATRICS

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FAYETTE COUNTY SCHOOLS

47 VICKI KNIGHT-MATHIS, MD

PHYSICIAN

DV PEDIATRICS

48 SHIRLETA LAWRENCE

SCHOOL DIRECTOR

SHELTERING ARMS

Part V Facility Information (continued)

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

49 RICHARD LEVITT, MD

PHYSICIAN

NORTH FULTON PEDIATRICS

50 BOB LICATA, MD

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51 VALERIE LOVEJOY

FAMILY CHILD CARE PROVIDER

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ELEMENTARY CLINIC ASSISTANT

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STATE WIC DIRECTOR

GA DPH - WIC

54 KHAWAJA MAHMOOD

ASSOCIATE PROFESSOR OF PEDIATRICS

MOUNTAINSIDE PEDS

55 CAROL MARTIN

Part V Facility Information (continued)

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

LEAD NURSE

NEWTON COUNTY SCHOOLS

56 DAN MATHEWS

COO

CAMP TWIN LAKES

57 REBECCA MCWALTERS

SCHOOL HEALTH PROFESSIONAL

FORSYTH COUNTY SCHOOLS

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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

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EXECUTIVE DIRECTOR, SCHOOL OPERATIONS

CHEROKEE COUNTY SCHOOL DISTRICT

66 JOHN MYNATT, MD

PHYSICIAN

LOCUST GROVE PEDIATRICS, LLC

67 DORSEY NORWOOD, MD

PEDIATRICIAN

LIFE CYCLE PEDIATRICS, LLC

Part V Facility Information (continued)

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

68 WANDE OKUNOREN-MEADOWS

EARLY CHILDHOOD PROGRAM ADMINISTRATOR

LITTLE ONES LEARNING CENTER

69 TAMARA OLAGBEGI

SITE DIRECTOR

OUR HOUSE

70 KOLA OLOGUNJA

SPECTRUM PEDIATRIC GROUP

71 J. PATRICK O'NEAL

RETIRED

DPH

72 JULIE OPEKA

CPNP

GRAYSON PEDIATRICS

73 JILL OVERCASH, MD

PRACTICE OWNER AND PEDIATRICIAN

ALL ABOUT KIDS PEDIATRICS

74 WILLIAM PAYNE, MD

Part V Facility Information (continued)

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

PEDIATRICIAN

CARTERSVILLE PEDIATRIC ASSOCIATES

75 ROBERT PLATNER, MD

PEDIATRICIAN AND PRACTICE OWNER

OLD FOURTH WARD PEDIATRICS (HAMMAD & PLATNER)

76 C. PLEASANT

CHILDCARE PROVIDER

PLEASANT FAMILY CHILDCARE

77 BENTLEY PONDER

DEPUTY COMMISSIONER, QUALITY INNOVATIONS AND PARTNERSHIPS

GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

78 DARRIA PRINTUP

EDUCATION DISABILITIES SPECIALIST

EASTER SEALS NORTH GA

79 JIM PRYOR

DIRECTOR OF PARKS & RECREATION

FORSYTH COUNTY GOVERNMENT

80 PAMELA QUATTLEBAUM, RN

SCHOOL HEALTH PROFESSIONAL

Part V Facility Information (continued)

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

ROCKDALE CO. PUBLIC SCHOOLS- SHOAL CREEK ELEMENTARY

81 GHAZALA QURAIISHI, MD

PHYSICIAN

CRESCENT NEUROLOGY AND SLEEP

82 MICHELLE RAINES

HR DIRECTOR

DEKALB COUNTY BOARD OF HEALTH

83 JOSEPH ROSENFELD, MD

PHYSICIAN

SNAPFINGER WOODS PEDIATRICS

84 CONNIE RUSSELL

DISTRICT PROGRAM DIRECTOR

GWINNETT, NEWTON AND ROCKDALE COUNTY HEALTH DEPARTMENTS

85 ADRIANA RZEZNIK, MD

PEDIATRICIAN

WOODSTOCK PEDIATRIC MEDICINE

86 MARIBEL ANGKA SERVERA, MD

PHYSICIAN

MAIN STREET IM & PEDS PC

Part V Facility Information (continued)

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

87 HAL SCHERZ

MANAGING PARTNER & PRESIDENT

GEORGIA UROLOGY

88 LUQMAN SEIDU, MD

PHYSICIAN

OMNI ALLERGY IMMUNOLOGY

89 SONIA SERRANO

BILLER/CERTIFIED MEDICAL ASSISTANT

WESTSIDE PEDIATRICS

90 ALLISON SETTERLIND

GEORGIA HEAD START COLLABORATION DIRECTOR

GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

91 ANU SHETH, MD

PHYSICIAN

PEDIATRIC ASSOCIATES OF LAWRENCEVILLE

92 GERALD SILVERBOARD, MD

PHYSICIAN

93 RON SMITH, MD

Part V Facility Information (continued)

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

PHYSICIAN OWNER

STORYBOOK PEDIATRICS

94 KELLY SPANGLER, RN

SCHOOL HEALTH PROFESSIONAL

FORSYTH COUNTY SCHOOLS

95 TERESA TATUM

SCHOOL HEALTH PROFESSIONAL

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COORDINATOR

FULTON COUNTY SCHOOL NUTRITION PROGRAM

97 ASHLEE TELI

PROGRAM DIRECTOR

LITTLE SUNSHINE'S PLAYHOUSE

98 CHERYL TILLMAN, RN

LEAD NURSE/SCHOOL HEALTH PROFESSIONAL

WALTON COUNTY SCHOOLS

99 MICHAEL TIM, MD

PHYSICIAN

Part V Facility Information (continued)

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

100 CONNIE TRENT

HEALTH SERVICES FACILITATOR

FORSYTH COUNTY SCHOOLS

101 YASMIN TYLER-HILL

CHAIR DEPT OF PEDIATRICS

MOREHOUSE SCHOOL OF MEDICINE

102 PHIL WEISS, MD

PHYSICIAN

NORTH ATLANTA PEDIATRICS

103 ROBERT WHIPPLE, MD

PHYSICIAN

104 LATRICE WILLIAMS

SCHOOL HEALTH PROFESSIONAL

ATLANTA PUBLIC SCHOOL DISTRICT

105 DOUGLAS WILLIAMS, MD

PEDIATRICIAN

GEORGETOWN PEDIATRICS

106 MELINDA WILLINGHAM

Part V Facility Information (continued)

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

PHYSICIAN OWNER

DECATUR PEDIATRIC GROUP

107 BOB WISKIND, MD

PHYSICIAN

PEACHTREE PARK PEDIATRICS

THE CHNA SURVEY AND QUALITATIVE INTERVIEWS WERE COMPLETED FROM MAY 15, 2019 TO SEPTEMBER 15, 2019. THE SURVEY WAS COMPLETED BY INDIVIDUALS REPRESENTING THE INTERESTS OF THE PEDIATRIC COMMUNITY IN THE GREATER METROPOLITAN ATLANTA REGION, INCLUDING CHILDREN OF ALL AGES, RACES, ETHNICITIES, INCOME LEVELS AND INSURANCE STATUSES. THESE INDIVIDUALS ALSO REPRESENT EACH OF THE 18 COUNTIES IN CHILDREN'S 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

OUR IMPLEMENTATION STRATEGY

UNIQUE AND DETAILED IMPLEMENTATION PLANS FOR EGLESTON AND SCOTTISH RITE HOSPITALS ARE INCLUDED IN THE CHNA REPORT LOCATED AT WWW.CHOA.ORG OR AT

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

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

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.

IN THE COMMUNITY THAT ARE ADDRESSING THESE NEEDS, AS WELL.

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, FROM 2020-2022, 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

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:

Part V Facility Information (continued)

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

[HTTPS://WWW.CHOA.ORG/-/MEDIA/FILES/CHILDRENS/PATIENTS/BILLS-AND-INSURANCE/
2021-FINANCIAL-ASSISTANCE-POLICY-ENGLISH.PDF](HTTPS://WWW.CHOA.ORG/-/MEDIA/FILES/CHILDRENS/PATIENTS/BILLS-AND-INSURANCE/2021-FINANCIAL-ASSISTANCE-POLICY-ENGLISH.PDF)

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.

SCHEDULE H, PART V, SECTION D

NON-HOSPITAL HEALTH CARE FACILITIES

THE NON-HOSPITAL HEALTH CARE FACILITIES LISTED PROVIDE SERVICES TO
PATIENTS ON AN OUTPATIENT BASIS. THESE SERVICES VARY BY LOCATION AND
FACILITY AND MAY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING: URGENT
CARE SERVICES, REHABILITATION, DIAGNOSTIC AND TREATMENT SERVICES,
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? 39

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 1 CENTER FOR ADVANCED PEDIATRICS 1400 TULLIE ROAD NE ATLANTA GA 30329 | OUTPATIENT SERVICES |
| 2 MARCUS AUTISM CENTER 1920 BRIARCLIFF ROAD ATLANTA GA 30329 | OUTPATIENT SERVICES |
| 3 CHILDREN'S OUTPATIENT SURG CTR SAT BLVD 2620 SATELLITE BOULEVARD DULUTH GA 30096 | OUTPATIENT SERVICES |
| 4 CHILDREN'S AT MEDICAL OFFICE BUILDING 5455 MERIDIAN MARK ROAD NE ATLANTA GA 30342 | OUTPATIENT SERVICES |
| 5 CHILDREN'S AT TOWN CENTER 625 BIG SHANTY ROAD NW KENNESAW GA 30144 | OUTPATIENT SERVICES |
| 6 CHILDREN'S SPECIAL SERVICES 2015 UPPERGATE DRIVE ATLANTA GA 30322 | OUTPATIENT SERVICES |
| 7 CHILDREN'S AT MERIDIAN MARK, LLC 5445 MERIDIAN MARK ROAD NE ATLANTA GA 30342 | OUTPATIENT SERVICES |
| 8 CHILDREN'S AT FORSYTH 410 PEACHTREE PARKWAY CUMMING GA 30041 | OUTPATIENT SERVICES |
| 9 CHILDREN'S AT NORTH DRUID HILLS 1605 CHANTILLY DRIVE NE ATLANTA GA 30324 | OUTPATIENT SERVICES |
| 10 CHILDREN'S AT SATELLITE BOULEVARD 2660 SATELLITE BOULEVARD DULUTH GA 30096 | OUTPATIENT SERVICES |

Schedule H (Form 990) 2020

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 WEBB BRIDGE 3155 NORTH POINT PARKWAY, BUILDING A ALPHARETTA GA 30005 | OUTPATIENT SERVICES |
| 2 CHILDREN'S AT HUDSON BRIDGE 1510 HUDSON BRIDGE ROAD STOCKBRIDGE GA 30281 | OUTPATIENT SERVICES |
| 3 CHILDREN'S AT MOUNT VERNON HIGHWAY 859 MOUNT VERNON HIGHWAY, SUITE 300 ATLANTA GA 30328 | OUTPATIENT SERVICES |
| 4 CHILDREN'S AT HAMILTON CREEK 2240 HAMILTON CREEK PARKWAY, SUITE 600 DACULA GA 30019 | OUTPATIENT SERVICES |
| 5 CHILDREN'S AT FAYETTE 1265 HIGHWAY 54 WEST, SUITE 200 ATHENS GA 30214 | OUTPATIENT SERVICES |
| 6 NORTHSIDE PROFESSIONAL CENTER 975 JOHNSON FERRY ROAD NE ATLANTA GA 30342 | OUTPATIENT SERVICES |
| 7 CHILDREN'S AT HOUSTON MILL 1547 CLIFTON ROAD, SUITE 200 DECATUR GA 30322 | OUTPATIENT SERVICES |
| 8 CHILDREN'S AT CHEROKEE 1558 RIVERSTONE PARKWAY, SUITE 100 CANTON GA 30114 | OUTPATIENT SERVICES |
| 9 CHILDREN'S AT DULUTH 2270 DULUTH HIGHWAY 120 DULUTH GA 30097 | OUTPATIENT SERVICES |
| 10 CHILDREN'S AT CHAMBLEE-BROOKHAVEN 5080 PEACHTREE BLVD., SUITE 100 BROOKHAVEN GA 30341 | OUTPATIENT SERVICES |

Schedule H (Form 990) 2020

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 NORTHPOINT 3795 MANSELL ROAD ALPHARETTA GA 30022 | OUTPATIENT SERVICES |
| 2 PRIMARY CARE CENTER OF CHAMBLEE 4166 BUFORD HIGHWAY ATLANTA GA 30345 | OUTPATIENT SERVICES |
| 3 DAY REHABILITATION CENTER 993-F JOHNSON FERRY ROAD NE, SUITE 260 ATLANTA GA 30342 | OUTPATIENT SERVICES |
| 4 CHILDREN'S AT OLD MILTON PARKWAY 3300 OLD MILTON PARKWAY ALPHARETTA GA 30005 | OUTPATIENT SERVICES |
| 5 THOMASVILLE 100 MIMOSA DRIVE THOMASVILLE GA 31792 | OUTPATIENT SERVICES |
| 6 CHILDREN'S AT IVY WALK 1675 CUMBERLAND PARKWAY, SUITE 305 SMYRNA GA 30080 | OUTPATIENT SERVICES |
| 7 CHILDREN'S AT SNELLVILLE 2220 WISTERIA DRIVE, SUITE 201 SNELLVILLE GA 30078 | OUTPATIENT SERVICES |
| 8 ATHENS-HAWTHORNE AVENUE 1000 HAWTHORNE AVE., SUITE S ATHENS GA 30606 | OUTPATIENT SERVICES |
| 9 ATHENS-OCONEE CAMPUS 1181 LANGFORD DRIVE, BLDG 200, STE 101 WATKINSVILLE GA 30677 | OUTPATIENT SERVICES |
| 10 CHILDREN'S AT EXECUTIVE PARK 6 EXECUTIVE PARK DRIVE NE ATLANTA GA 30329 | OUTPATIENT SERVICES |

Schedule H (Form 990) 2020

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 MARIETTA 175 WHITE STREET MARIETTA GA 30060 | OUTPATIENT SERVICES |
| 2 CHILDREN'S AT EAST COBB 1255 JOHNSON FERRY ROAD, SUITE 2 MARIETTA GA 30068 | OUTPATIENT SERVICES |
| 3 COLUMBUS 705 17TH ST., SUITE 406 COLUMBUS GA 31901 | OUTPATIENT SERVICES |
| 4 BUFORD 2914 VINSON COURT BUFORD GA 30518 | OUTPATIENT SERVICES |
| 5 MACON 4660 RIVERSIDE PARK BLVD. MACON GA 31210 | OUTPATIENT SERVICES |
| 6 VILLA RICA 705 DALLAS HIGHWAY, SUITE 301 VILLA RICA GA 30180 | OUTPATIENT SERVICES |
| 7 ATHENS-ST. MARY'S 1230 BAXTER ST. ATHENS GA 30606 | OUTPATIENT SERVICES |
| 8 ATHENS-OGLETHORPE AVENUE 1500 OGLETHORPE AVE., BUILDING 600EF ATHENS GA 30606 | OUTPATIENT SERVICES |
| 9 NEWNAN 60 OAK HILL BLVD., SUITE 102 NEWNAN GA 30265 | OUTPATIENT SERVICES |
| 10 | |

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 6A

COMMUNITY BENEFIT REPORTING

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

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY

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

SCHEDULE H, PART I, LINE 7G

SUBSIDIZED HEALTH SERVICES

THE SUBSIDIZED HEALTH SERVICES REPORTED INCLUDES MARCUS AUTISM CENTER AND
HOSPITAL BASED PHYSICIAN CLINICS, INCLUDING DENTAL, ORTHODONTIC,

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

MULTI-SPECIALTY, ETC.

SCHEDULE H, PART I, LINE 7, COLUMN (F)

BAD DEBT EXPENSE

BAD DEBT EXPENSE IN THE AMOUNT OF \$29,176,520 HAS BEEN REMOVED FROM TOTAL EXPENSE.

SCHEDULE H, PART II

CHILDREN'S HEALTHCARE 2020 COMMUNITY BUILDING ACTIVITIES INCLUDE:

ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT: ARCHI FOLLOWS THE 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

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WORK.

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 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.

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.
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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.

BUFORD CITY SCHOOLS WELLNESS COMMITTEE. CHILDREN'S PARTICIPATES IN THE DISTRICTWIDE WELLNESS COMMITTEE TO SUPPORT WELLNESS EFFORTS AND INITIATIVES IN BUFORD CITY SCHOOLS. THEY SERVED AS A PILOT SCHOOL DISTRICT FOR THE RESILIENCE PROGRAM IN THE 2019/2020 SCHOOL YEAR AND ARE CURRENTLY WORKING ON NUTRITION AND EMOTIONAL WELLNESS EFFORTS.

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.

CHILD PROTECTIVE SERVICES ADVISORY COMMITTEE: MEETINGS TO DISCUSS ISSUES 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

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.
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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.

STRATEGIC PLAN FOR SUICIDE PREVENTION IN MULTIPLE SECTORS.

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.

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 EDUCATION CLIMATE COALITION: THIS COALITION OF EDUCATION ADVOCATES REPRESENTS A VARIETY OF SECTORS WORKING TO INCREASE JUSTICE IN GEORGIA THROUGH LAW AND POLICY REFORM AND COMMUNITY ENGAGEMENT. OUR ROLE

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.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IS TO SHARE RELEVANT UPDATES FROM STRONG4LIFE AS IT RELATES TO THEIR WORK.

GEORGIA FARM TO EARLY CARE AND EDUCATION COALITION: 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.

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.

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

Part VI Supplemental Information

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TOGETHER GOVERNMENTAL, PHILANTHROPIC, ACADEMIC AND BUSINESS COMMUNITIES
 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.

GEORGIA STAY SAFE COALITION: CHILDREN'S SERVES ON THIS COALITION OF
 STATEWIDE PARTNERS WORKING TO ADDRESS FIREARM SAFETY VIA EDUCATION AND
 AWARENESS.

GEORGIA SCHOOL NURSE PARTNERSHIP: THIS COLLABORATION BETWEEN DEPARTMENT
 OF EDUCATION, DEPARTMENT OF PUBLIC HEALTH, GEORGIA ASSOCIATION OF SCHOOL

Part VI Supplemental Information

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NURSES AND CHILDREN'S WORKS TO IMPROVE TRAINING, TOOLS AND SUPPORT FOR SCHOOL NURSES ACROSS GEORGIA.

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

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

INTERAGENCY DIRECTOR'S TEAM: THE IDT WAS CREATED BY GEORGIA'S DBHDD IN ORDER TO DESIGN, MANAGE, FACILITATE, AND IMPLEMENT AN INTEGRATED APPROACH TO A CHILD AND ADOLESCENT SYSTEM OF CARE THAT INFORMS POLICY AND

Part VI Supplemental Information

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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. THE IDT HAS SEVERAL SUBCOMMITTEE WORKGROUPS THAT ARE FOCUSED AROUND THE PHASES OF THE SOC STATE PLAN. OUR S4L BMH TEAM MEMBERS PARTICIPATE IN THE SCHOOL BASED MENTAL HEALTH SUBCOMMITTEE AND THE INFANT EARLY CHILDHOOD MENTAL HEALTH SUBCOMMITTEE.

LIVE HEALTHY GWINNETT: CHILDREN'S PARTICIPATES IN THIS COUNTY-WIDE INITIATIVE THAT 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.

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

Part VI Supplemental Information

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EDUCATION PROGRAMS.

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 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.

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 IMPACTING THE PEDIATRIC POPULATION IN THE WESTSIDE.

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CHILDREN'S COLLABORATES AS A MEMBER OF THE COLLABORATIVE FOCUSED ON
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

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AN ANALYSIS OF CURRENT AND PAST DUE ACCOUNTS, COLLECTION EXPERIENCE IN
RELATION TO AMOUNTS BILLED AND OTHER RELEVANT INFORMATION. THE ALLOWANCE
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

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IDENTIFY POTENTIAL INSURANCE OR OTHER COVERAGE FOR EACH PATIENT.

COUNSELORS MAKE CONTACT WITH THE FAMILIES, EITHER IN PERSON OR LETTER, TO 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 %: 52%

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

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PHYSICIANS' PROFIT OR OWNERSHIP %: 48%

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

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PRIMARY AND SECONDARY SERVICE AREAS THAT ACCOUNTED FOR 88 PERCENT OF ADMISSIONS, 93 PERCENT OF EMERGENCY DEPARTMENT VISITS AND 88 PERCENT OF 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

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PARTICIPANTS IS AVAILABLE IN THE ACKNOWLEDGMENTS. THESE INDIVIDUALS ALSO REPRESENT EACH OF THE COUNTIES IN THE PRIMARY AND SECONDARY SERVICE 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.

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COMMUNITY HEALTH NEEDS PRIORITIES

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

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ISSUES FROM ADOLESCENTS TO YOUNG ADULTHOOD

10. DEVELOP PROGRAMS TO ADDRESS THE HEALTH NEEDS OF IMMIGRANT AND
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.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

GEOGRAPHIC

CHILDREN'S IS THE LARGEST PEDIATRIC PROVIDER IN THE STATE, CARING FOR CHILDREN FROM ALL 159 GEORGIA COUNTIES IN 2020.

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 (NEARLY 440,000). THE ATLANTA MSA POPULATION IS RACIALLY DIVERSE: 46 PERCENT WHITE, 34 PERCENT BLACK OR AFRICAN AMERICAN, 11 PERCENT HISPANIC OR LATINO, 6 PERCENT ASIAN OR PACIFIC ISLANDER AND 2 PERCENT OTHER. THE 2019 ESTIMATED MEDIAN HOUSEHOLD INCOME FOR RESIDENTS IN THE ATLANTA MSA IS APPROXIMATELY \$71,742 AS COMPARED TO \$61,980 FOR GEORGIA OVERALL.

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

Part VI Supplemental Information

Provide the following information.

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

EDUCATION AND RESEARCH.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH 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. EGGLESTON 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. EGGLESTON 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 913,331 PATIENT VISITS THEY MANAGED IN 2020.

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.
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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.

IN 2020, CHILDREN'S HEALTHCARE OF ATLANTA, INC. PROMOTED THE HEALTH OF THE OVERALL COMMUNITY AND PROVIDED 673 LICENSED BEDS AND 353,205 UNIQUE PATIENTS (FROM ALL 159 COUNTIES IN GEORGIA) 21,679 HOSPITAL DISCHARGES, 147,579 INPATIENT DAYS, 882,618 OUTPATIENT VISITS, 38,323 SURGICAL PROCEDURES, 154,900 EMERGENCY DEPARTMENT VISITS, AND 114,356 URGENT CARE CENTER VISITS. IN ADDITION, CHILDREN'S MANAGED 61,778 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE.

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

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

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 BLUEPRINT, WHICH IS A WRITTEN SET OF STANDARDS AN ORGANIZATION COMMITS TO

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.
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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.

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.
- THE HEALTH LAW PARTNERSHIP (HELP), WHICH IS AN INTERDISCIPLINARY

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.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 EGGLESTON 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, WHICH IS MADE AVAILABLE ON CHILDREN'S WEBSITE AT WWW.CHOA.ORG. THIS REPORT IS POSTED IN THE "COMMUNITY AND GOVERNMENT AFFAIRS" SECTION. THERE IS ALSO A SECTION

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.
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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.

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

GOVERNMENT AFFAIRS" SECTION. THERE IS ALSO A SECTION TITLED "OUR IMPACT

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

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) CHILDREN'S HEALTHCARE OF ATLANTA - HUGHES S 25 JESSEE HILL DR. ATLANTA, GA 30303 | 26-2037695 | 501(C)(3) | 158,640. | | | | SUPPORT FOR CAPITAL PURCHASES |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

Schedule I (Form 990) 2020

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 | 7. | 10,000. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS

NURSES CURRENTLY ENROLLED IN AN ACCREDITED NURSING PROGRAM AND WHO ARE

SEEKING FINANCIAL ASSISTANCE MAY APPLY FOR THE JESSIE M. CANDLISH

SCHOLARSHIP. TO QUALIFY, APPLICANTS MUST MEET THE FOLLOWING CRITERIA:

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

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

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

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

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 WILLIAM BOYDSTON CHIEF NEUROSURGEON/BRAIN HLTH | 959,198. | 72,562. | 23,665. | 0. | 31,541. | 1,086,966. | 0. |
| COLIN BRADY PLASTIC SURGEON | 519,369. | 519,641. | 12,366. | 0. | 15,770. | 1,067,146. | 0. |
| LINDA COLE CHIEF NRSNG & HOSP OPS OFFICER | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 STACEY DEWESE SVP SYSTEM OPERATIONS | 470,020. | 149,073. | 21,082. | 71,766. | 26,775. | 738,716. | 0. |
| JAMES FORTENBERRY, MD INDIVIDUAL TRUSTEE - FDN | 249,934. | 66,450. | 12,903. | 0. | 30,664. | 359,951. | 0. |
| RUTH FOWLER CFO/TREASURER - SYSTEM | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 RONALD FRIESON COO, TRUSTEE-HSOC & PRES.-FDN | 547,747. | 160,163. | 30,545. | 88,583. | 29,078. | 856,116. | 0. |
| CHERYL HEAD VP NURSING & HOSP OPS - ECH | 730,178. | 261,365. | 34,651. | 113,374. | 26,358. | 1,165,926. | 0. |
| SCOTT HODOVAL FORMER KEY EMPLOYEE - FDN | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| LUCKY JAIN INDIV TRUSTEE-MAC& EX PRAC DIR | 546,098. | 183,518. | 31,483. | 74,697. | 28,958. | 864,754. | 0. |
| LESLIE JONES GEN COUNSEL, SECRETARY-SYS/MAC | 210,489. | 40,901. | 6,410. | 0. | 22,429. | 280,229. | 0. |
| JULIA JONES FORMER KEY EMPLOYEE - HSOC | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| LYNN PEREZ INDIV TRUSTEE-MAC & VP OPS MAC | 237,308. | 71,073. | 8,909. | 0. | 3,875. | 321,165. | 0. |
| DONNA HYLAND, PRESIDENT TRUSTEE - SYS/MAC/FDN/HSOC | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| JAMES RILEY INDIV TRUSTEE-HSOC & VP FIN OP | 280,244. | 56,763. | 17,758. | 0. | 3,709. | 358,474. | 0. |
| SHARON ROBINSON CAMPAIGN PLANNING & SEC - FDN | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 959,198. | 72,562. | 23,665. | 0. | 31,541. | 1,086,966. | 0. |
| | 519,369. | 519,641. | 12,366. | 0. | 15,770. | 1,067,146. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 470,020. | 149,073. | 21,082. | 71,766. | 26,775. | 738,716. | 0. |
| | 249,934. | 66,450. | 12,903. | 0. | 30,664. | 359,951. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 547,747. | 160,163. | 30,545. | 88,583. | 29,078. | 856,116. | 0. |
| | 730,178. | 261,365. | 34,651. | 113,374. | 26,358. | 1,165,926. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 546,098. | 183,518. | 31,483. | 74,697. | 28,958. | 864,754. | 0. |
| | 210,489. | 40,901. | 6,410. | 0. | 22,429. | 280,229. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 237,308. | 71,073. | 8,909. | 0. | 3,875. | 321,165. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 280,244. | 56,763. | 17,758. | 0. | 3,709. | 358,474. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 485,927. | 126,409. | 17,774. | 39,344. | 20,469. | 689,923. | 0. |
| | 220,991. | 44,694. | 12,826. | 0. | 20,531. | 299,042. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 266,353. | 77,801. | 12,365. | 0. | 31,153. | 387,672. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 1,272,663. | 655,752. | 57,334. | 273,026. | 34,374. | 2,293,149. | 0. |
| | 297,058. | 76,287. | 11,930. | 0. | 33,852. | 419,127. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | 128,324. | 25,569. | 4,659. | 0. | 32,751. | 191,303. | 0. |
| | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

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 | | | | |
| (i) DANIEL SALINAS, MD 1 CMO & TRUSTEE- SYSTEM/HSOC | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (ii) 515,601. | 159,330. | 32,027. | 80,084. | 32,456. | 819,498. | 0. | |
| (i) MICHAEL SCHWITZ 2 ORTHOPEDIC SURGEON | 772,724. | 76,036. | 286,859. | 0. | 37,405. | 1,173,024. | 0. |
| (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (i) JILL STRICKLAND 3 SVP PHYSICIAN PRACTICES OPS | 189,175. | 89,840. | 10,784. | 40,282. | 20,433. | 350,514. | 0. |
| (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (i) JOSHUA VOVA, MD 4 INDIVIDUAL TRUSTEE - SYSTEM | 372,368. | 34,343. | 10,955. | 0. | 32,863. | 450,529. | 0. |
| (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (i) LORISA WILLIAMS 5 VP NURSING & HOSP OPS - SR | 220,773. | 50,001. | 11,236. | 0. | 13,481. | 295,491. | 0. |
| (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (i) SAMUEL WILLIMON 6 ORTHOPEDIC SURGEON | 1,088,253. | 98,308. | 30,966. | 0. | 34,241. | 1,251,768. | 0. |
| (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (i) DAVID WRUBEL 7 NEUROSURGEON | 980,778. | 72,562. | 12,741. | 0. | 32,663. | 1,098,744. | 0. |
| (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (i) WILLIAM MAHLE, MD 8 INDIVIDUAL TRUSTEE - SYSTEM | 712,714. | 0. | 1,596. | 11,400. | 0. | 725,710. | 0. |
| (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (i) 9 | | | | | | | |
| (ii) 10 | | | | | | | |
| (i) 11 | | | | | | | |
| (ii) 12 | | | | | | | |
| (i) 13 | | | | | | | |
| (ii) 14 | | | | | | | |
| (i) 15 | | | | | | | |
| (ii) 16 | | | | | | | |

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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 BUSINESS CLASS. IN ADDITION, THE CHIEF INVESTMENT OFFICE (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 2016, THE COMPENSATION AND BENEFITS COMMITTEE ELECTED TO OFFER AN UPDATED ADDITIONAL RETIREMENT PLAN TO CERTAIN EXECUTIVES. THE BOARD APPROVE THIS RECOMMENDATION IN EARLY 2017. THE APPROVED PLAN CALLED FOR A NINE YEAR VESTING PERIOD FOR THE CEO AND A FOUR YEAR VESTING PERIOD FOR ALL OTHER PARTICIPANTS, AFTER WHICH PAYOUT TO PARTICIPANTS WOULD BE MADE AS OUTLINED IN THE PLAN DOCUMENTS. BELOW ARE THE PARTICIPANTS AND THE

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.

TOTAL AMOUNT CONTRIBUTED TO THE PLAN DURING 2020:

DONNA HYLAND - \$365,945

RUTH FOWLER - \$146,698

LINDA MATZIGKEIT - \$111,325

DANIEL SALINAS - \$100,400

RONALD FRIESON - \$98,541

LINDA COLE - \$90,773

ALLANA CUMMINGS - \$63,526

LESLIE JONES - \$48,648

JAMES FORTENBERRY - \$107,455

CHRISTOPHER CHELETTE - \$38,589

JILL STRICKLAND - \$21,673

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 6A & 6B

EXECUTIVES ARE ELIGIBLE FOR AN ANNUAL INCENTIVE, WHICH INCLUDES A

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.

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 J, PART II

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 12/31/2020. 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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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) ASIF RAMJI | SEE SCHEDULE L, PART V | 100,000. | BUSINESS TRANSACTION | | 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) ASIF RAMJI- ASIF RAMJI IS A CURRENT BOARD MEMBER OF FOUNDATION. HE OWNS 35% OR MORE OF GIVEWORX LLC. COMPANY RECEIVED \$100,000 FOR A ONE TIME SOFTWARE LICENSE FEE FROM CHOA FOUNDATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

| | |
|--|---|
| 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 | 178 . | 2,016,116 . | 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 V, Donee Acknowledgement **29**

| | | Yes | No |
|---|------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b If "Yes," describe the arrangement in Part II. | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 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. | | | |

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 178 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.

OMB No. 1545-0047

2020

**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 2020, 7,391 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 2,391 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

CHILDREN'S AMENDED ITS BYLAWS ON APRIL 3, 2020 TO GRANT THE CEO AUTHORITY TO TAKE ACTIONS, MAKE DECISIONS AND EXECUTE DOCUMENTS ON THE CORPORATION'S BEHALF, FOLLOWING CONSULTATION WITH THE CHAIRPERSON OF THE BOARD, IN THE EVENT OF A NATIONAL, REGIONAL AND/OR LOCAL EMERGENCY, WITH A REPORT TO THE FULL BOARD OF ALL ACTIONS, DECISIONS AND DOCUMENTS.

CHILDREN'S AMENDED ITS BYLAWS ON OCTOBER 23, 2020 TO RAISE THE TOTAL BOARD SIZE FROM 25 TO 28 BY ADDING A MEMBER TO EACH REGULAR TRUSTEE CLASS AND TO ALSO ALLOW REGULAR TRUSTEES TO SERVE A THIRD CONSECUTIVE TERM OF SERVICE; THE AMENDMENTS ALSO PROVIDED FOR BOTH AT LARGE TRUSTEES AND REGULAR TRUSTEES TO SERVE UP TO 13 CONSECUTIVE YEARS ON THE BOARD IN ANY COMBINATION OF REGULAR AND AT LARGE TERMS.

THE FOUNDATION AMENDED ITS BYLAWS ON OCTOBER 23, 2020 TO ADD A THIRD TYPE OF NON-EX OFFICIO MEMBER TO THE BOARD - 4 EMERITI TRUSTEES - WHO SHALL

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

SERVE 1 YEAR TERMS UP TO A MAXIMUM OF 5 YEARS.

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 HEALTHCARE OF ATLANTA.

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

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

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

FORM 990, PART VI, LINE 11B

PROCESS USED TO REVIEW THE FORM 990

THE ORGANIZATION'S FORM 990 IS REVIEWED IN DETAIL BY THE ENTIRE BOARD OF DIRECTORS PRIOR TO FINAL APPROVAL AND FILING.

FORM 990, PART VI, LINE 12C

MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY

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

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

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

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

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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 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.

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| Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN | Employer identification number 90-0779996 |
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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 THE BOARD OF THE FOLLOWING ENTITIES:

CHOA - CHILDREN'S HEALTHCARE OF ATLANTA, INC.

EAS - EGGLESTON AFFILIATED SERVICES, INC.

EPG - EGGLESTON PEDIATRIC GROUP, INC.

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

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFERS BETWEEN ENTITIES (711,789,476)

OTHER RECONCILING ITEMS 776,102,872

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| Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN | Employer identification number 90-0779996 |
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TOTAL 64,313,396

ATTACHMENT 1

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

THE CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC. WAS ESTABLISHED IN 2008 AND WORKS TO ENGAGE THE COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERISM IN SUPPORT OF THE MISSION AND VISION OF CHILDREN'S HEALTHCARE OF ATLANTA. IN 2020, THE FOUNDATION HAD 80 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 MORE THAN 20 NEIGHBORHOOD LOCATIONS AND URGENT CARE CENTERS. IN 2020, THE THREE HOSPITALS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC. PROVIDED 673 LICENSED BEDS AND MANAGED 913,331 PATIENT VISITS, 353,205 UNIQUE PATIENTS, 21,679 HOSPITAL ADMISSIONS, 147,579 INPATIENT DAYS, 882,618 OUTPATIENT VISITS, 38,323 SURGICAL PROCEDURES (INPATIENT AND OUTPATIENT), 154,900 EMERGENCY DEPARTMENT VISITS, 114,356 URGENT CARE CENTER VISITS AND 19,623 PRIMARY CARE VISITS. CHILDREN'S ALSO MANAGED 61,778 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE.

MARCUS AUTISM CENTER IS A NOT-FOR-PROFIT ORGANIZATION WITH A

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

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 2020, THEY CARED FOR NEARLY 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 2015, MARCUS AUTISM CENTER HAS TRACKED MORE THAN 12,000 DIAGNOSTIC EVALUATIONS AND 180,000 CLINICAL VISITS WITH 25,000 UNIQUE PATIENTS, CONDUCTED RESEARCH, AND PROVIDED EDUCATION AND TRAINING PROGRAMS.

TOGETHER WITH FAMILIES, SUPPORT GROUPS, GOVERNMENT AGENCIES AND FOUNDATIONS, MARCUS AUTISM CENTER IS STRENGTHENING THE COMMUNITY THROUGH ADVOCACY AT THE LOCAL AND STATE LEVEL. MARCUS AUTISM CENTER STRIVES FOR FULLER INTEGRATION OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER INTO SCHOOL AND COMMUNITY LIFE, BETTER ACCESS

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

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 2020, THE RESEARCH TEAM AT MARCUS AUTISM CENTER CONTINUED WORK AS AN NIH AUTISM CENTER OF EXCELLENCE.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AR, 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. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| BRASFIELD & GORRIE LLC PO BOX 11407 BIRMINGHAM, AL 35246-0351 | CONTRACTING SERVICES | 65,099,614. |
| MORRIS & DICKSON CO LLC PO BOX 51367 SHREVEPORT, LA 71135-1367 | PHARMACY DISTRIB. | 40,064,887. |
| CVS CAREMARK LLC PO BOX 840336 DALLAS, TX 75284-0336 | PRESCRIPTION SVCS | 24,216,076. |
| PEDIATRIC EMERGENCY MEDICINE ASSOCIATES 2247 SALIENT ROAD | EMERGENCY SERVICES | 14,814,167. |

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

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| MARIETTA, GA 30064-1360 PROSYS INFORMATION SYSTEMS 6025 THE CORNERS PKWY STE 120 NOCROSS, GA 30092 | IT PROFESSIONAL SVCS | 13,038,109. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public
Inspection

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) CHILDREN'S SEDATION SERVICES, LLC 81-0582607 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 1,186,308. | 0. | EGLSTON PED |
| (2) CHILDREN'S ANESTHESIA SERVICES, LLC 20-0044124 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 15,243,487. | 0. | EGLSTON PED |
| (3) CHOA CENTER FOR PAIN RELIEF, LLC 32-0185406 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 0. | 0. | EGLSTON PED |
| (4) PED NEUROSURGERY ASSOC AT CHILDREN'S LLC 26-0833842 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 5,032,189. | 0. | EGLSTON PED |
| (5) CHOA - MULTISPECIALTY, LLC 61-1665353 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 49,416,222. | 0. | EGLSTON PED |
| (6) CHOA - HOSPITAL BASED, LLC 80-0863895 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 106925190. | 0. | EGLSTON PED |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) CHILDREN'S HEALTHCARE OF ATLANTA, INC. 58-2367819 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | HLTHCRE MGMT | GA | 501(C)(3) | 12B | N/A | | X |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2020

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) SPECIALTY PROVIDERS AT CHILDREN'S LLC 61-1753346 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 0. | 0. | EGLINGTON PED |
| (2) MED-SURGICAL PROVIDERS AT CHILDREN'S LLC 30-0853755 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 0. | 0. | EGLINGTON PED |
| (3) CARDIOTHORACIC PROVIDERS AT CHILDREN'S LLC 32-0456470 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 5,546,990. | 0. | EGLINGTON PED |
| (4) PRIMARY CARE AT CHILDREN'S LLC 61-1752679 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYS SERVICES | GA | 381,211. | 0. | EGLINGTON PED |
| (5) | | | | | |
| (6) | | | | | |

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

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

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

Schedule R (Form 990) 2020

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 ATL, GA 30329 | SURGERY CENTER | GA | SCOTTISH RITE | RELATED | 7,440,242. | 12,963,043. | | X | | | X | 52.0000 |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) EMORY-EGLESTON CHILDREN'S HEART CENTER 2835 BRANDYWINE RD, SUITE 300 ATLANTA, GA 30329 | CARDIAC SERVICES | GA | CHOA | C CORP | 0. | 0. | 100.0000 | X | |
| (2) THE CHILDREN'S CARE NETWORK 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | PHYSICIAN SRVCS | GA | CHOA | C CORP | -67,245. | 7,109,821. | 100.0000 | X | |
| (3) CHARITABLE REMAINDER TRUST - SUNTRUST 303 PEACHTREE ST. ATLANTA, GA 30303 | SPLIT INT. TRUST | GA | N/A | TRUST | 17,038. | 1,037,503. | 100.0000 | X | |
| (4) LAURIE DAVIS WEBSTER TRUST 303 PEACHTREE ST. ATLANTA, GA 30303 | CHARITABLE TRUST | GA | CHOA | TRUST | 1,844. | 114,119. | 100.0000 | X | |
| (5) W.E. CHAPLIN TRUST 303 PEACHTREE ST. ATLANTA, GA 30303 | CHARITABLE TRUST | GA | CHOA | TRUST | 227. | 14,353. | 100.0000 | X | |
| (6) THOMAS EGLESTON TRUST 303 PEACHTREE ST. ATLANTA, GA 30303 | CHARITABLE TRUST | GA | CHOA | TRUST | 302,133. | 25,799,439. | 100.0000 | X | |
| (7) CHARITABLE REMAINDER TRUST - WELLS FARGO 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329 | SPLIT INT. TRUST | NC | N/A | TRUST | | | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) NEAL ALLEN CHARITABLE REMAINDER UNITRUST 303 PEACHTREE ST. ATLANTA, GA 30303 | CHARITABLE TRUST | GA | N/A | | 24,060. | 980,405. | 1.00.0000 | X | |
| (2) TYCHO HOWLE CHARITABLE REMAINDER UNITRUST 303 PEACHTREE ST. ATLANTA, GA 30303 | CHARITABLE TRUST | GA | N/A | | 11,736. | 450,669. | 1.00.0000 | X | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

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

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?

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | X | |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | X | |

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | THOMAS EGGLESTON TRUST | C | 302,133. | CASH |
| (2) | MERIDIAN MARK LLC | L | 6,355,652. | CASH |
| (3) | MERIDIAN MARK LLC | Q | 1,991,863. | CASH |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

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

Part VII **Supplemental Information**

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