

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2023 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Doing business as

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

Room/suite

1575 NORTHEAST EXPRESSWAY

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

ATLANTA, GA 30329

F Name and address of principal officer: DONNA HYLAND

1575 NORTHEAST EXPRESSWAY, ATLANTA, GA 30329

D Employer identification number

90-0779996

E Telephone number

(404) 785-6787

G Gross receipts \$

2,562,283,902.

H(a) Is this a group return for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number 5857**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.CHOA.ORG**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:****M State of legal domicile:** GA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	86
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	76
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	NONE
	6	Total number of volunteers (estimate if necessary)	6	10,001
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	172,452,032.	133,217,481.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,215,246,361.	2,370,664,839.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,340,401.	21,358,835.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,904,838.	25,263,719.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,425,943,632.	2,550,504,874.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,314,882.	3,186,514.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,259,826,774.	1,391,920,889.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	NONE	NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,418,454.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	702,211,177.	791,738,174.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	1,965,352,833.	2,186,845,577.
	20	Total assets (Part X, line 16)	460,590,799.	363,659,297.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20.	7,844,314,829.	8,238,184,031.
		1,702,231,592.	1,715,106,228.	
		6,142,083,237.	6,523,077,803.	

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

RUTH FOWLER

Type or print name and title

CFO

Date

11/8/24

Paid Preparer Use Only

Print/Type preparer's name

JOANNE KRUEGER

Preparer's signature

Date

11/08/2024

Check ☐ if self-employed

PTIN

P01235586

Firm's name PWC US TAX LLP

Firm's EIN

92-0460586

Firm's address 655 NEW YORK AVE NW, SUITE 1100 WASHINGTON, DC 20001

Phone no.

202-414-1000

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,932,582,122. including grants of \$ 3,186,514.) (Revenue \$ 2,388,775,458.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 1,932,582,122.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

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

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 NONE		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
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)? . .	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	12a		
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.	13a		
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?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		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.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	86	
1b Enter the number of voting members included on line 1a, above, who are independent.	76	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 BRANDON YODER 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329
 404-785-6787

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA HYLAND, PRESIDENT/CEO	11.00									
TRUSTEE - SYS MAC FDN HSOC	41.00	X		X				NONE	2,076,341.	461,479.
(2) JAMES FORTENBERRY, MD	11.00									
CMO, TRUSTEE - SR AMBH CPG UC	40.00	X						NONE	1,254,944.	171,701.
(3) RUTH FOWLER	11.00									
CFO/TREASURER - SYSTEM	41.00			X				NONE	1,181,662.	203,942.
(4) SAMUEL WILLIMON	50.00									
ORTHOPEDIC SURGEON	NONE					X		1,311,913.	NONE	60,367.
(5) RONALD FRIESEN	11.00									
INDIV TRUSTEE - HSOC/MAC/COO	40.00	X						NONE	1,146,954.	203,607.
(6) JOSHUA MURPHY	50.00									
ORTHOPEDIC SURGEON	NONE					X		1,110,534.	NONE	68,143.
(7) DAVID WRUBEL, MD	51.00									
INDIV TRUSTEE-SYS/NEUROSURGEON	1.00	X						1,115,590.	NONE	57,630.
(8) MICHAEL SCHMITZ	50.00									
ORTHOPEDIC SURGEON	NONE					X		1,096,728.	NONE	64,506.
(9) TIM SCHRADER, MD	50.00									
ORTHOPEDIC SURGEON	NONE					X		1,051,799.	NONE	57,659.
(10) ANDREW REISNER	50.00									
NEUROSURGEON	NONE					X		1,043,423.	NONE	61,284.
(11) BARUNASHISH BRAHMA, MD	51.00									
INDIV TRUSTEE-FDN/NEUROSURGEON	NONE	X						973,954.	NONE	45,210.
(12) LINDA COLE	10.00									
SVP OPERATIONS/CNO	40.00				X			781,355.	NONE	147,712.
(13) JANINE MUSHOLT	41.00									
PRESIDENT/TRUSTEE FOUNDATION	10.00	X		X				620,564.	NONE	151,160.
(14) CHRISTOPHER CHELETTE	40.00									
SENIOR VP FACILITIES SERVICES	10.00				X			549,458.	NONE	94,950.

Form **990** (2023)

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) DAVID FENSTERMACHER SVP GENERAL COUNSEL/SECRETARY	11.00 41.00			X				NONE	538,752.	50,308.
(16) JON POPLER, MD INDV TRUSTEE-SYS/PULMONOLOGIST	51.00 1.00	X						418,385.	NONE	56,471.
(17) MICHAEL RILEY INDIV TRUSTEE-HSOC/VP FIN OPS	51.00 NONE	X						407,959.	NONE	52,494.
(18) LUCKY JAIN INDIV TRUSTEE-MAC/PED IN CHIEF	41.00 10.00	X						NONE	396,032.	24,526.
(19) HEATHER BALBERDE VP CHILDREN'S PHYSICIAN GROUP	40.00 10.00				X			332,790.	NONE	53,731.
(20) TOM MORRIS SVP HOSPITAL OPERATIONS	50.00 NONE				X			370,050.	NONE	NONE
(21) CAROLYN GOODMAN VP OPERATIVE SERVICES	50.00 NONE				X			326,551.	NONE	27,246.
(22) PATRICK HENNESSY COO, CHILDREN'S PHYSICIAN GRP	50.00 NONE				X			319,435.	NONE	32,705.
(23) JULIA JONES VICE PRESIDENT - HSOC	50.00 NONE			X				301,627.	NONE	44,598.
(24) CHERYL HEAD VP NURSING & HOSPITAL OPS EGL	50.00 NONE				X			298,363.	NONE	39,418.
(25) TIM STACY DIRECTOR PHARMACY	50.00 NONE				X			252,331.	NONE	46,366.
1b Sub-total								12,682,809.	6,594,685.	2,277,213.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								12,682,809.	6,594,685.	2,277,213.

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 ► 2,574

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) AMY HERTZ AGAMI INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(27) CAROLYN ALFORD INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(28) CHANTAL BAGWELL INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(29) BRIAN BETKOWSKI INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(30) JAY CAIAFA INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(31) HELEN CARLOS INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(32) STEVE CHADDICK INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(33) LORI CHENNAULT INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(34) RICHARD COURTS INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(35) WILLIAM CURTIS INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(36) DAVID DICKEY INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) RICHARD DUGAS INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(38) WALT EHMER INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(39) NONI ELLISON INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(40) KRISTINE FAULKNER INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(41) MARIE FOSTER INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(42) LIGE GILLIS INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(43) AMY GITHENS INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(44) TREY GOOGE INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(45) NIKKI HARLAND INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(46) TERI HARTMAN INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(47) MARY ELLEN IMLAY INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) SAADIA MADSBJERG INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(49) ASHISH MISTRY INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(50) JOHN RICHERT INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(51) LEIGH SLACK INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(52) STEVE SMITH INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(53) KOFI SMITH INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(54) COURT THOMAS INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(55) OLIVIA MANSFIELD WALL INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(56) BILL WEIMAR INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(57) WARREN WICK INDIVIDUAL TRUSTEE - FDN	1.00 NONE	X						NONE	NONE	NONE
(58) LOVETTE RUSSELL INDIVIDUAL TRUSTEE - FDN/HSOC	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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) MADELYN ADAMS INDIVIDUAL TRUSTEE - HSOC	1.00 NONE	X						NONE	NONE	NONE
(60) JACKIE MONTAG INDIVIDUAL TRUSTEE - HSOC	1.00 NONE	X						NONE	NONE	NONE
(61) JESSE SPIKES INDIVIDUAL TRUSTEE - HSOC	1.00 NONE	X						NONE	NONE	NONE
(62) DEBORAH YOUNG INDIVIDUAL TRUSTEE - HSOC	1.00 NONE	X						NONE	NONE	NONE
(63) ELIZABETH BLAKE INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(64) NATHAN CALL INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(65) MONETHA COBB INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(66) ALLEN ECKER, PHD INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(67) MATTHEW GUFFEY INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(68) CAROLINE JEFFORDS INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(69) JT KING INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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(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) AMI KLIN, PHD INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(71) FREDERICK R. MARCUS, PHD INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(72) CHRIS MOFFETT INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(73) KATE PETERSON INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(74) LIN ROGERS INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(75) REBECCA ROULAND INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(76) LOUISE SAMSKY INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(77) LAURIE SCHAUB INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(78) LARRY SMITH INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(79) DAVID TOOLAN INDIVIDUAL TRUSTEE - MAC	1.00 NONE	X						NONE	NONE	NONE
(80) MARK GILREATH INDIVIDUAL TRUSTEE - MAC/SYS	1.00 1.00	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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) MARK CHANCY INDIVIDUAL TRUSTEE - FDN /SYS	1.00 1.00	X						NONE	NONE	NONE
(82) STEPHANIE BLANK INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(83) PAUL BOWERS INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(84) PAUL BROWN INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(85) MICHAEL COTE INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(86) ALLISON DUKES INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(87) SARAH FANNING INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(88) ERNEST GREER INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(89) BABETTE HENAGAN INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(90) TOMMY HOLDER INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(91) JOCELYN HUNTER INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) ANDRES IRLANDO INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(93) STEPHANIE JERNIGAN, MD INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(94) MARK KAUFFMAN INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(95) JENNA KELLY INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(96) WONYA LUCAS INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(97) HALA MODELMOG INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(98) BEATRIZ PEREZ INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(99) ASIF RAMJI INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(100) JEFF SEAMAN INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(101) EDWIN SMITH, MD INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
(102) TRISTAN WALKER INDIVIDUAL TRUSTEE - SYSTEM	1.00 1.00	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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 ► 625

Part VIII Statement of RevenueCheck 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	3,453,975.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	11,099,247.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	118,664,259.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 15,465,695.			
	h	Total. Add lines 1a-1f		133,217,481.			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICE REVENUE	622310	2,353,963,152.	2,353,963,152.		
b		GRADUATE MEDICAL FUNDING	622310	10,452,426.	10,452,426.		
c		STATE NEONATE INCOME	622310	4,211,180.	4,211,180.		
d		BEHAVIORAL HEALTH TRAINING PROGRAMS	622310	1,994,105.	1,994,105.		
e		MANAGEMENT SERVICE FEE	622310	43,976.	43,976.		
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,370,664,839.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,262,878.			12,262,878.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents	6a	3,759,110.			
	b	Less: rental expenses	6b	2,082,682.			
	c	Rental income or (loss)	6c	1,676,428.	NONE		
	d	Net rental income or (loss)		1,676,428.			1,676,428.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	10,958,590.	4,552,016.		
	b	Less: cost or other basis and sales expenses . .	7b	323,368.	6,091,281.		
	c	Gain or (loss)	7c	10,635,222.	-1,539,265.		
	d	Net gain or (loss)		9,095,957.			9,095,957.
	8a	Gross income from fundraising events (not including \$ 3,453,975. of contributions reported on line 1c). See Part IV, line 18	8a	8,758,369.			
	b	Less: direct expenses	8b	3,281,697.			
	c	Net income or (loss) from fundraising events		5,476,672.			5,476,672.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	BILLING	900099	1,612,239.	1,612,239.		
	b	GIFT SHOP	900099	1,508,810.	1,508,810.		
	c	PARKING	900099	1,471,428.	1,471,428.		
	d	All other revenue	900099	13,518,142.	13,518,142.		
	e	Total. Add lines 11a-11d		18,110,619.			
12	Total revenue. See instructions			2,550,504,874.	2,388,775,458.		28,511,935.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,966,932.	2,966,932.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	219,582.	219,582.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	7,803,902.	4,697,776.	2,343,552.	762,574.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,127,226,425.	981,777,272.	137,906,154.	7,542,999.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,832,795.	51,994,873.	7,400,154.	437,768.
9 Other employee benefits	128,465,670.	111,667,187.	15,858,307.	940,176.
10 Payroll taxes	68,592,097.	59,606,732.	8,483,509.	501,856.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	941,319.	NONE	941,319.	NONE
c Accounting	537,600.	10,000.	527,600.	NONE
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	1,823,754.	140,224.	NONE	1,683,530.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	13,849,953.	5,236,748.	8,609,550.	3,655.
12 Advertising and promotion	12,365,646.	2,258,457.	8,396,882.	1,710,307.
13 Office expenses	17,376,252.	11,772,716.	5,106,440.	497,096.
14 Information technology	51,818,676.	4,260,885.	47,552,307.	5,484.
15 Royalties	NONE			
16 Occupancy	27,319,740.	23,314,422.	3,994,339.	10,979.
17 Travel	2,559,227.	1,979,550.	396,893.	182,784.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	7,236,207.	5,738,453.	1,310,936.	186,818.
20 Interest	21,924,669.	NONE	21,924,669.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	89,607,528.	89,050,343.	500,834.	56,351.
23 Insurance	16,675,648.	6,501,752.	10,173,896.	NONE
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	251,359,504.	250,914,038.	445,466.	NONE
b BAD DEBT EXPENSE	60,202,508.	60,202,508.	NONE	NONE
c PURCHASED SVCS-NON MED	48,214,838.	24,176,652.	22,681,557.	1,356,629.
d PURCHASED SVCS-MED	42,148,482.	42,038,356.	110,126.	NONE
e All other expenses	125,776,623.	192,056,664.	-68,819,489.	2,539,448.
25 Total functional expenses. Add lines 1 through 24e	2,186,845,577.	1,932,582,122.	235,845,001.	18,418,454.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	93,793,550.	1	106,225,730.
	2 Savings and temporary cash investments.	NONE	2	NONE
	3 Pledges and grants receivable, net	268,754,065.	3	242,356,129.
	4 Accounts receivable, net	337,329,698.	4	370,640,675.
	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	NONE	5	NONE
	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).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	31,121,673.	8	30,316,561.
	9 Prepaid expenses and deferred charges	26,491,147.	9	21,819,238.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3505128082.		
	b Less: accumulated depreciation.	10b 1058294116.		
	11 Investments - publicly traded securities.	2,066,947,962.	10c	2,446,833,966.
	12 Investments - other securities. See Part IV, line 11.	196,931,318.	11	191,006,068.
	13 Investments - program-related. See Part IV, line 11.	252,848,367.	12	250,776,153.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,570,097,049.	15	4,578,209,511.	
	7,844,314,829.	16	8,238,184,031.	
Liabilities	17 Accounts payable and accrued expenses.	311,609,136.	17	356,685,090.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	18,695,672.	19	23,124,911.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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			
	26 Total liabilities. Add lines 17 through 25.	1,371,926,784.	25	1,335,296,227.
	1,702,231,592.	26	1,715,106,228.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	5,174,458,875.	27	5,565,855,270.
	28 Net assets with donor restrictions.	967,624,362.	28	957,222,533.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	6,142,083,237.	32	6,523,077,803.
	33 Total liabilities and net assets/fund balances.	7,844,314,829.	33	8,238,184,031.

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	2,550,504,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,186,845,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	363,659,297.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,142,083,237.
5	Net unrealized gains (losses) on investments	5	-11,653,072.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	39,390,170.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-10,401,829.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,523,077,803.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,174,186.	251,627,471.	129,824,691.	124,703,344.	121,483,331.	746,813,023.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	119,174,186.	251,627,471.	129,824,691.	124,703,344.	121,483,331.	746,813,023.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						268,403,211.
6 Public support. Subtract line 5 from line 4						478,409,812.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	119,174,186.	251,627,471.	129,824,691.	124,703,344.	121,483,331.	746,813,023.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	NONE	NONE	NONE	24,217.	25,105.	49,322.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,480.	246,306.	42,131.	NONE	NONE	292,917.
11 Total support. Add lines 7 through 10						747,155,262.
12 Gross receipts from related activities, etc. (see instructions)					12	NONE
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	64.03 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	55.32 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,797,000.	7,502,000.	8,051,000.	9,207,000.	6,545,778.	41,102,778.
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	11,805,000.	13,911,000.	24,808,000.	23,792,000.	27,474,854.	101,790,854.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 Total. Add lines 1 through 5.	21,602,000.	21,413,000.	32,859,000.	32,999,000.	34,020,632.	142,893,632.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
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						NONE
c Add lines 7a and 7b.						NONE
8 Public support. (Subtract line 7c from line 6.)						142,893,632.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.	21,602,000.	21,413,000.	32,859,000.	32,999,000.	34,020,632.	142,893,632.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	352,000.	283,000.	319,000.	328,000.	339,000.	1,621,000.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b	352,000.	283,000.	319,000.	328,000.	339,000.	1,621,000.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	675,000.	764,000.	974,000.	849,000.	209,142.	3,471,142.
13 Total support. (Add lines 9, 10c, 11, and 12.)	22,629,000.	22,460,000.	34,152,000.	34,176,000.	34,568,774.	147,985,774.
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 2023 (line 8, column (f), divided by line 13, column (f))	15	96.56%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	95.94%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	1.10%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	1.20%

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☒
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

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

ARTHUR M. BLANK HOSPITAL, INC. (FORMERLY KNOWN AS EGGLESTON 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

URGENT CARE AT CHILDREN'S INC.

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

CHILDREN'S PHYSICIAN GROUP

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 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 B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

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), 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), 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).

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	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 4,819,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 6,522,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 13,985,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 5,903,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 4,820,914.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 10,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 3,369,893.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

90-0779996

Part II

[illegible]

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

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

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

Part II Conservation Easements

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

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

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

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

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

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

Schedule D (Form 990) 2023

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange program
☐ e Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	265,170,351.	200,138,853.	191,303,786.	181,873,047.	170,514,035.
b Contributions				720.	
c Net investment earnings, gains, and losses	-1,850,764.	65,644,374.	9,461,388.	10,038,282.	11,941,906.
d Grants or scholarships					
e Other expenditures for facilities and programs		612,876.	626,321.	608,263.	582,894.
f Administrative expenses					
g End of year balance	263,319,587.	265,170,351.	200,138,853.	191,303,786.	181,873,047.

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

- a Board designated or quasi-endowment NONE %
 b Permanent endowment 93.4600 %
 c Term endowment 6.5400 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		182,058,077.		182,058,077.
b Buildings		2094490291.	486,903,565.	1,607,586,726.
c Leasehold improvements		15,975,320.	7,319,884.	8,655,436.
d Equipment		808,048,018.	452,219,503.	355,828,515.
e Other		404,556,376.	111,851,164.	292,705,212.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,446,833,966.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)IC RECEIVABLES FROM PARENT	4,508,635,532.
(2)RIGHT OF USE ASSET (LEASE)	35,398,574.
(3)DEPOSITS/NONCURRENT ASSETS	7,876,255.
(4)SAAS IMPLEMENTATION COST	17,831,812.
(5)INVESTMENT IN LLC	8,467,338.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	4,578,209,511.

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	IC BOND REC FROM REAL ESTATE ENTERP	1,221,316,724.
(3)	LONG TERM INSURANCE RESERVES	31,114,997.
(4)	DUE TO/FROM GOVERNMENT PAYORS	6,599,664.
(5)	NON CURRENT LIABILITIES	10,830,289.
(6)	LONG TERM LEASE LIABILTY	27,837,720.
(7)	NONCURRENT CONSTRUCTION RETAIN	37,596,833.
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).		1,335,296,227.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

THE PERMANENTLY RESTRICTED ENDOWMENT BALANCE INCLUDES \$26,368,391 OF ARTHUR M. BLANK HOSPITAL, INC.'S BENEFICIAL INTEREST IN TRUSTS AND \$223,222,512 OF SCOTTISH RITE CHILDREN'S MEDICAL CENTER'S BENEFICIAL INTEREST IN TRUSTS. CHILDREN'S HEALTHCARE OF ATLANTA (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. CHILDREN'S PROPORTIONAL SHARE OF FUNDS' MARKET VALUE IS BASIS FOR VALUATION. ALL ENDOWMENT FUNDS ARE COMPRISED OF PUBLICLY TRADED AND MARKETABLE 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 G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		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.

AZ, 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, 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 HOPE& WILL GALA (event type)	(b) Event #2 SCRUBS PARTY (event type)	(c) Other events 62 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,494,898.	645,550.	10,071,896.	12,212,344.
	2 Less: Contributions	487,000.	645,550.	2,321,425.	3,453,975.
	3 Gross income (line 1 minus line 2)	1,007,898.		7,750,471.	8,758,369.
Direct Expenses	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Noncash prizes	NONE	NONE	NONE	NONE
	6 Rent/facility costs	126,296.	49,990.	121,538.	297,824.
	7 Food and beverages	NONE	46,308.	163,851.	210,159.
	8 Entertainment	22,011.	18,785.	84,758.	125,554.
	9 Other direct expenses	84,724.	43,915.	2,519,521.	2,648,160.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,281,697.
	11 Net income summary. Subtract line 10 from line 3, column (d)				5,476,672.

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))
Revenue	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 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)				

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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 400.0000 %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 600.0000 %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
5c 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?	<input checked="" type="checkbox"/>	
6b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			52,048,736.	NONE	52,048,736.	2.45
b Medicaid (from Worksheet 3, column a)			1,014,437,505.	800,450,208.	213,987,297.	10.06
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d Total. Financial Assistance and Means-Tested Government Programs . . .			1,066,486,241.	800,450,208.	266,036,033.	12.51
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) .			43,062,087.	5,219,221.	37,842,866.	1.78
f Health professions education (from Worksheet 5)			33,612,919.	20,550,707.	13,062,212.	0.61
g Subsidized health services (from Worksheet 6)			94,027,269.	42,518,700.	51,508,569.	2.42
h Research (from Worksheet 7)			73,621,625.	30,212,359.	43,409,266.	2.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			531,621.	NONE	531,621.	0.03
j Total. Other Benefits			244,855,521.	98,500,987.	146,354,534.	6.88
k Total. Add lines 7d and 7j .			1,311,341,762.	898,951,195.	412,390,567.	19.39

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

Schedule H (Form 990) 2023

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			25,151.			NONE
8 Workforce development						
9 Other						
10 Total			25,151.			NONE

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	5,919,914.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	6,045,714.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-125,800.
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	0.55300		0.44700
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 ARTHUR M. BLANK HOSPITAL, INC. 1405 CLIFTON ROAD NE ATLANTA GA 30322 CHOA.ORG	044-079									
	X	X	X	X		X	X			A
2 SCOTTISH RITE CHILDREN'S MEDICAL CTR 1001 JOHNSON FERRY ROAD NE ATLANTA GA 30342 CHOA.ORG	060-303									
	X	X	X	X		X	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 ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	X
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: GROUP A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400.0000</u> % and FPG family income limit for eligibility for discounted care of <u>600.0000</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 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)		

Schedule H (Form 990) 2023

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)		

Schedule H (Form 990) 2023

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

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

Schedule H (Form 990) 2023

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.

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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Part V Facility Information (continued)

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

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PHYSICIAN
CHILDRENS MEDICINE PC

126 MELINDA WILLIAMS-WILLINGHAM, MD
PHYSICIAN
DECATUR PEDIATRIC GROUP PA

127 ELAINE YOUNGBLOOD, MD
PHYSICIAN
KIDS FIRST PEDIATRIC GROUP

128 MICLYN WILLIAMS, MD
SENIOR DIRECTOR OF HEAD START
YMCA

129 ROBERT WISKIND, MD
PHYSICIAN
PEACHTREE PARK PEDIATRICS LLP

130 PATTY YOUNKER, RN
LEAD NURSE
CARROLL COUNTY SCHOOLS

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.

CHILDREN'S EMPLOYED A MULTI-PRONGED APPROACH TO GATHERING INFORMATION: FOCUS GROUPS, QUALITATIVE INTERVIEWS, DATA ANALYSIS AND A QUANTITATIVE SURVEY. THE GOAL WAS TO COLLECT INPUT FROM A WIDE VARIETY OF KEY STAKEHOLDERS ACROSS DOMAINS, INCLUDING HEALTHCARE, EARLY CARE, SCHOOLS, COMMUNITY ORGANIZATIONS, STATE GOVERNMENT, ACADEMICS, NONPROFIT ORGANIZATIONS, AND PARENTS AND CAREGIVERS. THESE KEY STAKEHOLDERS REPRESENT STATE-LEVEL, METRO-AREA, AND RURAL COMMUNITIES IN GEORGIA.

THE CHNA SURVEY, FOCUS GROUPS, AND QUALITATIVE INTERVIEWS WERE COMPLETED FROM MARCH 2022 TO JUNE 2022. THE FOCUS GROUPS INCLUDED PARENTS RANGING IN GENDER, EDUCATION, INCOME, ETHNICITY, RACE, GEOGRAPHIC LOCATION, AGE OF CHILD(REN) AND PRIMARY LANGUAGE SPOKEN. THE QUALITATIVE INTERVIEWS WERE CONDUCTED WITH STATE-LEVEL KEY STAKEHOLDERS WHOSE WORK IMPACTS CHILDREN AND ADOLESCENTS ACROSS DIFFERENT SECTORS. THE SURVEY WAS COMPLETED BY INDIVIDUALS REPRESENTING THE INTERESTS OF THE PEDIATRIC COMMUNITY IN THE GREATER METROPOLITAN ATLANTA REGION, INCLUDING CHILDREN OF ALL AGES, RACES, ETHNICITIES, INCOME LEVELS AND INSURANCE STATUSES. THESE INDIVIDUALS ALSO REPRESENT EACH OF THE COUNTIES IN THE PRIMARY AND SECONDARY SERVICE AREAS. THE PRIMARY SERVICE AREAS ARE CLAYTON, COBB, CHEROKEE, DEKALB, FORSYTH, FULTON, GWINNETT, AND HENRY. THE SECONDARY SERVICE AREAS ARE BARTOW, CARROLL, COWETA, DOUGLAS, FAYETTE, HALL, NEWTON, PAULDING, ROCKDALE, AND WALTON. 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.

SOME OF THE COMMUNITY GROUPS THAT PARTICIPATED IN EITHER KEY INFORMANT INTERVIEWS OR THE SURVEY INCLUDES YMCA OF METRO ATLANTA, VOICES FOR GEORGIA'S CHILDREN, GEORGIA DEPARTMENT OF PUBLIC HEALTH, ATLANTA COMMUNITY FOOD BANK, GEORGIA DEPARTMENT OF EDUCATION, GEORGIA STATE HEALTHY POLICY CENTER, AMONG OTHERS.

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

THE CHNA REPORT WAS CONDUCTED WITH BOTH ARTHUR M. BLANK HOSPITAL, INC. (FKA EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC.) AND SCOTTISH RITE CHILDREN'S MEDICAL CENTER.

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/2022-CHILDRENS-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF?](https://www.choa.org/-/media/files/childrens/about-us/2022-childrens-community-health-needs-assessment.pdf?LA=EN&HASH=641441C02B268FED935437F2E3AF182E699932C2)
LA=EN&HASH=641441C02B268FED935437F2E3AF182E699932C2

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/2022-CHILDRENS-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF?LA=EN&HASH=641441C02B268FED935437F2E3AF182E699932C2](https://www.choa.org/-/media/files/childrens/about-us/2022-childrens-community-health-needs-assessment.pdf?LA=EN&HASH=641441C02B268FED935437F2E3AF182E699932C2)

SCHEDULE H, PART V, SECTION B, LINE 11

OUR IMPLEMENTATION STRATEGY

UNIQUE AND DETAILED IMPLEMENTATION PLANS FOR ARTHUR M. BLANK HOSPITAL, INC. AND SCOTTISH RITE CHILDREN'S MEDICAL CENTER ARE INCLUDED IN THE CHNA REPORT.

THE HEALTH NEEDS OF THE COMMUNITY WERE WELL KNOWN DUE TO THE LONG HISTORY OF CHILDREN'S WORKING WITH THE COMMUNITY. EACH OF THE HEALTH NEEDS IS ACTIVELY BEING ADDRESSED IN SOME CAPACITY BY EXISTING AND ONGOING CHILDREN'S PROGRAMS AND SERVICES. FURTHERMORE, THERE ARE MANY ORGANIZATIONS IN THE COMMUNITY THAT ARE ADDRESSING THESE NEEDS AS WELL. THE CHILDREN'S COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY IS FOCUSED ON LEVERAGING EXISTING PROGRAMS, SERVICES, AND RESOURCES, WHEN POSSIBLE. CHILDREN'S WILL CONTINUE TO UPDATE OUR STRATEGY AND INITIATIVES TO MEET THE NEEDS OF THE COMMUNITY.

NO ORGANIZATION ALONE CAN ADDRESS ALL THE COMMUNITY HEALTH NEEDS. IN ADDITION TO FOSTERING COLLABORATIONS, CHILDREN'S WILL TAKE A SUPPORTIVE ROLE IN OTHER PEDIATRIC COMMUNITY HEALTH NEED EFFORTS IN THE GREATER METROPOLITAN ATLANTA REGION AND THROUGHOUT GEORGIA.

IN ADDITION TO LEVERAGING EXISTING PROGRAMS, OVER THE NEXT THREE YEARS, CHILDREN'S WILL PLACE SPECIAL EMPHASIS ON THE EFFECTS OF SOCIAL

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.

DETERMINANTS OF HEALTH AND HEALTHCARE ACCESS ON OUR COMMUNITY ACROSS EACH HEALTH NEED IDENTIFIED IN THE CHNA.

SCHEDULE H, PART V, SECTION B, LINES 16A-C

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

[HTTPS://WWW.CHOA.ORG/PATIENTS/BILLS-AND-INSURANCE](https://www.choa.org/patients/bills-and-insurance)

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 400% OF FEDERAL POVERTY GUIDELINE, "SLIDING SCALE" CARE UP TO 600% 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? 36

Name and address	Type of facility (describe)
1 CENTER FOR ADVANCED PEDIATRICS 2174 NORTH DRUID HILLS ROAD ATLANTA GA 30329	OUTPATIENT SERVICES
2 MED OFFICE BLDG AT SCOTTISH RITE 5461 MERIDIAN MARK ROAD NE ATLANTA GA 30342	OUTPATIENT SERVICES
3 MARCUS AUTISM CENTER 1920 BRIARCLIFF ROAD ATLANTA GA 30329	OUTPATIENT SERVICES
4 CHILDREN'S AT SATELLITE BLVD SURGERY CTR 2620 SATELLITE BLVD DULUTH GA 30096	OUTPATIENT SERVICES
5 CHILDREN'S AT TOWN CTR OUTPATIENT CTR 605 BIG SHANTY ROAD NW KENNESAW GA 30144	OUTPATIENT SERVICES
6 ZALIK BEHAVIORIAL AND MENTAL HEALTH CTR 1777 NORTHEAST EXPRESSWAY ATLANTA GA 30319	OUTPATIENT SERVICES
7 CHILDREN'S AT MERIDIAN MARK 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 BLVD 2660 SATELLITE BLVD DULUTH GA 30096	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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 TOWN CENTER 625 BIG SHANTY ROAD NW KENNESAW GA 30144	OUTPATIENT SERVICES
2 CHILDREN'S AT WEBB BRIDGE 3155 NORTH POINT PARKWAY, BUILDING A ALPHARETTA GA 30005	OUTPATIENT SERVICES
3 EMORY CHILDREN'S CENTER BUILDING 2015 UPPERGATE DRIVE ATLANTA GA 30322	OUTPATIENT SERVICES
4 CHILDREN'S AT HUDSON BRIDGE URGENT CARE 1496-1512 HUDSON BRIDGE ROAD STOCKBRIDGE GA 30281	OUTPATIENT SERVICES
5 CHILDREN'S AT MOUNT VERNON HIGHWAY 859 MOUNT VERNON HIGHWAY NE, SUITE 300 ATLANTA GA 30328	OUTPATIENT SERVICES
6 CHILDREN'S AT HAMILTON CREEK 2240 HAMILTON CREEK PARKWAY, SUITE 600 DACULA GA 30019	OUTPATIENT SERVICES
7 CHILDREN'S AT FAYETTE 1250 GEORGIA HIGHWAY 54, SUITE 260 FAYETTEVILLE GA 30214	OUTPATIENT SERVICES
8 NORTHSIDE PROFESSIONAL CENTER 975 JOHNSON FERRY ROAD NE ATLANTA GA 30342	OUTPATIENT SERVICES
9 CHILDREN'S AT HOUSTON MILL 1547 CLIFTON ROAD DECATUR GA 30322	OUTPATIENT SERVICES
10 CHILDREN'S AT CHEROKEE 1558/1554 RIVERSTONE PARKWAY CANTON GA 30114	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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 DULUTH 2270 DULUTH HIGHWAY 120 DULUTH GA 30097	OUTPATIENT SERVICES
2 CHILDREN'S AT NORTH POINT 3795 MANSELL ROAD ALPHARETTA GA 30022	OUTPATIENT SERVICES
3 CHILDREN'S AT CHAMBLEE-BROOKHAVEN 5080 PEACHTREE BOULEVARD, SUITE 100 CHAMBLEE GA 30341	OUTPATIENT SERVICES
4 DAY REHABILITATION 993-F JOHNSON FERRY ROAD NE, SUITE 260 ATLANTA GA 30342	OUTPATIENT SERVICES
5 CHILDREN'S AT OLD MILTON PARKWAY 3300 OLD MILTON PARKWAY ALPHARETTA GA 30005	OUTPATIENT SERVICES
6 CHILDREN'S ORTHOPEDICS AND SPORTS MED 6095 PROFESSIONAL PARKWAY, SUITE 101B DOUGLASVILLE GA 30134	OUTPATIENT SERVICES
7 ARCHBOLD MEDICAL CENTER 210 HANSELL STREET THOMASVILLE GA 31792	OUTPATIENT SERVICES
8 CHILDREN'S AT IVY WALK 1675 CUMBERLAND PARKWAY, SUITE 305 SMYRNA GA 30080	OUTPATIENT SERVICES
9 CHILDREN'S AT SNELLVILLE 2220 WISTERIA DRIVE, SUITE 201 SNELLVILLE GA 30078	OUTPATIENT SERVICES
10 ATHENS-HAWTHORNE 1000 HAWTHORNE AVENUE, SUITE S ATHENS GA 30606	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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 ATHENS-OCONEE CAMPUS 1181 LANGFORD DRIVE, BLDG 200, SUITE 101 WATKINSVILLE GA 30677	OUTPATIENT SERVICES
2 COLUMBUS 705 17TH STREET, SUITE 406 COLUMBUS GA 31901	OUTPATIENT SERVICES
3 MACON 1625 HARDEMAN AVENUE MACON GA 31210	OUTPATIENT SERVICES
4 ATHENS-OGLETHORPE 1500 OGLETHORPE AVE., BUILDING 600EF ATHENS GA 30606	OUTPATIENT SERVICES
5 MARCUS FEEDING MARIETTA 883 CAMPBELL HILL STREET #340 MARIETTA GA 30060	OUTPATIENT SERVICES
6 CHILDREN'S CTR FOR DIGESTIVE HEALTH CARE 993D JOHNSON FERRY ROAD ATLANTA GA 30342	OUTPATIENT SERVICES
7	
8	
9	
10	

Schedule H (Form 990) 2023

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 3C

CHILDREN'S FAP USES THE FEDERAL POVERTY GUIDELINES TO DETERMINE
ELIGIBILITY FOR FREE AND DISCOUNTED CARE; HOWEVER, IF THE BALANCE ON A
GUARANTOR'S ACCOUNTS IS MORE THAN 5% OF THE SUM OF HOUSEHOLD INCOME
REPORTED ON A FINANCIAL ASSISTANCE APPLICATION AND THE AVAILABLE MONETARY
ASSETS, THE GUARANTOR CAN BE CONSIDERED FOR A CATASTROPHIC CARE DISCOUNT.

SCHEDULE H, PART I, LINE 6A

COMMUNITY BENEFIT REPORTING

CHILDREN'S HEALTHCARE OF ATLANTA, INC., 58-2367819, A RELATED
ORGANIZATION, PREPARES AND MAKES AVAILABLE TO THE PUBLIC AN ANNUAL
COMMUNITY BENEFIT REPORT.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 7

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,
MULTI-SPECIALTY, ETC.

Part VI Supplemental Information

Provide the following information.

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

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

BAD DEBT EXPENSE

BAD DEBT EXPENSE IN THE AMOUNT OF \$60,202,508 HAS BEEN REMOVED FROM TOTAL EXPENSE.

SCHEDULE H, PART II

CHILDREN'S HEALTHCARE 2023 COMMUNITY BUILDING ACTIVITIES INCLUDE:

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

ATLANTA PUBLIC SCHOOLS WELLNESS COMMITTEE: CHILDREN'S PARTICIPATES IN

Part VI Supplemental Information

Provide the following information.

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

THE ATLANTA PUBLIC SCHOOLS (APS) 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, YOUTH PROTECTION SUMMIT PLANNING COMMITTEE: THIS COMMITTEE WORKS WITH THE ATLANTA AREA COUNCIL AND OTHER COMMUNITY PARTNERS TO PLAN THE ANNUAL YOUTH PROTECTION SUMMIT EACH OCTOBER. THE GROUP MEETS MONTHLY TO DISCUSS ALL FACETS OF THE PLANNING PROCESS.

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 2023/2024 SCHOOL YEAR AND ARE CURRENTLY WORKING ON NUTRITION AND EMOTIONAL WELLNESS EFFORTS.

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.

CAMP TWIN LAKES: PARTNERS WITH OVER 50 CAMP ORGANIZATIONS SERVING CAMPERS WITH DIFFERENT UNIQUE DIAGNOSIS OR LIFE CHALLENGE AT THEIR THREE MEDICALLY-SUPPORTED CAMPUSES IN WINDER AND RUTLEDGE, GA. CAMP TWIN LAKES HOSTS CHILDREN'S HEALTHCARE OF ATLANTA'S NINE SUMMER CAMPS AND 6 WEEKEND CAMPS INCLUDING CAMP STRONG4LIFE, A WEEKLONG HEALTH HABITS CAMP FOR KIDS 8 TO 12 WITH OVERWEIGHT OR OBESITY.

COBB 2020 PHYSICAL ACTIVITY AND HEALTHY EATING WORKGROUP: THIS WORKGROUP IS MADE UP OF ORGANIZATIONS AND INDIVIDUALS, DEDICATED TO IMPLEMENTING THE EVIDENCE-BASED INITIATIVES FROM COBB AND DOUGLAS'S COMMUNITY HEALTH IMPROVEMENT PLAN. THE GOALS OF THIS WORKGROUP ARE TO INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS IN FOOD DESERT COMMUNITIES, INCREASE COMMUNITY KNOWLEDGE ON MAKING HEALTHY FOOD AND BEVERAGE CHOICES, INCREASE ORGANIZATIONAL AND PROGRAMMATIC CHANGES FOCUSED ON HEALTHY EATING, IMPROVE HEALTH AND THE QUALITY OF LIFE THROUGH DAILY PHYSICAL ACTIVITY, INCREASE PHYSICAL ACTIVITY AMONG AT-RISK POPULATIONS THROUGH COMMUNITY DESIGN AND ACCESS, PROMOTE AND STRENGTHEN SCHOOLS AND EARLY LEARNING POLICIES AND PROGRAMS THAT INCREASE PHYSICAL ACTIVITY.

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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- 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.

COBB BEHAVIORAL HEALTH WORK GROUP: THIS WORKGROUP IS MADE UP OF BEHAVIORAL AND MENTAL HEALTH ORGANIZATIONS AND AGENCIES THAT PROVIDE SERVICES, RESOURCES, AND EDUCATION WITHIN COBB COUNTY. THE WORKGROUP IS CONVENED BY COBB/DOUGLAS DEPARTMENT OF PUBLIC HEALTH (DPH). THE GOAL OF THE WORKGROUP IS TO SHARE RESOURCES RELATED TO THE STRATEGIC PLAN. OUR ROLE IS TO SHARE UPDATES RELATED TO OUR WORK WITH COBB AND MARIETTA CITY SCHOOLS.

CHILD PROTECTIVE SERVICES ADVISORY COMMITTEE: MEETINGS TO DISCUSS ISSUES RELATED TO CHILD PROTECTIVE SERVICES (DIVISION OF FAMILY AND CHILDREN SERVICES) IN GEORGIA. FOCUS IS ON POLICY IMPLEMENTATION AND PROCESS IMPROVEMENT

CLAYTON COUNTY SCHOOLS WELLNESS COMMITTEE: CHILDREN'S PARTICIPATES IN THE CLAYTON COUNTY DISTRICT WELLNESS COUNCIL MEETINGS, IN WHICH ORGANIZATIONS COME TOGETHER TO HIGHLIGHT CURRENT CLAYTON COUNTY WORK AND DISCUSS NEW WAYS TO PARTNER TO BETTER STUDENT HEALTH AND WELLNESS IN CLAYTON COUNTY.

Part VI Supplemental Information

Provide the following information.

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

THIS ALSO PROVIDES AN OPPORTUNITY TO PROVIDE GUIDANCE ON THE DISTRICT'S
SCHOOL WELLNESS POLICY.

DEPARTMENT OF EARLY CARE AND LEARNING, INFANT EARLY CHILD MENTAL HEALTH
(IECMH): THIS TASK FORCE WAS ESTABLISHED IN FEBRUARY 2021 TO CARRY OUT
RECOMMENDATIONS FROM THE GEORGIA LEGISLATIVE HOUSE STUDY COMMITTEE ON
INFANT AND TODDLER SOCIAL EMOTIONAL HEALTH. THE GROUP SERVES AS A
CROSS-AGENCY COLLABORATIVE FOCUSED ON EARLY CHILD MENTAL HEALTH POLICY,
FINANCE, WORKFORCE DEVELOPMENT AND PROMOTION/PREVENTION EFFORTS TO
SUPPORT INFANT AND EARLY CHILDHOOD MENTAL HEALTH IN GEORGIA.

DEPARTMENT OF EARLY CARE AND LEARNING, PHYSICAL ACTIVITY WORKGROUP: THIS
WORKGROUP WAS DEVELOPED OUT OF DECAL, STRONG4LIFE, AND OTHER GEORGIA
COLLABORATORS BECOMING TRAINED IN PHYSICAL ACTIVITY LEARNING SESSION OR
PALS THROUGH NEMOURS CHILDREN'S HEALTH. THIS WORKGROUP'S GOAL IS TO ALIGN
ON PHYSICAL ACTIVITY MESSAGING AND COMBINING EFFORTS IN TRAINING
GEORGIA'S EARLY CARE CENTERS IN PALS CONTENT.

Part VI Supplemental Information

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GEORGIA'S DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENT DISABILITIES

("DBHDD") SUICIDE PREVENTION COMMITTEE: STATEWIDE WORKGROUP TO DEVELOP

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.

EARLY INTERVENTION FAMILY WELL-BEING COMMITTEE MEETING: THIS MEETING IS

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CONVENED QUARTERLY BY GEORGIA EARLY EDUCATION ALLIANCE FOR READY STUDENTS

(GEEARS). THE PURPOSE OF THE MEETING IS TO BRING TOGETHER YOUTH SERVING

AGENCIES TO COMMUNICATE, CONVENE AND COLLABORATE RELATED TO EARLY

EDUCATION NEEDS. OUR ROLE IS TO SHARE RELEVANT UPDATES FROM STRONG4LIFE

AS IT RELATES TO THEIR WORK.

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

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

Part VI Supplemental Information

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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 ASSOCIATION FOR INFANT MENTAL HEALTH: THE GEORGIA ASSOCIATION FOR
INFANT MENTAL HEALTH (GA-AIMH) WAS ESTABLISHED TO RAISE AWARENESS OF
YOUNG CHILDREN'S SOCIAL AND EMOTIONAL NEEDS, DEVELOP AND SUPPORT THAT
STATE'S IECMH WORKFORCE, AND FOSTER CROSS-SYSTEM COLLABORATION.

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

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.

Part VI Supplemental Information

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THIS PROVIDES AN OPPORTUNITY FOR PARTNERS WORKING IN THE EARLY CARE AND
EDUCATION SPACE TO ALIGN.

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 AS THE CHAIR OF THE PREVENTION SUBCOMMITTEE TO
DEVELOP SPECIFIC FATALITY PREVENTION RELATED MESSAGING AND ON THE CHILD
MALTREATMENT SUBCOMMITTEE TO DEVELOP MESSAGING RELATED TO FATALITIES
CAUSED BY CHILD ABUSE AND NEGLECT.

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

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GEORGIA WIC WORKGROUP: THIS COLLABORATION BETWEEN STATEWIDE PARTNERS WORKING WITH WIC POPULATIONS IS STRUCTURED TO ALIGN EFFORTS TO SUPPORT AND PROMOTE GEORGIA WIC SERVICES. THIS GROUP STRATEGIZES ON HOW TO SUPPORT INCREASED ENROLLMENT IN GEORGIA WIC, HOW TO PROMOTE THE NUTRITION FOODS WIC PROVIDES AND TO SHARE DATA ON WIC'S PARTICIPATION AND IMPACT STATEWIDE.

GEORGIA STATEWIDE AFTERSCHOOL NETWORK: STRONG4LIFE PARTICIPATES IN THIS GROUP TO HELP CONNECT AND SUPPORT HIGH QUALITY AFTERSCHOOL AND SUMMER LEARNING PROGRAMS TO PROMOTE THE SUCCESS OF CHILDREN AND YOUTH THROUGHOUT GEORGIA. STRONG4LIFE PROVIDES EXPERTISE IN THE AREA OF HEALTH AND WELLBEING.

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

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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 AND THE YOUTH AWARE AND SAFE WORKGROUP.

LIVE HEALTHY DOUGLAS: THIS WORKGROUP IS MADE UP OF ORGANIZATIONS AND INDIVIDUALS, DEDICATED TO IMPLEMENTING THE EVIDENCE-BASED INITIATIVES FROM COBB AND DOUGLAS'S COMMUNITY HEALTH IMPROVEMENT PLAN. DOUGLAS'S HEALTHY EATING GOAL IS TO PROMOTE HEALTH AND REDUCE OVERWEIGHT AND OBESITY THROUGH THE CONSUMPTION OF HEALTHY FOODS. STRATEGIES INCLUDE INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS IN FOOD DESERT COMMUNITIES, INCREASING COMMUNITY KNOWLEDGE ON RECOGNIZING APPROPRIATE PORTIONS AND MAKING HEALTHY FOOD AND BEVERAGE CHOICES, INCREASING ORGANIZATIONAL AND PROGRAMMATIC CHANGES FOCUSED ON HEALTHY EATING.

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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.

MINDWORKS: MINDWORKS (FORMALLY KNOWN AS THE IDT) WAS CREATED BY GEORGIA'S DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD) TO DESIGN, MANAGE, FACILITATE, AND IMPLEMENT AN INTEGRATED APPROACH TO A CHILD AND ADOLESCENT SYSTEM OF CARE THAT INFORMS POLICY AND PRACTICE, AND SHARES RESOURCES AND FUNDING. MINDWORKS IS MADE UP OF OVER 20 REPRESENTATIVES FROM STATE AGENCIES AND NON-GOVERNMENTAL ORGANIZATIONS THAT SERVE CHILDREN WITH BEHAVIORAL HEALTH NEEDS. THE MINDWORKS HAS SEVERAL SUBCOMMITTEE WORKGROUPS THAT ARE FOCUSED AROUND THE PHASES OF THE SOC STATE PLAN. OUR STRONG4LIFE BEHAVIORAL AND MENTAL HEALTH ("S4L BMH") TEAM MEMBERS PARTICIPATE IN THE SCHOOL BASED MENTAL HEALTH SUBCOMMITTEE AND THE INFANT EARLY CHILDHOOD MENTAL HEALTH SUBCOMMITTEE.

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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 ONGOING 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.

SHELTERING ARMS HEALTH SERVICES ADVISORY COUNCIL: THIS GROUP WORKS IN PARTNERSHIP WITH ALL SHELTERING ARMS SITES TO ASSIST THE PROGRAM IN MEETING HEAD START PERFORMANCE STANDARDS AND PROVIDE TECHNICAL ASSISTANCE ON HEALTH SERVICES. IT HELPS TO DEVELOP POLICIES AND PROCEDURES, IDENTIFY HEALTH AND NUTRITION NEEDS OF THE COMMUNITY, ASSIST TO IDENTIFY MEDICAL, DENTAL, MENTAL HEALTH AND NUTRITION RESOURCES AND EDUCATION FOR THE CHILDREN, FAMILY, AND COMMUNITY. THIS MEETING ALSO HELPS TO BUILD

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COLLABORATIVE RELATIONSHIPS AND AGREEMENTS.

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.

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.

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SCHEDULE H, PART III, LINE 4

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

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SCHEDULE H, PART III, LINE 9B

PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS

INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS AS WELL AS MOST OUTPATIENT VISITS ARE CONDUCTED BY FINANCIAL COUNSELORS TO IDENTIFY POTENTIAL INSURANCE OR OTHER COVERAGE FOR EACH PATIENT.

COUNSELORS MAKE CONTACT WITH THE FAMILIES, EITHER IN PERSON OR LETTER, TO 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.

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

SCHEDULE H, PART 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 %: 55.3%

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

PHYSICIANS' PROFIT OR OWNERSHIP %: 44.7%

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

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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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 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 2022 CHNA FOCUSED ON IDENTIFYING PEDIATRIC HEALTH NEEDS IN THE
METROPOLITAN ATLANTA REGION, FOCUSING SPECIFICALLY ON THE 18-COUNTY
PRIMARY AND SECONDARY SERVICE AREAS THAT ACCOUNTED FOR 87% OF ADMISSIONS,
92% OF EMERGENCY DEPARTMENT VISITS, AND 87% OF OUTPATIENT VISITS TO
CHILDREN'S DURING 2021. THESE 18 COUNTIES ARE BARTOW, CARROLL, CHEROKEE,
CLAYTON, COBB, COWETA, DEKALB, DOUGLAS, FAYETTE, FORSYTH, FULTON,
GWINNETT, HALL, HENRY, NEWTON, PAULDING, ROCKDALE AND WALTON. HOWEVER, WE
CONTINUE TO ASSESS THE HEALTH AND HEALTHCARE NEEDS OF ALL CHILDREN IN
GEORGIA, ESPECIALLY THE UNIQUE NEEDS OF CHILDREN LIVING IN RURAL AREAS.

PROCESS AND DATA SOURCES

Part VI Supplemental Information

Provide the following information.

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CHILDREN'S EMPLOYED A MULTI-PRONGED APPROACH TO GATHERING INFORMATION:

FOCUS GROUPS, QUALITATIVE INTERVIEWS, DATA ANALYSIS AND A QUANTITATIVE SURVEY. THE GOAL WAS TO COLLECT INPUT FROM A WIDE VARIETY OF KEY STAKEHOLDERS ACROSS DOMAINS, INCLUDING HEALTHCARE, EARLY CARE, SCHOOLS, COMMUNITY ORGANIZATIONS, STATE GOVERNMENT, ACADEMICS, NONPROFIT ORGANIZATIONS, AND PARENTS AND CAREGIVERS. THESE KEY STAKEHOLDERS REPRESENT STATE-LEVEL, METRO-AREA, AND RURAL COMMUNITIES IN GEORGIA.

PARENT AND CAREGIVER FOCUS GROUPS WERE CONDUCTED BETWEEN MARCH AND APRIL 2022, WITH 95 PARTICIPANTS RANGING IN GENDER, EDUCATION, INCOME, ETHNICITY, RACE, GEOGRAPHIC LOCATION, AGE OF CHILD(REN) AND PRIMARY LANGUAGE SPOKEN. THEME ANALYSIS REVEALED SIX MAIN AREAS OF CONCERN FOR PEDIATRIC HEALTH AND HEALTHCARE: MENTAL HEALTH, ACCESS, OBESITY, SPECIALTY CARE, DENTAL CARE, AND ISSUES AFFECTING HISPANIC OR LATINO COMMUNITIES.

WE CONDUCTED 15 QUALITATIVE INTERVIEWS BETWEEN APRIL AND JUNE 2022 WITH STATE-LEVEL KEY STAKEHOLDERS WHOSE WORK IMPACTS CHILDREN AND ADOLESCENTS

Part VI Supplemental Information

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ACROSS DIFFERENT SECTORS. PARTICIPANTS WERE ASKED TO DESCRIBE THE POPULATION THEY SERVE; THE OVERALL HEALTH OF THE YOUTH, COMMUNITIES, OR POPULATIONS MOST VULNERABLE AND AT RISK; THE MOST UTILIZED RESOURCES; AND HOW TO BEST MEET THE NEEDS OF THE COMMUNITY. RESULTS WERE ANALYZED VIA KEY THEMES BY EACH QUESTION. COMMON THEMES THROUGHOUT THE INTERVIEWS WERE VULNERABLE POPULATIONS, BEHAVIORAL AND MENTAL HEALTH, OBESITY AND NUTRITION, CHRONIC CONDITIONS, RURAL POPULATIONS, AND THE ENVIRONMENT.

THE QUANTITATIVE SURVEY WAS SENT IN JUNE 2022 TO OVER 1,500 PARTICIPANTS REPRESENTING THE INTERESTS OF CHILDREN AND ADOLESCENTS THROUGHOUT METRO ATLANTA, RURAL COMMUNITIES, AND GEORGIA. THE SURVEY ASKED PARTICIPANTS TO RANK PRE-SELECTED PRIORITY AREAS FOR BOTH HEALTH AND HEALTHCARE AND SOCIAL DETERMINANTS OF HEALTH TOPICS. THE PRE-SELECTED PRIORITY AREAS WERE BASED ON PARENT AND CAREGIVER FOCUS GROUPS, QUALITATIVE INTERVIEW THEMES, AND DATA ANALYSIS. THE SURVEY WAS COMPLETED BY 115 INDIVIDUALS REPRESENTING DIVERSE BACKGROUNDS, INCLUDING COMMUNITY LEADERS, CLINICAL PROFESSIONALS, SCHOOL HEALTH PROFESSIONALS, EARLY CARE PROFESSIONALS, RESEARCH/ACADEMIA, GOVERNMENT/NONPROFIT AND EDUCATION.

Part VI Supplemental Information

Provide the following information.

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INTERNAL AND EXTERNAL DATA ANALYSIS UTILIZED CHILDREN'S HOSPITAL DATA AND EXISTING EXTERNAL DATA SOURCES TO COMPILE HEALTH AND WELL-BEING INDICATORS FOR CHILDREN AND ADOLESCENTS. INDICATORS FALL INTO FIVE DOMAINS: EDUCATION, SOCIOECONOMIC, HEALTH, ENVIRONMENT, AND HOUSING AND TRANSPORTATION. PRIMARY DATA SOURCES INCLUDE AMERICAN COMMUNITY SURVEY, NATIONAL VITAL STATISTICS SYSTEM, U.S. CENSUS BUREAU, NATIONAL SURVEY OF CHILDREN'S HEALTH, GEORGIA DEPARTMENT OF EDUCATION COLLEGE AND CAREER READY PERFORMANCE INDEX, AND OTHERS. DATA WERE COMPILED AT THE LOWEST COMMON GEOGRAPHICAL LEVEL, I.E., CENSUS TRACT, ZIP CODE AND COUNTY. ANALYSIS INCLUDED DISPARITIES ACROSS GEOGRAPHY, INCOME, RACE, ETHNICITY, AND OTHER DEMOGRAPHIC INFORMATION.

RANKING OF HEALTH ISSUES AND CONCERNS WAS A SYNTHESIS OF FOCUS GROUPS, QUALITATIVE INTERVIEW THEMES AND QUANTITATIVE SURVEY RANKINGS. INTERNAL AND EXTERNAL DATA ANALYSES WERE USED TO IDENTIFY HEALTH ISSUES AND TO DESCRIBE HOW EACH HEALTH ISSUE AFFECTS OUR COMMUNITY.

Part VI Supplemental Information

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COMMUNITY HEALTH NEEDS PRIORITIES

THE 2022 COMMUNITY HEALTH NEEDS REPRESENT KEY ELEMENTS FROM THE 2013-2019 REPORT BUT REFLECTS A SHIFT IN HOW THE COMMUNITY THINKS ABOUT CHILDREN'S HEALTH AND HEALTHCARE CONCERNS THROUGH A REORGANIZATION OF HEALTH TOPICS. CAREGIVERS, KEY INFORMANTS, AND SURVEY RESPONDENTS CONSISTENTLY HIGHLIGHTED VULNERABLE POPULATIONS AND THE EFFECTS OF SOCIAL DETERMINANTS ON HEALTH AND HEALTHCARE ACCESS ACROSS EACH HEALTH NEED IDENTIFIED. THE 2022 CHNA NEEDS IN PRIORITY ORDER ARE:

1. COLLABORATION TO ENHANCE ACCESS TO MENTAL, BEHAVIORAL AND DEVELOPMENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS
2. PROGRAMS TO ADDRESS CHRONIC DISEASE PREVENTION AND MANAGEMENT
3. PROGRAMS TO SUPPORT ADOLESCENT HEALTH ISSUES
4. PROGRAMS TO REDUCE CHILDHOOD OBESITY
5. PROGRAMS TO ADDRESS INFECTIOUS DISEASE PREVENTION AND MANAGEMENT
6. PROGRAMS AND COLLABORATION TO SUPPORT COMMUNITY OUTREACH
7. PROGRAMS TO ADDRESS INJURY PREVENTION
8. COLLABORATION TO ADDRESS ACCESS TO PRIMARY CARE MEDICAL HOMES FOR

Part VI Supplemental Information

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CHILDREN AND ADOLESCENTS

9. PROGRAMS TO ADDRESS HEALTH LITERACY
10. COLLABORATION TO ADDRESS ACCESS TO ORAL HEALTH SERVICES

SCHEDULE H, PART VI, LINE 3

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.

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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 2023.

DEMOGRAPHICS

GEORGIA HAS APPROXIMATELY 2.5 MILLION CHILDREN AND ADOLESCENTS AGED 18 YEARS AND YOUNGER, WITH OVER HALF LIVING IN THE ATLANTA METROPOLITAN STATISTICAL AREA. THE PEDIATRIC POPULATION IS EVENLY SPLIT BY AGE AND GENDER FOR BOTH GEORGIA AND THE 18-COUNTY METRO SERVICE AREA. RACE AND ETHNICITY DISTRIBUTION IS ALSO SIMILAR WHEN COMPARING GEORGIA TO THE 18-COUNTY METRO SERVICE AREA AND PATIENT DEMOGRAPHICS FROM CHILDREN'S HEALTHCARE OF ATLANTA: APPROXIMATELY 53% WHITE, 32% BLACK OR AFRICAN AMERICAN, 7% TWO OR MORE RACES, 4% ASIAN AND 4% OTHER. ETHNICITY IS SLIGHTLY DIFFERENT WITH 14.5% OF CHILDREN IN GEORGIA IDENTIFYING AS HISPANIC OR LATINO, 15.2% IN THE 18-COUNTY METRO SERVICE AREA AND 16.9%

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AT CHILDREN'S. APPROXIMATELY 14% OF FAMILIES IN GEORGIA SPEAK A LANGUAGE
OTHER THAN ENGLISH AT HOME.

FAMILY CHARACTERISTICS IN GEORGIA MIRROR THE UNITED STATES WITH A FEW KEY
DIFFERENCES. GEORGIA HAS A LOWER MEDIAN HOUSEHOLD INCOME AND HIGHER
PERCENTAGE OF PERSONS LIVING IN POVERTY THAN THE REST OF THE U.S.
COMPARING THE 18-COUNTY METRO SERVICE AREA TO GEORGIA, THERE IS A HIGHER
PERCENTAGE OF PERSONS WITH LESS THAN A HIGH SCHOOL DEGREE OUTSIDE OF THE
18-COUNTY METRO SERVICE AREA, ALTHOUGH THE REMAINING EDUCATIONAL
ATTAINMENT CATEGORIES ARE SIMILAR FOR EACH. FAMILIES LIVING IN THE
18-COUNTY METRO SERVICE AREA HAVE A SLIGHTLY HIGHER MEDIAN INCOME THAN
THE MEDIAN INCOME ACROSS GEORGIA. PATIENTS AT CHILDREN'S HEALTHCARE OF
ATLANTA LARGELY REPRESENT THE COMMUNITIES OF BOTH THE 18-COUNTY METRO
SERVICE AREA, RURAL COMMUNITIES, AND GEORGIA.

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

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

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

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EDUCATION AND RESEARCH.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM

ARTHUR M. BLANK HOSPITAL, INC. (FKA EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC.) AND SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC. (SCOTTISH RITE) ARE PART OF AN AFFILIATED HEALTH CARE SYSTEM. ARTHUR M. BLANK 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. ARTHUR M. BLANK 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 14,000+ EMPLOYEES WORK ACROSS THE CHILDREN'S HEALTHCARE SYSTEM PROVIDING CARE FOR OVER 1,188,340 PATIENT

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VISITS THEY MANAGED IN 2023.

IN 2023, CHILDREN'S HEALTHCARE OF ATLANTA, INC. PROMOTED THE HEALTH OF THE OVERALL COMMUNITY AND PROVIDED 673 LICENSED BEDS AND 450,285 UNIQUE PATIENTS (FROM ALL 159 COUNTIES IN GEORGIA), 28,326 HOSPITAL DISCHARGES, 188,649 INPATIENT DAYS, 676,744 OUTPATIENT VISITS, 44,428 SURGICAL PROCEDURES, 245,643 EMERGENCY DEPARTMENT VISITS, AND 178,802 URGENT CARE CENTER VISITS. IN ADDITION, CHILDREN'S MANAGED 68,695 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 CHILDREN WHO ARE OVERWEIGHT OR HAVE OBESITY IN THEIR FAMILIES. THE STRONG4LIFE CAMP HELPS THEM 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

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- 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.).
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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.

ELEMENTARY SCHOOL CHILDREN ABOUT THE IMPORTANCE OF GOOD NUTRITION AND PHYSICAL ACTIVITY IN A FUN AND ENGAGING WAY, ENERGIZING THE ENTIRE SCHOOL 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

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.

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

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

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

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

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

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

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.

TRANSPORTATION NEEDS.

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

- A LEVEL I TRAUMA PROGRAM AT ARTHUR M. BLANK 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.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY 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 AND IS AVAILABLE HERE:

[HTTPS://WWW.CHOA.ORG/ABOUT-US/COMMUNITY/COMMUNITY-BENEFIT-AND-REPORT](https://www.choa.org/about-us/community/community-benefit-and-report)

OUR BENEFIT TO THE COMMUNITY IS ALSO PRESENTED IN OUR ANNUAL SOCIAL AND ENVIRONMENTAL RESPONSIBILITY REPORT. THIS REPORT IS AVAILABLE ON CHILDREN'S WEBSITE:

[HTTPS://WWW.CHOA.ORG/ABOUT-US/SOCIAL-AND-ENVIRONMENTAL-RESPONSIBILITY](https://www.choa.org/about-us/social-and-environmental-responsibility)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HEALTHCARE OF ATLANTA - HUGHES S 25 JESSEE HILL DR. ATLANTA, GA 30303	20-4144787	501(C)(3)	2,966,932.				SUPPORT FOR 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 NONE

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

Schedule I (Form 990) 2023

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
1NURSING SCHOLARSHIPS	57	154,000.			
2VOLUNTEEN PROGRAM	4	3,000.			
3HONORARIUM	35	62,582.			
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

NURSING SCHOLARSHIPS

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;

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					
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Part IV

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

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;

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.

CANDLISH FUND

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					
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7					

Part IV

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

PER CHILDREN'S MANAGEMENT AGREEMENT WITH GRADY HEALTH SYSTEM, HSOC, INC.

HAS OVERSIGHT OF ALL HUGHES SPALDING OPERATIONS, INCLUDING THE USE OF
GRANT AND GIFT FUNDS. THE AMOUNT OF FUNDS PROVIDED ANNUALLY TO HUGHES
SPALDING FROM HSOC, INC. IS GOVERNED BY AGREED UPON TERMS OF THE
MANAGEMENT CONTRACT.

VOLUNTEEN PROGRAM

THE VOLUNTEEN PROGRAM IS FOR HIGH SCHOOL STUDENTS AGES 15 TO 18, WHO ARE
LOOKING FOR A REWARDING WAY TO SPEND A PORTION OF THEIR SUMMER.
VOLUNTEENS WILL SPEND THEIR DAYS BRINGING SMILES AND LAUGHTER TO THE

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					
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7					

Part IV

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

HALLS OF THE HOSPITAL, WHILE ALSO GAINING KNOWLEDGE OF THE HEALTHCARE WORLD. FROM THE FRONT DESKS TO PATIENT UNITS, VOLUNTEERS WILL SUPPORT CHILDREN'S STAFF, PLAY GAMES, AND MOST IMPORTANTLY, LEAVE A LASTING IMPRESSION ON OUR PATIENTS AND FAMILIES.

THE PROGRAM SPANS EIGHT WEEKS DURING JUNE AND JULY. INTERESTED TEENS MUST BE ABLE TO COMMIT TO VOLUNTEERING AT LEAST ONE DAY A WEEK FOR THREE HOURS, MISSING NO MORE THAN TWO DAYS OF THE SUMMER COMMITMENT. THERE WILL BE ADDITIONAL OPPORTUNITIES, SUCH AS INFORMATIVE SESSIONS WITH HEALTHCARE PROFESSIONALS. APPLICANTS MUST BE 15 BY JUNE 1ST TO BE ELIGIBLE FOR THE

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					
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Part IV

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

PROGRAM.

HONORARIUM

REQUESTS TO GIVE BONA FIDE EDUCATIONAL OR RESEARCH RELATED SPEECHES AND PRESENTATIONS OR WRITE ARTICLES ON TOPICS WHICH FURTHER THE INTERESTS OF CHILDREN'S, TO BE MADE AT INDUSTRY MEETINGS, MUST BE SUBMITTED TO THE COMMITTEE FOR REVIEW AND APPROVAL. PROVIDERS AND EMPLOYEES MUST RECEIVE APPROVAL FROM THEIR LEADER PRIOR TO ENGAGING IN THESE ACTIVITIES. THERE MUST BE AN AGREEMENT BETWEEN THE INDUSTRY ORGANIZATION AND THE PROVIDER OR EMPLOYEE WHICH OUTLINES BOTH THE PURPOSE OF, AND THE ARRANGEMENTS

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					
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Part IV

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

RELATING TO THE PROPOSED ACTIVITY, INCLUDING THE SERVICES TO BE

PERFORMED, TIMEFRAME, AND ANY COMPENSATION.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input 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) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DONNA HYLAND, PRESIDEN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 TRUSTEE - SYS MAC FDN HSOC	(ii)	1,428,486.	593,047.	54,808.	432,883.	28,596.	2,537,820.	NONE
JAMES FORTENBERRY, MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 CMO, TRUSTEE - SR AMBH CPG UC	(ii)	550,817.	190,599.	513,528.	141,342.	30,359.	1,426,645.	450,490.
RUTH FOWLER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 CFO/TREASURER - SYSTEM	(ii)	766,488.	245,488.	169,686.	177,733.	26,209.	1,385,604.	143,567.
RONALD FRIESON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 INDIV TRUSTEE - HSOC/MAC/COO	(ii)	752,615.	242,408.	151,931.	175,689.	27,918.	1,350,561.	96,040.
SAMUEL WILLIMON	(i)	1,068,100.	103,125.	140,688.	22,350.	38,017.	1,372,280.	NONE
5 ORTHOPEDIC SURGEON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSHUA MURPHY	(i)	965,520.	86,649.	58,365.	22,350.	45,793.	1,178,677.	NONE
6 ORTHOPEDIC SURGEON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID WRUBEL, MD	(i)	995,924.	82,880.	36,786.	22,350.	35,280.	1,173,220.	NONE
7 INDIV TRUSTEE-SYS/NEUROSURGEON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL SCHMITZ	(i)	994,283.	72,762.	29,683.	22,245.	42,261.	1,161,234.	NONE
8 ORTHOPEDIC SURGEON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LINDA COLE	(i)	478,446.	156,291.	146,618.	118,140.	29,572.	929,067.	103,176.
9 SVP OPERATIONS/CNO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIM SCHRADER, MD	(i)	927,670.	74,206.	49,923.	22,350.	35,309.	1,109,458.	NONE
10 ORTHOPEDIC SURGEON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW REISNER	(i)	879,682.	121,880.	41,861.	22,350.	38,934.	1,104,707.	NONE
11 NEUROSURGEON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BARUNASHISH BRAHMA, MD	(i)	866,234.	106,280.	1,440.	22,350.	22,860.	1,019,164.	NONE
12 INDIV TRUSTEE-FDN/NEUROSURGEON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JANINE MUSHOLT	(i)	417,697.	157,596.	45,271.	107,589.	43,571.	771,724.	NONE
13 PRESIDENT/TRUSTEE FOUNDATION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTOPHER CHELETTE	(i)	403,304.	106,036.	40,118.	58,601.	36,349.	644,408.	38,678.
14 SENIOR VP FACILITIES SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID FENSTERMACHER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 SVP GENERAL COUNSEL/SECRETARY	(ii)	413,351.	102,671.	22,730.	17,950.	32,358.	589,060.	NONE
JON POPLER, MD	(i)	366,277.	NONE	52,108.	14,613.	41,858.	474,856.	NONE
16 INDV TRUSTEE-SYS/PULMONOLOGIST	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL RILEY	(i)	327,637.	78,882.	1,440.	15,870.	36,624.	460,453.	NONE
1 INDIV TRUSTEE-HSOC/VP FIN OPS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LUCKY JAIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 INDIV TRUSTEE-MAC/PED IN CHIEF	(ii)	322,380.	61,800.	11,852.	21,510.	3,016.	420,558.	NONE
HEATHER BALBERDE	(i)	244,551.	65,273.	22,966.	14,710.	39,021.	386,521.	NONE
3 VP CHILDREN'S PHYSICIAN GROUP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICK HENNESSY	(i)	294,245.	NONE	25,190.	6,500.	26,205.	352,140.	NONE
4 COO, CHILDREN'S PHYSICIAN GRP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIA JONES	(i)	237,813.	58,313.	5,501.	14,070.	30,528.	346,225.	NONE
5 VICE PRESIDENT - HSOC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TOM MORRIS	(i)	370,050.	NONE	NONE	NONE	NONE	370,050.	NONE
6 SVP HOSPITAL OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CAROLYN GOODMAN	(i)	230,729.	67,087.	28,735.	14,264.	12,982.	353,797.	NONE
7 VP OPERATIVE SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHERYL HEAD	(i)	232,928.	54,959.	10,476.	14,102.	25,316.	337,781.	NONE
8 VP NURSING & HOSPITAL OPS EGL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIM STACY	(i)	206,154.	28,791.	17,386.	13,106.	33,260.	298,697.	NONE
9 DIRECTOR PHARMACY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

PURSUANT TO THE ORGANIZATION'S TRAVEL AND REIMBURSEMENT POLICY, THE CHIEF EXECUTIVE OFFICER (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.

SCHEDULE J, PART I, LINE 4A

TODD LUSK RECEIVED SEVERANCE IN THE AMOUNT OF \$90,653.

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

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.

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. IN ADDITION, NON-CEO PARTICIPANTS WILL AUTOMATICALLY VEST ONCE THE PARTICIPANT REACHED TARGETED RETIREMENT DATE.

BELOW ARE THE PARTICIPANTS AND THE TOTAL AMOUNT CONTRIBUTED TO THE PLAN DURING 2023:

DONNA HYLAND - \$ 410,533

RUTH FOWLER - \$ 155,383

RONALD FRIESON - \$ 153,339

LINDA COLE - \$ 98,926

JANINE MUSHOLT - \$ 89,639

JAMES FORTENBERRY - \$ 119,756

CHRISTOPHER CHELETTE - \$ 41,258

BELOW ARE THE PARTICIPANTS AND THE TOTAL AMOUNT DISTRIBUTED FROM THE PLAN DURING 2023:

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.

RUTH FOWLER - \$ 120,496

RONALD FRIESON - \$ 98,410

LINDA COLE - \$ 103,176

JAMES FORTENBERRY - \$ 456,254

CHRISTOPHER CHELETTE - \$ 38,678

SCHEDULE J, PART I, LINES 6A & 6B

EXECUTIVES ARE ELIGIBLE FOR AN ANNUAL INCENTIVE, WHICH INCLUDES A MEASUREMENT FOR ACHIEVEMENT OF BUDGETED CASH FLOW 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.

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.

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 12/31/2023. 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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

OMB No. 1545-0047

2023

**Open To Public
Inspection**

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

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

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

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

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

Part II Loans to and/or From Interested Persons

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

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

Part III Grants or Assistance Benefiting Interested Persons

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

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

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

Schedule L (Form 990) 2023

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) MICHELLE POPLER	SEE SCHEDULE L, PART V	107,354.	COMPENSATION		X
(2) AMANDA THORNSBERRY WRUBEL	SEE SCHEDULE L, PART V	45,453.	COMPENSATION		X
(3) MANDI CALL	SEE SCHEDULE L, PART V	13,889.	COMPENSATION		X
(4) LINDSEY STACY	SEE SCHEDULE L, PART V	121,071.	COMPENSATION		X
(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) MICHELLE POPLER - MICHELLE POPLER WORKS AS TEAM LEAD RESEARCH NURSE AT CENTER FOR ADVANCED PEDIATRICS, SHE IS THE WIFE OF JOHN POPLER, WHO IS A TRUSTEE FOR THE SYSTEM.

(2) AMANDA THORNSBERRY WRUBEL - AMANDA THORNSBERRY WRUBEL WORKS AS CLINICAL NURSE AT EGGLESTON, SHE IS THE WIFE OF DAVID WRUBEL, WHO IS A TRUSTEE FOR THE SYSTEM.

(3) MANDI CALL - MANDI CALL WORKS AS NICU AT EGGLESTON, SHE IS THE WIFE OF NATHAN CALL, WHO IS A TRUSTEE FOR MARCUS.

(4) LINDSEY STACY - LINDSEY WORKS AS CLINICAL EDUCATOR AT EGGLESTON, SHE IS THE DAUGHTER OF TIM STACY, WHO IS A KEY EMPLOYEE FOR THE SYSTEM.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	103	15,465,695.	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

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 REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

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 2023, 10,001 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/OR ADMINISTRATIVE SUPPORT. HOSPITAL VOLUNTEERS CAN BE FOUND WORKING ON ALL OF OUR HOSPITAL CAMPUSES AS WELL AS SEVERAL OF OUR NEIGHBORHOOD LOCATIONS. APPROXIMATELY 2,745 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

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 GROUP ARE ISSUED
UNDER EIN 58-2367819, CHILDREN'S HEALTHCARE OF ATLANTA, INC. THE PARENT
ORGANIZATION.

FORM 990, PART VI, LINE 6

MEMBERS OR STOCKHOLDERS

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

FORM 990, PART VI, LINE 7A

POWER TO ELECT OR APPOINT MEMBERS

THE BYLAWS OF ARTHUR M. BLANK HOSPITAL, INC., SCOTTISH RITE CHILDREN'S
MEDICAL CENTER, INC., URGENT CARE AT CHILDREN'S INC., AND CHILDREN'S
PHYSICIAN 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

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Inspection**

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS

CHILDREN'S HEALTHCARE OF ATLANTA, INC. (CHILDREN'S), A SECTION 501(C)(3) PUBLIC CHARITY, IS THE CORPORATE PARENT OF THE SUBORDINATES INCLUDED IN THIS GROUP RETURN. UNDER THE SUBORDINATES' BYLAWS, CERTAIN CORPORATE ACTIONS ARE SUBJECT TO DIRECT OR INDIRECT APPROVAL BY CHILDREN'S. 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

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Inspection**

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

CHILDREN'S BOARD OF TRUSTEES ADOPTED A CONFLICT OF INTEREST POLICY THAT APPLIES TO AN "INTERESTED PERSON". AN INTERESTED PERSON WOULD BE EVERY DIRECTOR, TRUSTEE, MEMBER OF A BOARD COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, OFFICERS OR "KEY MANAGEMENT EMPLOYEE" OR A CHILDREN'S ORGANIZATION WHOM HAS A DIRECT OR INDIRECT FINANCIAL INTEREST.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS OR TRUSTEES AND MEMBERS OF THE COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, SUCH INTERESTED PERSON SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT EXISTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

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2023

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Inspection**

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

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

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

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

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

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

- A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- B) HAS READ AND UNDERSTANDS THE POLICY; AND
- C) HAS AGREED TO COMPLY WITH THE POLICY.

ANNUALLY, INTERESTED PERSONS WILL COMPLETE A QUESTIONNAIRE TO PROVIDE
INFORMATION NEEDED IN CONNECTION WITH THE CHILDREN'S ORGANIZATIONS'
FILING OF ITS IRS FORM 990 WITH THE INTERNAL REVENUE SERVICE. RESULTS OF

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

THE QUESTIONNAIRE ARE REVIEWED BY SENIOR LEADERSHIP AND THE AUDIT AND
COMPLIANCE COMMITTEE.

FORM 990, PART VI, LINES 15A AND 15B

PROCESS FOR DETERMINING COMPENSATION

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

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

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

USING MARKET DATA PROVIDED BY THE THIRD PARTY RELATED TO THE PAY,
BENEFITS AND PERQUISITES PAID TO FUNCTIONALLY COMPARABLE POSITIONS IN
ORGANIZATIONS COMPARABLE TO CHILDREN'S, THE COMMITTEE PROVIDES TOTAL
COMPENSATION RECOMMENDATIONS. PAY RECOMMENDATIONS FOR "DISQUALIFIED
PERSONS", AND OTHER EXECUTIVES AND LEADERS ARE MADE IN DECEMBER AND BOARD

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Inspection**

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CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

APPROVED CHANGES, IF ANY, ARE EFFECTIVE IN THE FIRST PAY PERIOD OF THE
COMING YEAR. INCENTIVE PAYOUTS ARE APPROVED IN FEBRUARY, FOR THE PRIOR
YEAR'S PERFORMANCE, AND ISSUED IN MARCH.

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

FORM 990, PART VI, LINE 19

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

CHILDREN'S MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS
COMPANY WEBSITE (CHOA.ORG) AND ITS GOVERNING DOCUMENTS AND CONFLICT OF
INTEREST POLICY AVAILABLE TO THE PUBLIC, IN ACCORDANCE WITH IRS
GUIDELINES.

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, UCC, CPG, AMBH, SR 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:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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CHOA - CHILDREN'S HEALTHCARE OF ATLANTA, INC.

UCC - URGENT CARE AT CHILDREN'S, INC.

CPG - CHILDREN'S PHYSICIAN GROUP, INC.

AMBH - ARTHUR M. BLANK HOSPITAL, INC.

SR - SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC.

FORM 990, PART VII

HOURS DEVOTED TO RELATED ORGANIZATIONS

ALL MEMBERS OF CHILDREN'S HEALTHCARE OF ATLANTA (CHILDREN'S) 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 CHILDREN'S 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 CHILDREN'S ORGANIZATION AS A WHOLE. OFFICERS AND TRUSTEES SPEND 1 HOUR OF THEIR WORK WEEK DEVOTED TO CARRYING OUT THEIR DUTIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

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CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN NET ASSET RELEASED FROM RESTRICTION: 71,111,387

RECLASSIFICATION OF CONTRIBUTIONS: (81,513,216)

TOTAL: \$ (10,401,829)

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

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 2023, CHILDREN'S HAD 10,001 HOSPITAL AND EVENT VOLUNTEERS.

IN 1998, ARTHUR M. BLANK HOSPITAL, INC. (FKA EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC.) AND SCOTTISH RITE CHILDREN'S 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 MULTIPLE OUTPATIENT LOCATIONS AND URGENT CARE CENTERS. IN 2023, THE THREE HOSPITALS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC. PROVIDED 673 LICENSED BEDS AND MANAGED 1,188,340 PATIENT VISITS, 450,285 UNIQUE PATIENTS, 28,326 HOSPITAL DISCHARGES, 188,649 INPATIENT DAYS, 676,744 OUTPATIENT VISITS, 44,428 SURGICAL CASES (INPATIENT AND OUTPATIENT), MORE THAN 245,643 EMERGENCY DEPARTMENT VISITS, 178,802 URGENT CARE CENTER VISITS AND 13,761 TELEMEDICINE VISITS. CHILDREN'S ALSO MANAGED 68,695 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE.

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

MARCUS AUTISM CENTER HAD ITS BEGINNINGS AS THE MARCUS DEVELOPMENTAL RESOURCE CENTER AT EMORY UNIVERSITY IN 1991. SINCE THEN, WITH THE HELP OF COMMUNITY SUPPORT, MARCUS AUTISM CENTER HAS TREATED MORE THAN 45,764 CHILDREN. IN 2023, THEY CARED FOR MORE THAN 6,300 INDIVIDUAL PATIENTS, MORE THAN 1,000 DIAGNOSTIC EVALUATIONS AND 45,764 CLINICAL VISITS, CONDUCTED RESEARCH, AND PROVIDED EDUCATION AND TRAINING PROGRAMS. TOGETHER WITH FAMILIES, SUPPORT GROUPS, GOVERNMENT AGENCIES AND FOUNDATIONS, MARCUS AUTISM

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

FORM 990, PART III - PROGRAM SERVICE

=====

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

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

FORM 990, PART VI, LINE 17 - STATES

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

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN**90-0779996**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
JE DUNN CONSTRUCTION COMPANY 1001 LOCUST ST KANSAS CITY, MO 64106	CONTRACTING SERVICES	132,507,955.
BRASFIELD & GORRIE LLC PO BOX 11407 BIRMINGHAM, AL 35246	CONTRACTING SERVICES	124,160,851.
EMORY UNIVERSITY 2015 UPPERGATE DR ATLANTA, GA 30322	CONSULTING SERVICES	72,343,212.
MORRIS & DICKSON CO LLC 410 KAY LN SHREVEPORT, LA 71115	PRESCRIPTION SVCS	56,309,519.
PROSYS INFORMATION SYSTEMS 28545 NETWORK PL CHICAGO, IL 60673	CONSULTING SERVICES	35,868,330.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

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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) SEE SUPPLEMENTAL PAGE					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(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) 2023

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	6,444,739.	8,497,287.		X			X	55.3300
(2) PERISCOPE EQUITY II-A, LP ONE NORTH WACKER DR CHICAGO IL	INVESTMENTS	IL	CHOA, INC.								X	
(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) CHILDREN'S HEALTHCARE OF ATL CARDIOLOGY 58-1871713 2835 BRANDYWINE RD, SUITE 300 ATLANTA, GA 30329	CARDIAC SERVICE	GA	CHOA	C CORP	60,885.	17,599,257.	100.0000	X	
(2) THE CHILDREN'S CARE NETWORK 47-1373158 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	PHYSICIAN SRV	GA	CHOA	C CORP	2,264,095.	3,503,092.	100.0000	X	
(3) CHARITABLE REMAINDER TRUST - (8) 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	SPLIT INT. TR	GA	N/A	TRUST				X	
(4) CHARITABLE REMAINDER UNITRUST (10) 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	CHARITABLE TR	GA	N/A	TRUST				X	
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

Part VII **Supplemental Information**

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

Part VII Supplemental Information

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

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E) EOY ASSETS	(F) DIRECT CONTROL
CHILDREN'S SEDATION SERVICES, LLC	81-0582607	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	1,253.	NONE	PHY GROUP
CHILDREN'S ANESTHESIA SERVICES, LLC	20-0044124	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	17,962.	NONE	PHY GROUP
CHILDREN'S BMH PROVIDERS, LLC	32-0185406	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	377.	NONE	PHY GROUP
PED NEUROSURGERY ASSOC AT CHILDREN'S LLC	26-0833842	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	6,541.	NONE	PHY GROUP
CHOA - MULTISPECIALTY, LLC	61-1665353	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	57,229.	NONE	PHY GROUP
CHOA - HOSPITAL BASED, LLC	80-0863895	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	126,510.	NONE	PHY GROUP
SPECIALTY PROVIDERS AT CHILDREN'S LLC	61-1753346	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	NONE	NONE	PHY GROUP
MED-SURGICAL PROVIDERS AT CHILDREN'S LLC	30-0853755	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	NONE	NONE	PHY GROUP
CARDIOTHORACIC PROVDRS AT CHILDREN'S LLC	32-0456470	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	6,754.	NONE	PHY GROUP
PRIMARY CARE AT CHILDREN'S LLC	61-1752679	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES		GA	NONE	NONE	PHY GROUP
CHILDREN'S PHYSICIAN GROUP SPEC PROV, LLC	37-1575334	1575 NORTHEAST EXPRESSWAY	ATLANTA, GA 30329		
PHYS SERVICES			NONE	NONE	PHY GROUP