List of Hospital Joint Ventures and Ownership Interest (HB 321)								
Entity Name	Domicile	Nature of Ownership or	Ownership or Interest	Notes (Optional)				
		Interest						
Children's Healthcare of	Georgia	55.3% interest held by	\$8,169,961					
Atlanta Surgery Center at		Scottish Rite Children's						
Meridian Mark Plaza, LLC		Medical Center, Inc.						
Premier Pediatric	Georgia	47.7% interest held by	\$496,247	Children's has no				
Providers, LLC (d/b/a Kids		Scottish Rite Children's		control over Kids Health				
Health First)		Medical Center, Inc.		First operations.				

## Notes:

- a. List for Fiscal Year 2022
- b. List includes ownership or interest the hospital has in joint ventures, partnerships, subsidiary holding companies, or captive insurance companies.
- c. Nature of Ownership interest may include the number of shares/membership interest, percentage ownership interest, or indication of whether the hospitals is a minority or majority owner or interest holder.





Schedule K-1 (Form 1065)	2022	Ę	Final K-1			
Department of the Treasury	For calendar year 2022, or tax year					Current Year Income, s, and Other Items
Internal Revenue Service		_				
Partner's Share of Income, Deductions	ending	1		siness income (loss) , 142 , 061 .	14 Se	elf-employment earnings (loss)
Credits, etc.	See separate instructions.	-		estate income (loss)		
Part I Information About the Partne	•	1		estate meome (1033)	<b>15</b> Cr	redits
A Partnership's employer identification number	•	3	Other net rer	ntal income (loss)	100	
01-0723254				(,		
B Partnership's name, address, city, state, and ZIP cod	e	4a	Guaranteed pa	yments for services	<b>16</b> Sc	chedule K-3 is attached if
CHILDREN'S HEALTHCARE OF	ATLANTA SURGER			2,125.	ch	necked X
CENTER AT MERIDIAN MARK P	LAZA, LLC	4b	Guaranteed	payments for capital		ternative min tax (AMT) items
1575 NORTHEAST EXPRESSWAY	•				Α	-5,128.
ATLANTA, GA 30329		4c	Total guaran	teed payments		
C IRS center where partnership filed return:				2,125.		
E-FILE		5	Interest inco	me	1	ax-exempt income and
D Check if this is a publicly traded partnership (P	,				no	ondeductible expenses
Part II Information About the Partne		6a	Ordinary divi	dends		
E Partner's SSN or TIN (Do not use TIN of a disregarde	ed entity. See instructions.)					
58-0572465	onto a dia F. One instructions	6b	Qualified div	idends	40.5	
F Name, address, city, state, and ZIP code for partner 6	entered in E. See instructions.	-	Dividend of a sec		19 Di	istributions
CHILDREN'S HEALTHCARE OF	አ ጥ <b>ፐ . አ እ</b> ነጥ አ	bc.	Dividend equ	uivaients	C	8,277,439. 1,221,055.
1575 NORTHEAST EXPRESSWAY		7	Royalties			ther information
ATLANTA, GA 30329		'	Hoyailles		Z	* STMT
G X General partner or LLC	Limited partner or other LLC	8	Net short-ter	m capital gain (loss)	AE	* 9,931,036.
member-manager	member	ľ		m capital gain (1033)	AG	* 19,906,761.
H1 X Domestic partner	Foreign partner	9a	Net long-tern	n capital gain (loss)		25/500/7021
H2 If the partner is a disregarded entity (DE), enter		"		3 ()		
TIN Name	·	9b	Collectibles	(28%) gain (loss)		
I1 What type of entity is this partner? <b>EXEMPT</b>	ORGANIZATION					
12 If this partner is a retirement plan (IRA/SEP/Keogh/e		9с	Unrecapture	d section 1250 gain		
J Partner's share of profit, loss, and capital:						
Beginning	Ending	10	Net section	1231 gain (loss)		
Profit 51.8160310%	55.3330335%				<u> </u>	
Loss 51.8160310%	55.3330335%		Other incom			
Capital 51.8160310%	55.3330335%	I*		-20,444.		
Check if decrease is due to sale or exchange of partn	ership interest L					
K Partner's share of liabilities:  Beginning	Ending	10	0+: 470	al a discations	04.5	
	\$	12	Section 179	deduction	21 FC	oreign taxes paid or accrued
Nonrecourse \$	φ	13	Other deduc	tions		
Qualified nonrecourse financing \$	\$	'		dons		
Recourse	\$ 4,487,340.				•	
Check this box if Item K includes liability amounts from lower-ti					1	
L Partner's Capital Account Ar	nalysis	22	More	than one activity for	at-risk r	ourposes*
,			More	than one activity for	passive	e activity purposes*
Beginning capital account \$ 5,812,077.			See attach	ed statement for a	ddition	nal information.
Capital contributed during the year\$						
Current year net income (loss)\$						
Other increase (decrease) (attach explanation) \$		<u>~</u>				
Withdrawals and distributions \$( 9,498,494.)						
Ending capital account \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
M Did the partner contribute property with a built-in gain (loss)?						
Yes X No If "Yes," attach statement.		For IRS Use Only				
N Partner's Share of Net Unrecognized Section	., . ,	"				
Beginning \$ Fnding \$						

Schedule K-1 (Form 1065) Department of the Treasury		ded K-1 OMB No. 1545-0123		
Internal Revenue Service For calendar year 2022, or tax year	Deductions, C	redits, and Other Items		
Partner's Share of Income, Deductions,	1 Ordinary business income (loss) -23,953.	14 Self-employment earnings (loss)		
Credits, etc. See separate instructions.	2 Net rental real estate income (loss)			
Part I Information About the Partnership		15 Credits		
A Partnership's employer identification number 58-235550	Other net rental income (loss)			
B Partnership's name, address, city, state, and ZIP code	4a Guaranteed payments for services	16 Schedule K-3 is attached if checked X		
PREMIER PEDIATRIC PROVIDERS LLC	4b Guaranteed payments for capital	17 Alternative min tax (AMT) items		
2480 BRIARCLIFF ROAD NE STE 6-334				
ATLANTA, GA 30329	4c Total guaranteed payments			
C IRS center where partnership filed return: KANSAS CITY, MO	5 Interest income	18 Tax-exempt income and		
D Check if this is a publicly traded partnership (PTP)	385.	nondeductible expenses		
Part II Information About the Partner	6a Ordinary dividends			
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)	3,008.			
58-1914161  F Name, address, city, state, and ZIP code for partner entered in E. See instructions.	6b Qualified dividends	19 Distributions		
The state of the s	6c Dividend equivalents	10 - 1		
WILBUR & HILDA GLENN HOSPITAL				
1001 JOHNSON FERRY ROAD	7 Royalties	20 Other information		
ATLANTA, GA 30342		A 3,393.		
G General partner or LLC member-manager  X Limited partner or other LLC member	Net short-term capital gain (loss)			
H1 X Domestic partner Foreign partner	9a Net long-term capital gain (loss)			
H2 If the partner is a disregarded entity (DE), enter the partner's:				
TIN Name	9b Collectibles (28%) gain (loss)			
I1 What type of entity is this partner? CORPORATION				
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9c Unrecaptured section 1250 gain			
J Partner's share of profit, loss, and capital:				
Beginning Ending	10 Net section 1231 gain (loss)			
Profit 47.6817570% 47.6817570%				
Loss 47.6817570% 47.6817570%	11 Other income (loss)			
Capital 47.6853364% 47.6853364%				
Check if decrease is due to sale or exchange of partnership interest				
K Partner's share of liabilities:				
Beginning Ending	12 Section 179 deduction	21 Foreign taxes paid or accrued		
Nonrecourse \$ 0.\$				
Qualified nonrecourse	13 Other deductions			
financing		<b>以</b> 自己的"特别"。		
Recourse \$ 0. \$ 0.				
Check this box if Item K includes liability amounts from lower-tier partnerships	20 11 11 11 11 11	(B) 32 34 35 27 38 22 32 340 34 32 36 18 5 18		
L Partner's Capital Account Analysis	22 More than one activity for a	25. CO. L. 1994 D. Co. C. * (2000 D. C. CO.)		
Beginning capital account \$ 516,807.	23 More than one activity for passive activity purposes*  *See attached statement for additional information.			
Beginning capital account \$\$ 516,807. Capital contributed during the year \$	See attached statement for ac	ditional information.		
Current year net income (loss) $\qquad \qquad \qquad$				
Other increase (decrease) (attach explanation) \$				
Withdrawals and distributions \$()	VlnC			
Ending capital account \$ 496,247.	) es			
M Did the partner contribute property with a built-in gain (loss)?	n s			
Yes X No If "Yes," attach statement. See instructions.	For IRS Use Only			
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	9			
Beginning \$				
Ending				