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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Children's Healthcare of Atlanta Group Return		<b>D Employer identification number</b>  90-0779996
	% Tom Brems Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1584 Tullie Circle		<b>E Telephone number</b>  (404) 785-7944
	City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA 30329		<b>G Gross receipts \$</b> 1,451,500,416
	<b>F</b> Name and address of principal officer DONNA HYLAND 1600 Tullie Circle Atlanta,GA 30329		<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number <b>▶</b> 5857
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> <b>▶</b> www.choa.org			



<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>	<b>L</b> Year of formation	<b>M</b> State of legal domicile
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Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	77	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	66	
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	10,278	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	6,500	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	90,979,701	81,478,337
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	1,133,253,987	1,243,840,249
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,825,139	24,474,890
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	18,741,199	21,555,607
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	1,255,800,026	1,371,349,083
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	9,969,222	6,946,417
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	610,566,294	692,038,541
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶</b> 12,763,935	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	451,214,556	455,836,081
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	1,071,750,072	1,154,821,039
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	184,049,954	216,528,044
	<b>21</b> Total liabilities (Part X, line 26) . . . . .		
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	2,915,482,538	3,153,137,000
		667,135,258	665,638,199
		2,248,347,280	2,487,498,801

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			2015-11-04	
	Signature of officer		Date	
Paid Preparer Use Only			RUTH FOWLER CFO	
	Type or print name and title			
	Print/Type preparer's name KATHY PITTS	Preparer's signature KATHY PITTS	Date	Check <input type="checkbox"/> if self-employed PTIN P00292940
Firm's name <b>▶</b> ERNST & YOUNG US LLP		Firm's EIN <b>▶</b>		
Firm's address <b>▶</b> 55 IVAN ALLEN JR BLVD SUITE 1000  ATLANTA, GA 30308		Phone no (404) 874-8300		





















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

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

Form **990** (2014)

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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 Yes	
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	No
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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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	No
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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> . . . . .	22	Yes	
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> . . . . .	23	Yes	
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> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
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> . . . . .	33	Yes	
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> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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 in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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?		No
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?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, CA, CO, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OH, OK, OR, RI, SC, TN, UT, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	Tom Brems 1584 Tullie Circle Atlanta, GA 30329 (404) 785-7944

Part VII

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

## Part VII

(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			

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	7,236,348	4,727,927	1,107,014

**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 ▶540

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	No

## 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
PEDIATRIC EMERGENCY MEDICINE ASSOCI, 2247 SALIENT ROAD MARIETTA, GA 300641360	EMERGENCY SERVICES	22,058,347
CVS CAREMARK LLC, PO BOX 840336 DALLAS, TX 752840336	PRESCRIPTION SVCS	20,011,880
BRASFIELD GORRIE LLC, PO BOX 11407 BIRMINGHAM, AL 352460351	CONTRACTING SRVCS	15,206,946
THREE ATLANTA LLC, 550 PHARR ROAD STE 900 ATLANTA, GA 30305	MRKTNG & ADVRT SVCS	8,638,585
CAREFUSION, 3750 TORREY VIEW COURT SAN DIEGO, CA 92130	HC TECHNOLOGY SVCS	4,460,812

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►130

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	2,309,799				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e	12,036,925				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	67,131,613				
	g	Noncash contributions included in lines 1a-1f \$		831,123				
	h	Total. Add lines 1a-1f . . . . .			81,478,337			
Program Service Revenue			Business Code					
	2a	NET PATIENT SRVC REVENUE	621110	1,200,031,324	1,200,031,324	0	0	
	b	GRADUATE MEDICAL FUNDING	621110	5,630,699	5,630,699	0	0	
	c	STATE NEONATE INCOME	621110	3,442,494	3,442,494	0	0	
	d	MANAGEMENT SERVICE FEES	561110	34,300,486	34,300,486	0	0	
	e	TUITION INCOME	621110	435,246	435,246	0	0	
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			1,243,840,249			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		19,939,727			19,939,727	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0				
	5	Royalties . . . . .		0				
	6a	(i) Real		(ii) Personal				
		2,898,082						
		3,333,188						
		-435,106		0				
	d	Net rental income or (loss) . . . . .		-435,106			-435,106	
	7a	(i) Securities		(ii) Other				
		79,535,717		0				
		74,982,416		18,138				
		4,553,301		-18,138				
	d	Net gain or (loss) . . . . .		4,535,163			4,535,163	
	8a	Gross income from fundraising events (not including \$ 2,309,799 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a	9,195,747						
	b	Less direct expenses . . . . .		1,817,591				
	c	Net income or (loss) from fundraising events . . . . .		7,378,156			7,378,156	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a							
	b	Less direct expenses . . . . .						
	c	Net income or (loss) from gaming activities . . . . .		0				
	10a	Gross sales of inventory, less returns and allowances . . . . .						
	a							
	b	Less cost of goods sold . . . . .						
	c	Net income or (loss) from sales of inventory . . . . .		0				
	Miscellaneous Revenue		Business Code					
	11a	MEANINGFUL USE	900099	4,496,617	4,496,617	0	0	
b	GIFT SHOPS	900099	1,609,346	1,609,346	0	0		
c	PARKING	900099	1,207,577	1,207,577	0	0		
d	All other revenue . . . . .		7,299,017	7,299,017	0	0		
e	Total. Add lines 11a-11d . . . . .			14,612,557				
12	Total revenue. See Instructions . . . . .			1,371,349,083	1,258,452,806	0	31,417,940	

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	6,938,270	6,938,270		
2	Grants and other assistance to domestic individuals See Part IV, line 22	8,147	8,147		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,714,035	280,748	2,799,536	633,751
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	555,040,634	451,830,885	98,090,930	5,118,819
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,901,739	20,149,032	4,752,707	0
9	Other employee benefits	73,559,510	59,520,058	12,589,983	1,449,469
10	Payroll taxes	34,822,623	28,176,432	6,646,191	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	1,559,716	171,719	1,387,997	0
c	Accounting	407,627	0	407,627	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	1,658	0	1,658	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,680,819	8,969,800	1,616,441	94,578
12	Advertising and promotion	11,669,707	2,715,233	8,377,751	576,723
13	Office expenses	8,778,665	5,112,110	3,023,990	642,565
14	Information technology	16,375,383	13,569,880	2,803,974	1,529
15	Royalties	0			
16	Occupancy	21,298,860	16,922,473	4,361,749	14,638
17	Travel	2,089,474	1,050,079	883,639	155,756
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	4,030,895	2,099,224	1,802,405	129,266
20	Interest	20,321,857	40,715	20,281,142	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	63,816,899	42,737,698	21,079,201	0
23	Insurance	8,800,690	4,573,174	4,227,516	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	139,619,946	137,012,722	2,601,216	6,008
b	PURCHASED SVCS MEDICAL	33,809,991	33,809,991	0	0
c	PURCHASED SVCS NON-MED	27,859,468	24,404,248	0	3,455,220
d	BAD DEBT EXPENSE	15,768,350	15,768,350	0	0
e	All other expenses	68,946,076	63,506,594	4,953,869	485,613
25	Total functional expenses. Add lines 1 through 24e	1,154,821,039	939,367,582	202,689,522	12,763,935
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 Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		14,828,770	1	75,791,782
	2	Savings and temporary cash investments		2,014,432	2	0
	3	Pledges and grants receivable, net		54,560,785	3	47,700,139
	4	Accounts receivable, net		138,767,480	4	142,905,098
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		12,654,093	8	17,723,944
	9	Prepaid expenses and deferred charges		3,776,703	9	4,424,224
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a1,322,503,059			
	b	Less: accumulated depreciation	10b759,797,126	544,223,324	10c	562,705,933
	11	Investments—publicly traded securities		123,118,015	11	133,609,714
	12	Investments—other securities. See Part IV, line 11.		104,878,310	12	132,297,535
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		1,916,660,626	15	2,035,978,631
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		2,915,482,538	16	3,153,137,000
Liabilities	17	Accounts payable and accrued expenses		158,917,730	17	150,267,049
	18	Grants payable		5,093,346	18	-5,031,775
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		503,124,182	25	520,402,925
	26	<b>Total liabilities.</b> Add lines 17 through 25.		667,135,258	26	665,638,199
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		1,818,064,469	27	2,029,125,946
	28	Temporarily restricted net assets		267,557,447	28	285,724,295
	29	Permanently restricted net assets		162,725,364	29	172,648,560
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances</b>		2,248,347,280	33	2,487,498,801
	34	<b>Total liabilities and net assets/fund balances</b>		2,915,482,538	34	3,153,137,000

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,371,349,083
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,154,821,039
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	216,528,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	2,248,347,280
5	Net unrealized gains (losses) on investments . . . . .	5	-8,145,671
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	30,769,148
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,487,498,801

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	Yes
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 90-0779996

Name: Children's Healthcare of Atlanta Group Return

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Donald Mueller ..... VP Operations/Ind Trustee-MAC	50 0 ..... 0 0	X						251,658	0	32,405
(1) Doug Black ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
(2) Don Chapman ..... Ind Trustee-ECH/SR/EAS/EPG/MAC	1 0 ..... 0 0	X						0	0	0
(3) Mark Chancy ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(4) Joe Williams MD ..... Trust/Clin Phys-ECH/SR/EAS/EPG	40 0 ..... 0 0	X						74,521	0	0
(5) Elizabeth Blake ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(6) Cedric Miller MD ..... Indv Ttee/SR Prf Stf Pres ECH	40 0 ..... 0 0	X						122,395	0	0
(7) Thomas Noonan ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(8) Steve Cahillane ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(9) Christopher Womack ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(10) Stephanie Blank ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(11) Jonathan Goldman ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(12) Jesse Spikes ..... Indiv Trustee - HSOC	1 0 ..... 0 0	X						0	0	0
(13) Bernie Dixon ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(14) Charles Ogburn ..... Ind Tte CHOA/FD/ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(15) David Ratcliffe ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(16) Ami Klin ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(17) Larry Smith ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(18) Barbara Stoll MD ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(19) Gregory Abowd ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(20) John Dyer ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(21) Rebecca Flick ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(22) Frederick R Marcus PhD ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(23) Walt Denso ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(24) Allen Ecker ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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) Robert C Wilde ..... Ind Trustee - HSOC/CTO	40 0 ..... 10 0	X						388,826	0	22,367
(1) Jimmy Carlos ..... Indiv Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(2) Tom Giddens ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(3) Thomas Holder ..... Ind Trustee-ECH/SR/EAS/EPG/FDN	1 0 ..... 0 0	X						0	0	0
(4) Mary Ellen Imlay ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
(5) Mark Kaufmann ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(6) Scott MacLellan ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(7) Rich McKay ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(8) William Pate ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(9) Bea Perez ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(10) Chnsty Roberts ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(11) Jay Simms ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(12) Scott Slade ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(13) Virginia Brewer ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(14) Robert Bruce ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(15) David Fagin ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(16) Doug Garges ..... Ind Trustee-Fdn/ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(17) Jack Markwalter ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(18) Nancy Rafuse ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
(19) Lovette Russell ..... Individual Trustee - Fdn/HSOC	1 0 ..... 0 0	X						0	0	0
(20) Daniel Salinas MD ..... Individual Trustee - ECH/SR/EA	10 0 ..... 40 0	X						0	564,589	105,567
(21) Jackie Montag ..... Individual Trustee - HSOC	1 0 ..... 0 0	X						0	0	0
(22) Madelyn Adams ..... Individual Trustee - HSOC	1 0 ..... 0 0	X						0	0	0
(23) Adam Fuller ..... INDIVIDUAL TRUSTEE - FDN	1 0 ..... 1 0	X						0	0	0
(24) Alan Dahl ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
(51) Burt Lesnick ..... Ind Tst-ECH/SR/EAS/EPG&Med Dr	40 0 ..... 0 0	X						25,300	0	0
(1) Eddie Meyers ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(2) Helen Carlos ..... Individual Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(3) Ira Moreland ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
(4) Jeff Seaman ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(5) Judson Miller ..... Individual Trustee - HSOC	1 0 ..... 0 0	X						0	0	0
(6) Keith Holmes ..... Individual Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(7) Keith Mason ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(8) Mark Rudel ..... Individual Trustee - MAC	1 0 ..... 0 0	X						0	0	0
(9) Michelle Jarrard ..... Indiv Trustee - ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(10) Patti Dickey ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
(11) RONALD FRIESON ..... Indiv Trustee - HSOC/CPPO	1 0 ..... 50 0	X						0	434,605	20,508
(12) Cameron Sherrill ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
(13) Allison Moran ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
(14) Bruce Miller ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
(15) Charlie Brown ..... Indiv Trustee-MAC	1 0 ..... 0 0	X						0	0	0
(16) David Sapp ..... Indiv Trustee-MAC	1 0 ..... 0 0	X						0	0	0
(17) Jack Cay ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
(18) Jim Fortenberry MD ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	292,146	23,836
(19) John Montag ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
(20) Kristine Faulkner ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
(21) Nick McKay ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
(22) Paul Bowers ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
(23) Sandra Moore ..... Indiv Trustee-HSOC	1 0 ..... 0 0	X						0	0	0
(24) Tyler Woolson ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
(76) Bernie Marcus ..... Indiv Trustee-MAC	1 0 ..... 0 0	X						0	0	0
(1) Charles Shaffer Jr ..... Ind Trustee - MAC/BRD Emeritus	1 0 ..... 0 0	X						0	0	0
(2) Tonja Bridges ..... Dir Fdn Admn/Brd Corp Sect-Fdn	50 0 ..... 0 0			X				110,235	0	28,245
(3) Donna Hyland ..... Pres/CEO - ECH/SR/EAS/EPG/MAC	10 0 ..... 40 0			X				0	1,304,130	273,454
(4) Ruth Fowler ..... Treas ECH/SR/FDN/EAS/EPG/MAC	10 0 ..... 40 0			X				0	628,699	108,260
(5) Leslie Jones ..... Sec - ECH/SR/EAS/EPG/MAC/HSOC	10 0 ..... 40 0			X				0	418,514	26,093
(6) Eugene Hayes ..... President Foundation - FDN	10 0 ..... 40 0			X				0	413,154	13,723
(7) Julia Jones ..... VP Operations - HSOC	50 0 ..... 0 0				X			225,629	0	27,872
(8) Raymond Reynolds ..... VP Dev Fdn Major/Planned Gifts	50 0 ..... 0 0				X			229,024	0	6,175
(9) Rex Adams ..... Indiv Trstee - HSOC COO-ECH	10 0 ..... 40 0				X			0	672,090	133,519
(10) Beth Boatwright ..... Sr Dir Financial Oper ECH/SR	50 0 ..... 0 0				X			199,656	0	24,320
(11) Mary Beth Bova ..... SVP Operations - ECH	50 0 ..... 0 0				X			315,277	0	17,278
(12) Linda Cole ..... SVP Operations - SR	50 0 ..... 0 0				X			306,217	0	24,981
(13) Timothy King ..... VP Physician Practices Ops	50 0 ..... 0 0				X			218,699	0	30,036
(14) Jill Strckland ..... SVP Physician Practices Ops	50 0 ..... 0 0				X			287,910	0	22,661
(15) Scott Hodoval ..... VP Dev Ann Corp Giving - Fdn	50 0 ..... 0 0				X			241,583	0	24,575
(16) Robert Bentley ..... VP Corporate Development - FDN	50 0 ..... 0 0				X			233,561	0	26,836
(17) Andrew Reisner ..... Neurosurgeon	50 0 ..... 0 0					X		860,265	0	23,234
(18) William Boydston ..... Prac Dir Neursurgical Svcs	50 0 ..... 0 0					X		921,454	0	20,209
(19) David Wrubel ..... Neurosurgeon	50 0 ..... 0 0					X		760,832	0	21,181
(20) Barunashish Brahma ..... Neurosurgeon	50 0 ..... 0 0					X		772,174	0	19,270
(21) Joshua Chern ..... Neurosurgeon	50 0 ..... 0 0					X		691,132	0	30,409

SCHEDULE A  
(Form 990 or 990EZ)

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Children's Healthcare of Atlanta Group Return	Employer identification number 90-0779996
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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 11, 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 )
- 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 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 )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- 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- 9 above or IRC section (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		
See Additional Data Table						
Total 7						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	61,662,282	77,101,475	60,498,767	90,979,701	81,478,337	371,720,562
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	61,662,282	77,101,475	60,498,767	90,979,701	81,478,337	371,720,562
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)						0
6 Public support. Subtract line 5 from line 4						371,720,562

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	61,662,282	77,101,475	60,498,767	90,979,701	81,478,337	371,720,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,226,411	7,058,470	8,132,661	8,323,999	22,837,809	54,579,350
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						426,299,912
12 Gross receipts from related activities, etc. (see instructions)					12	5,389,343,140
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	87 197 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	90 140 %
16a 33 1/3% support test—2014. 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		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).		No
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	Yes	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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	10	
2	Recoveries of prior-year distributions	0	
3	Other gross income (see instructions)	0	
4	Add lines 1 through 3	0	
5	Depreciation and depletion	0	
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)	0	
7	Other expenses (see instructions)	0	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0	

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)	1	
a	Average monthly value of securities	1a0	
b	Average monthly cash balances	1b0	
c	Fair market value of other non-exempt-use assets	1c0	
d	Total (add lines 1a, 1b, and 1c)	1d0	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2	Acquisition indebtedness applicable to non-exempt use assets	20	
3	Subtract line 2 from line 1d	30	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	40	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	50	
6	Multiply line 5 by .035	60	
7	Recoveries of prior-year distributions	70	
8	Minimum Asset Amount (add line 7 to line 6)	80	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
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)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2014 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . . 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2014 distributable amount			0
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2014 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	0
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2015. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . . 0			
e From 2014. . . . . 0			

**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).

**Facts And Circumstances Test**

Return Reference	Explanation
PUBLIC CHARITY STATUS OF GROUP RETURN AFFILIATES	SCHEDULE A, PART I

Additional Data

Software ID:  
Software Version:  
EIN: 90-0779996  
Name: Children's Healthcare of Atlanta Group Return

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (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) Egleston Children's Hospital	580572412	03	Yes		0	0
(A) Scottish Rite Children's Medical Center Inc	580572465	03	Yes		0	0
(B) Egleston Affiliated Services Inc	582147112	03	Yes		0	0
(C) Egleston Pediatric Group Inc	582201217	03	Yes		0	0
(D) HSOC Inc	203962330	03	Yes		0	0
(E) Marcus Autism Center Inc	262809380	09	Yes		0	0
(F) Children's Healthcare of Atlanta Foundation Inc	581710601	07	Yes		0	0

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Children's Healthcare of Atlanta Group Return	Employer identification number 90-0779996
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

**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 are a 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 programs

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" to 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
1c	
1d	
1e	
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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	133,659,871	121,601,928	109,959,265	108,381,422	104,663,778
b Contributions . . . . .	0				
c Net investment earnings, gains, and losses	8,855,491	12,361,363	11,920,392	1,936,108	4,102,980
d Grants or scholarships . . . . .	0				
e Other expenditures for facilities and programs . . . . .	402,389	297,897	270,848	336,444	335,796
f Administrative expenses . . . . .	101	5,523	6,881	21,821	49,540
g End of year balance . . . . .	142,112,872	133,659,871	121,601,928	109,959,265	108,381,422

- 2

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

Board designated or quasi-endowment

0 %
- b

Permanent endowment

93 090 %
- c

Temporarily restricted endowment

6 910 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

No
- b

If "Yes" to 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' to 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 . . . . .		77,789,462		77,789,462
b Buildings . . . . .		664,648,922	330,939,827	333,709,095
c Leasehold improvements . . . . .		14,040,850	12,441,169	1,599,681
d Equipment . . . . .		374,331,041	259,163,705	115,167,336
e Other . . . . .		191,692,784	157,252,425	34,440,359
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				562,705,933



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to 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' to 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.

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE PERMANENTLY RESTRICTED ENDOWMENT BALANCE INCLUDES \$33,316,928 OF EGLESTON'S BENEFICIAL INTEREST IN TRUSTS AND \$98,980,658 OF SCOTTISH RITE'S BENEFICIAL INTEREST IN TRUSTS. CHILDREN'S IS THE PRIMARY BENEFICIARY OF THE PROPORTIONAL INCOME FROM CERTAIN PERPETUAL THIRD-PARTY TRUSTS. CHILDREN'S HAS NO ACCESS TO THE CORPUS OF THESE TRUSTS AND HAS LIMITED INPUT, AND ONLY IN SOME CASES, INTO THE INVESTMENT MIX OF THE UNDERLYING FUNDS HELD BY THE TRUSTS. THE ESTIMATED PRESENT VALUE OF FUTURE DISTRIBUTIONS TO BE RECEIVED FROM THESE TRUSTS IS USED FOR VALUATION PURPOSES. ALL ENDOWMENT FUNDS ARE COMPRISED OF PUBLICLY TRADED AND MARKETABLE SECURITIES, WITH THE EXCEPTION OF THE SCOTTISH RITE BENEFICIAL INTEREST IN TRUSTS, WHICH ARE CLASSIFIED AS OTHER SECURITIES. ENDOWMENT FUNDS SCHEDULE D, PART V, LINE 4 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.
OTHER LIABILITIES	SCHEDULE D, PART X THE INTERCOMPANY PAYABLE BALANCE INCLUDES THE FILING ORGANIZATION'S ALLOCABLE SHARE OF THE TAX-EXEMPT BOND LIABILITIES AS PART OF THE HEALTH SYSTEM'S OBLIGATED GROUP. DETAILED INFORMATION ABOUT THE OBLIGATED GROUP'S TAX-EXEMPT BONDS IS REPORTED ON THE FORM 990 OF THE GROUP'S PARENT, CHILDREN'S HEALTHCARE OF ATLANTA, INC., EIN 58-2367819.
FIN 48 (ASC 740) FOOTNOTE	SCHEDULE D, PART X, LINE 2 CHILDREN'S HEALTHCARE OF ATLANTA FOLLOWS THE PROVISIONS OF ASC 740 (FIN 48), WHICH ADDRESSES LIABILITY FOR UNCERTAIN TAX POSITIONS. NO RELATED DISCLOSURES HAVE BEEN NECESSARY IN CHOA'S AUDITED FINANCIAL STATEMENTS FOR FISCAL YEARS 2014 AND 2013.

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Children's Healthcare of Atlanta Group Return

Employer identification number  
90-0779996

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

- 1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ 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 ten 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>Big Splash</u> (event type)	<u>144</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	565,295	472,158	10,468,093
	2	Less Contributions . . .	183,900	304,250	1,821,649
	3	Gross income (line 1 minus line 2) . . . .	381,395	167,908	8,646,444
Direct Expenses	4	Cash prizes . . . .		532	532
	5	Noncash prizes . . . .		143,579	143,579
	6	Rent/facility costs . . .	61,422	61,269	208,096
	7	Food and beverages . .	76,012	1,976	123,358
	8	Entertainment . . . .	3,000		17,685
	9	Other direct expenses .	52,491	47,848	1,020,323
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			

Part III Gaming. Complete if the organization answered "Yes" to 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	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	<div>Volunteer labor . . . . .</div> <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><div></div><div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div></div>	<div><div></div><div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div></div>	
	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 activities 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

1687 Tullie Circle  
Atlanta, GA 30329

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations 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).

Return Reference	Explanation
------------------	-------------

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 235 %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 340 %  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	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes	
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) . . . . .			25,073,286	998,278	24,075,007	2 110 %
b Medicaid (from Worksheet 3, column a) . . . . .			541,367,445	495,784,250	45,583,196	4 010 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			566,440,731	496,782,528	69,658,203	6 120 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			25,952,790	2,970,803	22,981,987	2 020 %
f Health professions education (from Worksheet 5) . . . . .			17,364,235	9,305,050	8,059,185	0 710 %
g Subsidized health services (from Worksheet 6) . . . . .			32,737,279	16,728,284	16,008,996	1 410 %
h Research (from Worksheet 7) . . . . .			48,773,220	11,544,284	37,228,935	3 270 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			5,730,656		5,730,656	0 500 %
j <b>Total</b> Other Benefits . . . . .			130,558,180	40,548,421	90,009,759	7 910 %
k <b>Total</b> . Add lines 7d and 7j . . . . .			696,998,911	537,330,949	159,667,962	14 030 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			95,300		0	0.060 %
8Workforce development						
9Other						
10Total			95,300		0	0.060 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

215,768,350

3Enter 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.

3

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

58,459,000

6Enter Medicare allowable costs of care relating to payments on line 5.

64,126,000

7Subtract line 6 from line 5. This is the surplus (or shortfall).

74,333,000

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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.

9bYes

No

Part IVManagement 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 %
1SEE PART VI	OUTPATIENT SURGERY CENTER	51.000 %		49.000 %
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
	See Additional Data Table										

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 )

GROUP A

Name of hospital facility or letter of facility reporting group

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

12

	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	No
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	No
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	Yes
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</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	Yes
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	No
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	No
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	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.choa.org</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input 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	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	Yes
a If "Yes" (list url) <u>http://childrensatl.uberflip.com/l/227994-com</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	Yes
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	No
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)

GROUP A

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that 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	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>235</u> % and FPG family income limit for eligibility for discounted care of <u>340</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	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)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<input 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)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

GROUP A

Name of hospital facility or letter of facility reporting group

	Yes	No
<b>19</b> Did the hospital facility or other authorized third 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 <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) <b>a</b> <input type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made	<b>19</b>	No
<b>Policy Relating to Emergency Medical Care</b>		
<b>21</b> 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 <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	<b>21</b> Yes	
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>		
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	<b>23</b>	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	<b>24</b>	No



**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? **29**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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

Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORTING	<p>Part I, Line 6A Children's Healthcare of Atlanta, Inc , a related organization, prepares a nd makes available to the public an annual community benefit report that includes Egleston and Scottish Rite's community benefits Costing Methodology Part I, Line 7 The costing me thodology utilized was derived per IRS Schedule, Worksheet 2, which calculates ratio of pa tient care cost to charges Subsidized Health Services Part I, Line 7G The subsidized heal th services reported are for hospital based physician clinics, including dental, orthodont ic, multi-specialty, etc Bad Debt Expense Part I, Line 7 column (F) Bad debt expense in t he amount of \$15,768,350 has been removed from total expense Community Building Activitie s Part II Georgia SHAPE Children's participates on the SHAPE advisory board and several workgroups This statewide Governor-led initiative brings several partners together to coll aborate on childhood obesity Initiatives include training healthcare providers, implement ing fitness testing in schools and championing early childcare initiatives Wellness Polic ies Through Strong4Life, Children's works with community organizations to implement welln ess policies in the form of a written plan to promote health and wellness in their program s These organizations make wellness pledges, committing to adopting healthy habits Child ren's also provides toolkits and technical assistance to organizations adopting wellness p olicies Children's is currently working with several community organizations, including G winnett County Parks and Recreation, Big Brothers Big Sisters of Metro Atlanta, Atlanta Pa rks and Recreation, and Roswell Recreation Strong4Life Challenge Through the Strong4Life Challenge, Children's provides education to elementary school children about the importan ce of good nutrition and physical activity This program is offered to public elementary s chools at no charge and includes education and collateral items, such as tee shirts and wa ter bottles In 2014, Children's offered the program to 35 public elementary schools, reac hing more than 25,000 students, teachers and staff Community Events Children's participa tes as a vendor in several community events, including school and church health fairs, and other wellness events sponsored by private and non-profit entities At each event, Childr en's provides community health education and donates collateral items, including education al handouts and fun, kid-friendly items Bad Debt Expense Part III, Line 2 and 3 The costi ng methodology used in determining amounts reported on Lines 2 and 3 was 100% of accounts written off to bad debt as reported on audited financial statements Children's Charity re cognition 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 Part I II, 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 con sidered 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 Expla nation of Shortfall as Community Benefit Part III, Line 8 Medicare payment and Medicare ch arges are isolated based on payments posted/received in the calendar year Cost is estimat ed using overall cost-to-charge ratio Provisions on Collection Practices for Qualified Pa tients Part III, Line 9b Initial screenings of all inpatient, emergency, and surgery encou nters 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 f amilies, 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 Insuran ce Program (SCHIP), insurance coverage, and charity assistance) If the family cannot be l ocated or is uncooperative after a period of time, these accounts are transferred to an in ternal collection area for further attempts to obtain payment or, if the patient may quali fy for assistance, to secure a financial assistance application Management Companies and Joint Ventures Part IV, Line 1 Column A, Name of Entity Children's Healthcare of Atlanta Surgery Center at Meridian Mark Plaza, LLC Column B, Description of Primary Activity Out patient Surgery Center Column C, Organization's profit or ownership % 51% Column D, Offic ers, Directors, Trustees or Key Employees % 0% Column E, Physicians Profit or Ownership % 49% Non-Hospital Heath Care Facilities Part V, Section C The non-hospital health care fa cilities listed provide services to patients on an outpatient basis These services vary b y location and facility and may include but are not limited to the following urgent care services, rehabilitation, diagnostic and treatment</p>

Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORTING	services, surgical services, sports medicine and orthotics and prosthetics services Need s Assessment Part VI, Line 2 The Mission of Children's Healthcare of Atlanta (Egleston Children's Hospital at Emory University, Inc (Egleston) and Scottish Rite Children's Medical Center (Scottish Rite)) is "To make children better today and healthier tomorrow" We achieve this mission through our Best Care Healthier Kids strategy that focuses on Delivering the Best Care, Inspiring the Best in People, Transforming Pediatrics and Engaging and Serving Our Communities As we worked with our board, physicians and leadership to develop this strategy, we asked both how we will meet the needs of Georgia's kids and how we will prepare for delivery system and payment reform To meet the needs of Georgia's kids we prioritized strategies that include continuing to improve our quality of care, patient satisfaction, access, care integration and a focused effort to reduce obesity To prepare for delivery system reform we prioritized demonstrating and improving our value, focusing our research and teaching missions and aligning with our medical staff

Form and Line Reference	Explanation
DELIVER THE BEST CARE	<p>Children's is the largest pediatric provider in Georgia, serving 9 out of 10 Pediatric inpatient cases in the Atlanta MSA and 7 out of 10 statewide. In 2014, Children's saw more than 365,000 unique patients originating from all 159 Georgia counties. Children's has among the highest volumes of all the top pediatric hospitals in the nation. Inspire the Best in People. Inspiring the best in people requires us to recruit, retain and develop exceptional talent, create an environment that attracts the best physicians, and to support the training of Georgia's pediatric physician workforce. In 2014, 60 percent of our pediatric residents stayed in Georgia. Children's is the pediatric physician training site for the Emory University School of Medicine, Morehouse School of Medicine, Medical College of Georgia, Duke University Medical Center, and Atlanta Medical Center. Children's has developed a teaching plan that will focus our training efforts in order to meet Georgia's projected physician manpower needs identified in key pediatric subspecialties.</p> <p>Transform Pediatrics. Transforming pediatrics requires Children's to demonstrate the pediatric differential and the distinctive value of our care, align payment with care delivery and improvement efforts and to conduct research in targeted areas to transform pediatric care. Children's research efforts are led by Paul Spearman, M.D., Chief Research Officer at Children's and Vice Chair for research in the Emory Department of Pediatrics, the Emory-Children's Pediatric Research Center is a partnership between Emory and Children's Healthcare of Atlanta. The center creates new opportunities for clinical research at Children's and is available as a resource for physicians from throughout Children's and Emory. The center is a new clinical interaction research site of the Atlanta Clinical and Translational Science Institute, a multi-institutional partnership supported by The National Institutes of Health and led by Emory University, along with Morehouse School of Medicine and Georgia Tech. Children's, Emory and Georgia Tech are investing in pediatric research together. Our research centers are Aflac Cancer Center and Blood Disorders Center, Center for Cardiovascular Biology, Center for Clinical and Translational Research, Center for Cystic Fibrosis and Airways Disease Research, Center for Drug Discovery, Center for Pediatric Innovation, Center for Pediatric Nanomedicine Center for Transplantation and Immune mediated Disorders, Children's Center for Immunology and Vaccines, Children's Center for Neurosciences Research, Clinical Outcomes Research and Public Health, Institute for People and Technology, Marcus Autism Center. Children's is affiliated with Emory's Department of Pediatrics, one of the fastest growing recipients of NIH funding in the country. It recently moved from No. 12 to No. 5 in NIH funding. The strategic vision behind research is important to the community because, in order to be a world-class pediatric institution and improve the health status of children, Children's determined they must develop a robust research program focused on acquiring new knowledge and expertise. Strides in research can have far-reaching implications for patients at Children's and beyond by helping in the development of standards. Engage and Serve Our Communities. Engaging and servicing our communities means that Children's will advocate for children's health and be the trusted source of pediatric healthcare information, lead efforts to reduce Georgia's childhood obesity epidemic and increase community awareness, engagement and support of Children's. Children's recognizes a significant opportunity for the organization to partner with the state and other agencies to improve the health of children in Georgia. In 2014, Children's continued making strides with Strong4Life, a program to lead the fight against childhood obesity in Georgia. In 2014, Strong4Life reached and served more than 300,000 Georgia children through physician, camp, school and day care programs. In addition, Children's trained 1,300 healthcare providers. The Health4Life Clinic saw more than 1,300 patient visits, and Camp Strong4Life hosted 96 campers and family members. Children's has a strategic wellness goal to improve the well-being of children in Georgia by focusing on high impact wellness initiatives. The organization is working to make a difference by enlisting help from the government, business leaders, school systems and other non-profits.</p> <p>Patient Education of Eligibility for Assistance 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</p>

Form and Line Reference	Explanation
DELIVER THE BEST CARE	assist them in securing financial assistance, and written notices advise families to contact customer service with any issues concerning their bills and potential assistance. Community Information Part VI, Line 4 Geographic Children's is the largest pediatric provider in the state, caring for children from all 159 Georgia counties in 2014. Demographics Of the 10.0 million people who live in Georgia, 2.5 million (25 percent) of those are children, defined as those less than 18 years of age. Approximately 1.4 million children live in the Atlanta MSA, making it the sixth largest pediatric population among the top 10 largest metro areas. The largest population of children in the Atlanta MSA was children ages ten to fourteen years old (403,838). The population of the Atlanta MSA is predominantly white at 49.0 percent, 32.2 percent are black or African American, 11.0 percent are Hispanic or Latino, 5.4 percent are Asian/Pacific Islander, and 2.4 percent are other. The estimated average household income for Georgia residents was \$68,034 as compared to \$76,952 for residents in the Atlanta MSA. In 2014, approximately 59% (Egleston) and 54 (Scottish Rite) of patients were uninsured or Medicaid recipients.

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>Part VI, Line 5 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 1,800 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 education and research. Affiliated Health Care System Part VI, Line 6 Egleston Children's Hospital at Emory University, Inc. (Egleston) and Scottish Rite Children's Medical Center, Inc. (Scottish Rite) are part of an affiliated health care system. Egleston and Scottish Rite are wholly-owned by Children's Healthcare of Atlanta, Inc. (Children's). Children's controls, either directly or indirectly, several other entities which, together, make up the system. Egleston and Scottish Rite play a major role in promoting the health of the community through the specialty pediatric services offered, including Orthopedic, Neurosciences, and Craniofacial to name a few. Approximately 9,200 employees work at Scottish Rite and Egleston providing care for the 365,526 patient visits they managed in 2014. In 2014, Children's Healthcare of Atlanta, Inc. promoted the health of the overall community and provided 575 licensed beds and managed 845,845 patient visits, 365,526 unique patients (from all 159 counties in Georgia), 25,807 hospital admissions, 147,677 inpatient days, 845,845 outpatient visits, 38,367 surgical procedures, 221,952 Emergency Department visits, 134,845 Urgent Care Center visits. In addition, Children's managed 100,092 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:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- A school program where Children's employs teachers so that patients can receive instruction during hospitalizations and long clinic visits.</li> <li>- A special needs car seat program that is hospital based and designed to educate and assist parents and families with children who have special transportation needs.</li> <li>- 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.</li> <li>- A Level I trauma program at Egleston and a Level II trauma program at Scottish Rite provide high quality trauma care to pediatric patients. Children's has the only designated pediatric trauma centers in Georgia. Trauma is the number one cause of death in children from one to 21 years of age.</li> </ul> <p>State Filing of Community Benefit Report Part VI, Line 7 Children's Healthcare of Atlanta is not required to file a Community Benefit Report under Georgia law. However, we produce an annual report illustrating our benefit to the community and make that public on our website <a href="http://www.choa.org">www.choa.org</a>. This report is posted in the "Children's In Your Community" section. There is also a section titled "Our Impact on Georgia" to show our broader impact on the state.</p>



Additional Data

Software ID:

Software Version:

EIN: 90-0779996

Name: Children's Healthcare of Atlanta Group Return

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
Marcus Autism Center 1920 Briarcliff Road Atlanta, GA 30329	Outpatient Services
CHILDREN'S OUTPTIENT SURG CTR SAT BLVD 2620 Satellite Boulevard DULUTH,GA 30096	Outpatient Services
Children's Medical Office Building 5455 Meridian Mark Road NE ATLANTA,GA 30342	Outpatient Services
Children's Specialty Services 2015 Uppergate Drive ATLANTA,GA 30322	Outpatient Services
Children's at Meridian Mark LLC 5445 Meridian Mark Road NE Atlanta,GA 30342	Outpatient Services
Children's at North Druid Hills 1605 Chantilly Drive NE Atlanta,GA 30324	Outpatient Services
Children's at Forsyth 410 Peachtree Parkway Cumming,GA 30041	Outpatient Services
Children's at Satellite Boulevard 2660 Satellite Boulevard Duluth,GA 30096	Outpatient Services
Children's at Town Center 625 Big Shanty Road NW Kennesaw,GA 30144	Outpatient Services
Children's at Webb Bridge 3155 North Point Parkway Alpharetta,GA 30005	Outpatient Services
Children's at Sandy Plains 3618 Sandy Plains Road Marietta,GA 30066	Outpatient Services
Children's at Fayette 1265 Highway 54 West FAYETTEVILLE,GA 30214	Outpatient Services
Children's at Mount Zion 2201 Mount Zion Parkway MORROW,GA 30260	Outpatient Services
Children's at Alpharetta Highway 11835 Alpharetta Highway ROSWELL,GA 30076	Outpatient Services
Children's at Cobb 1371 Church Street Extension Marietta,GA 30060	Outpatient Services

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)
Children's at Hudson Bridge 1510 Hudson Bridge Road STOCKBRIDGE,GA 30281	Outpatient Services
Children's at North Point 3795 Mansell Road ALPHARETTA,GA 30022	Outpatient Services
Primary Care Center of Chamblee 4166 Buford Highway ATLANTA,GA 30345	Outpatient Services
Day Rehabilitation Center 993-F Johnson Ferry Road NE ATLANTA,GA 30342	Outpatient Services
Children's at Hamilton Mill 2108 Teron Trace DACULA,GA 30019	Outpatient Services
Children's at Duluth 2270 Duluth Hwy 120 DULUTH,GA 30097	Outpatient Services
Children's at Snellville 2220 Wisteria Drive Snellville,GA 30078	Outpatient Services
Children's at Executive Park 6 Executive Park Drive NE ATLANTA,GA 30329	Outpatient Services
Children's at Marietta 175 White Street MARIETTA,GA 30060	Outpatient Services
Children's at Old Milton Parkway 3300 Old Milton Parkway Alpharetta,GA 30005	Outpatient Services
Children's at Suwanee 3640 Burnette Road SUWANEE,GA 30024	Outpatient Services
Northside Professional Center 975 Johnson Ferry Road NE Atlanta,GA 30342	Outpatient Services
Children's at Century Boulevard 1975 Century Boulevard Atlanta,GA 30345	Outpatient Services
Children's at Ivy Walk 1675 Cumberland Parkway Suite 305 Smyrna,GA 30080	Outpatient Services

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Healthcare of Atlanta Group Return

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

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" to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Emory University 1440 Clifton Atlanta, GA 30322	58-0566256	501(c)(3)	3,170,037				
(2) Children's HC of Atlanta at Hughes Spalding 35 Jesse Hill Drive Atlanta, GA 30303	26-2037695	501(c)(3)	1,207,615				support for capital & op's expenditures
(3) Children's HC of Atlanta at Hughes Spalding 35 Jesse Hill Drive Atlanta, GA 30303	26-2037695	501(c)(3)	2,560,618				fund working capital deficit, per mgt agmt

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

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Nursing Scholarship	6	8,147			

Part IV

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

Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2 CHANCES GRANTS PROVIDE TUITION EQUIVALENT ASSISTANCE FOR UP TO TWO YEARS APPLICANTS MUST BE ACCEPTED INTO A BACHELOR OR SCIENCE IN NURSING PROGRAM AND BE BILINGUAL IN ENGLISH AND SPANISH CHANCES SCHOLARSHIP RECIPIENTS AGREE TO WORK FOR CHILDREN'S HEALTHCARE OF ATLANTA FOR A PERIOD OF 18 MONTHS FOR EACH ACADEMIC YEAR THEY GAVE RECEIVED SUPPORT IN ADDITION, CURRENT CHILDREN'S HEALTHCARE OF ATLANTA EMPLOYEES THAT ARE ENROLLED IN AN ACCREDITED NURSING PROGRAM ARE ELIGIBLE FOR THE CANDLISH NURSING SCHOLARSHIP PER MANAGEMENT AGREEMENT, HSOC, INC HAS OVERSIGHT OF ALL HUGHES SPALDING OPERATIONS, INCLUDING THE USE OF GRANT FUNDS THE AMOUNT OF FUNDS PROVIDED ANNUALLY TO HUGHES SPALDING FROM HSOC, INC IS GOVERNED BY AGREED UPON TERMS OF THE MANAGEMENT CONTRACT PER MANAGEMENT AGREEMENT, FUNDS PROVIDED TO EMORY UNIVERSITY IS GOVERNED BY AGREED UPON TERMS OF THE MANAGEMENT CONTRACT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Children's Healthcare of Atlanta Group Return

Employer identification number  
90-0779996

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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.</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing 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.</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>		No
<div><div>8</div><div>Were any amounts reported in 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.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC HAVE THE OPTION TO PARTICIPATE IN THE 403(B) PLAN OFFERED BY THE ORGANIZATION CHILDREN'S PROVIDES AN ANNUAL DISCRETIONARY CONTRIBUTION TO A 401(A) RETIREMENT PLAN FOR EMPLOYEES WHO WORK AT LEAST 1,000 HOURS IN THE CALENDAR YEAR AND ARE EMPLOYED ON 12/31/14 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" EIN 5857) ACTING AS THE COMMON PAYROLL AGENT FOR THE PARENT AND ALL ENTITIES WITHIN THE GROUP SUPPLEMENTAL COMPENSATION INFORMATION SCHEDULE J, PART I, LINE 1A PURSUANT TO THE ORGANIZATION'S TRAVEL AND REIMBURSEMENT POLICY, THE CEO IS ENTITLED TO TRAVEL FIRST 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 CHOA DOES NOT TREAT THE PAYMENTS FOR FIRST CLASS TRAVEL AS TAXABLE TO THE CEO GIVEN THE BUSINESS PURPOSE ASSOCIATED WITH SUCH FLIGHTS
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 4B In 2012, THE COMPENSATION AND BENEFITS COMMITTEE ELECTED TO OFFER AN ADDITIONAL RETIREMENT PLAN TO CERTAIN EXECUTIVES THE BOARD APPROVED THIS RECOMMENDATION IN EARLY 2013 BELOW ARE THE PARTICIPANTS AND THE TOTAL AMOUNTS CONTRIBUTED TO THE PLAN DURING 2014 DONNA HYLAND \$257,639 RUTH FOWLER \$91,951 DANIEL SALINAS \$82,260 REX ADAMS \$98,344
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINES 5A & 5B EXECUTIVES ARE ELIGIBLE FOR AN ANNUAL INCENTIVE, WHICH INCLUDES A MEASUREMENT FOR ACHIEVEMENT OF BUDGETED OPERATING MARGIN THESE INCENTIVES ARE CALCULATED AS A CERTAIN PERCENTAGE OF THE EXECUTIVE'S BASE COMPENSATION APPROVED BY THE COMPENSATION AND BENEFITS COMMITTEE

Additional Data

Software ID:

Software Version:

EIN: 90-0779996

Name: Children's Healthcare of Atlanta Group Return

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Donald Mueller, VP Operations/Ind Trustee-MAC	(i)	205,486	45,446	726	3,025	29,380	284,063
	(ii)	0	0	0	0	0	0
1 Julia Jones, VP Operations - HSOC	(i)	184,869	38,518	2,242	3,821	24,051	253,501
	(ii)	0	0	0	0	0	0
2 Andrew Reisner, Neurosurgeon	(i)	732,894	105,872	21,499	87	23,147	883,499
	(ii)	0	0	0	0	0	0
3 William Boydston, Prac Dir Neursurgical Svcs	(i)	782,086	117,730	21,638	0	20,209	941,663
	(ii)	0	0	0	0	0	0
4 David Wrubel, Neurosurgeon	(i)	645,407	96,995	18,430	0	21,181	782,013
	(ii)	0	0	0	0	0	0
5 Barunashish Brahma, Neurosurgeon	(i)	676,040	94,461	1,673	0	19,270	791,444
	(ii)	0	0	0	0	0	0
6 Robert C Wilde, Ind Trustee - HSOC/CTO	(i)	306,013	66,794	16,019	124	22,243	411,193
	(ii)	0	0	0	0	0	0
7 Daniel Salinas MD, Individual Trustee - ECH/SR/EA	(i)	0	0	0	0	0	0
	(ii)	429,576	120,563	14,450	84,235	21,332	670,156
8 Raymond Reynolds, VP Dev Fdn Major/Planned Gifts	(i)	185,445	41,828	1,751	3,831	2,344	235,199
	(ii)	0	0	0	0	0	0
9 Rex Adams, Indiv Trstee - HSOC COO-ECH	(i)	0	0	0	0	0	0
	(ii)	501,752	140,625	29,713	118,744	14,775	805,609
10 RONALD FRIESON, Indiv Trustee - HSOC/CPPO	(i)	0	0	0	0	0	0
	(ii)	331,626	90,153	12,826	10,200	10,308	455,113
11 Donna Hyland, Pres/CEO - ECH/SR/EAS/EPG/MAC	(i)	0	0	0	0	0	0
	(ii)	964,733	310,204	29,193	257,639	15,815	1,577,584
12 Ruth Fowler, Treas ECH/SR/FDN/EAS/EPG/MAC	(i)	0	0	0	0	0	0
	(ii)	482,575	134,363	11,761	91,951	16,309	736,959
13 Leslie Jones, Sec - ECH/SR/EAS/EPG/MAC/HSOC	(i)	0	0	0	0	0	0
	(ii)	336,368	78,147	3,999	0	26,093	444,607
14 Eugene Hayes, President Foundation - FDN	(i)	0	0	0	0	0	0
	(ii)	299,165	92,988	21,001	284	13,439	426,877
15 Beth Boatwright, Sr Dir Financial Oper ECH/SR	(i)	168,148	31,149	359	4,455	19,865	223,976
	(ii)	0	0	0	0	0	0
16 Mary Beth Bova, SVP Operations - ECH	(i)	238,792	53,776	22,709	1,710	15,568	332,555
	(ii)	0	0	0	0	0	0
17 Linda Cole, SVP Operations - SR	(i)	248,087	53,481	4,649	3,271	21,710	331,198
	(ii)	0	0	0	0	0	0
18 Joshua Chern, Neurosurgeon	(i)	605,887	67,500	17,745	10,200	20,209	721,541
	(ii)	0	0	0	0	0	0
19 Timothy King, VP Physician Practices Ops	(i)	165,108	35,240	18,351	7,279	22,757	248,735
	(ii)	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
21 Jill Strickland, SVP Physician Practices Ops	(i)	229,061	57,051	1,798	2,495	20,166	310,571	0
	(ii)	0	0	0	0	0	0	0
1 Jim Fortenberry MD, Indiv Trustee-FDN	(i)	0	0	0	0	0	0	0
	(ii)	246,988	41,602	3,556	2,600	21,236	315,982	0
2 Scott Hodoval, VP Dev Ann Corp Giving - Fdn	(i)	184,950	49,190	7,443	3,920	20,655	266,158	0
	(ii)	0	0	0	0	0	0	0
3 Robert Bentley, VP Corporate Development - FDN	(i)	165,664	48,136	19,761	7,543	19,293	260,397	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Name of the organization  
Children's Healthcare of Atlanta Group Return

Employer identification number  
90-0779996

<b>Part I Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by 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

Total ► \$

<b>Part III Grants or Assistance Benefiting Interested Persons.</b> 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

**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) BusinessRX Consulting	SEE SCHEDULE L, PART V	43,030	SEE SCHEDULE L, PART V		No
(2) Jackson Dyer	SEE SCHEDULE L, PART V	13,096	SEE SCHEDULE L, PART V		No
(3) Kate Dixon	SEE SCHEDULE L, PART V	48,950	SEE SCHEDULE L, PART V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Business Transactions involving interested persons	Schedule L, Part IV (A) BusinessRX Consulting (B) Relationship between interested person and the organization - Larry Smith a Board Member for MAC and is a 50% partner of BusinessRx Consulting (C) 43,030 (D) Description of the Transaction - BusinessRX Consulting provides consulting for the cardiac operation and at Marcus Autism In both cases, their work centered on patient flow from intake to discharge (A) Jackson Dyer (B) Relationship between interested person and the organization - Jackson Dyer, an employee working at Scottish Rite, is the son of John Dyer, who is a Board Member for MAC (C) 13,096 (D) Description of Transaction - Jackson Dyer received compensation as an employee of CHOA (A) Kate Dixon (B) Relationship between interested person and the organization - Kate Dixon, an employee working as a RN in Cardiac at Egleston, is the daughter of Bernie Dixon, who is a Trustee for CHOA, ECH, SR, EAS, and EPG (C) 48,950 (D) Description of Transaction - Kate Dixon received compensation as an employee of CHOA

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.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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	63	831,123	Cost/Selling Price
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II

33

If the organization did not 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.

Cat No 51227J

Schedule M (Form 990) (2014)

**Part III**

**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.

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

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

**2014**

**Open to Public  
Inspection**

Name of the organization  
Children's Healthcare of Atlanta Group Return

**Employer identification number**

90-0779996

Return Reference	Explanation
VOLUNTEERS	<p>FORM 990, PART I, LINE 6 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 2013, MORE THAN 6,000 VOLUNTEERS SUPPORTED CHILDREN'S IN THIS CAPACITY. VOLUNTEERS ALSO PLAY SUCH AN IMPORTANT ROLE IN CLINICAL SETTINGS WITHIN OUR NOT-FOR-PROFIT HEALTHCARE SYSTEM THAT WE CALL THEM FRIENDS. THEY HELP BY BRINGING A SENSE OF ENTHUSIASM AND WARMTH THAT IS IMPORTANT TO OUR PATIENTS, THEIR FAMILIES AND OUR STAFF. WITH THE GUIDANCE OF THE CHILDREN'S STAFF, CHILDREN'S VOLUNTEERS WORK A SET WEEKLY SCHEDULE WITHIN ONE OF THE FOLLOWING HOSPITAL AREAS: DIRECT PATIENT CARE, CUSTOMER SERVICE AND ADMINISTRATIVE SUPPORT. HOSPITAL VOLUNTEERS CAN BE FOUND WORKING ON ALL OF OUR HOSPITAL CAMPUSES AS WELL AS SEVERAL OF OUR NEIGHBORHOOD LOCATIONS. APPROXIMATELY 1,400 ACTIVE VOLUNTEERS ASSIST AT OUR MEDICAL FACILITIES. FOR MORE INFORMATION ON VOLUNTEER OPPORTUNITIES IN FUNDRAISING AND OTHER SUPPORT TO OUR PATIENTS AND FAMILIES, PLEASE VISIT <a href="http://WWW.CHOA.ORG/VOLUNTEER">WWW.CHOA.ORG/VOLUNTEER</a>. BUSINESS &amp; FAMILY RELATIONSHIPS FORM 990, PART VI, LINE 2 CEDRIC MILLER AND DAVID FAGAN HAVE A BUSINESS RELATIONSHIP. BERNIE MARCUS AND FREDERICK R. MARCUS HAVE A FAMILY RELATIONSHIP.</p>

Return Reference	Explanation
DESCRIPTION OF SIGNIFICANT CHANGES TO ORGANIZING OR ENABLING DOCUMENT	FORM 990, PART VI, LINE 4 DURING THE CURRENT FISCAL YEAR, THE CHILDREN'S HEALTHCARE OF ATLANTA, INC BOARD AMENDED ITS BY LAWS TO CAUSE THE BOARD OF TRUSTEES TO BE COMPROMISED OF CEO, CFO, AND GENERAL COUNSEL AS EX-OFFICIO, VOTING MEMBERS THE MARCUS AUTISM CENTER AMENDED ITS BY LAWS TO ADD EX-OFFICIO TRUSTEES AND CREATE A SEPARATE CHAIR EMERITUS CATEGORY

Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, LINE 6 CHILDREN'S HEALTHCARE OF ATLANTA, INC IS THE SOLE MEMBER OF ALL SUBORDINATES EXCEPT HSOC EGGLESTON CHILDREN'S HOSPITAL IS THE SOLE CORPORATE MEMBER OF HSOC

Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, LINE 7A THE BYLAWS OF EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC , SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC , EGLESTON AFFILIATED SERVICES, INC AND EGLESTON PEDIATRIC GROUP, INC , PROVIDE THAT ITS TRUSTEES SHALL BE THE PERSONS THEN SERVING AS THE TRUSTEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC THE BYLAWS OF MARCUS AUTISM CENTER AND CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC PROVIDE THAT THE TRUSTEES OF THESE ORGANIZATIONS ARE SUBJECT TO THE APPROVAL AND REMOVAL BY CHILDREN'S HEALTHCARE OF ATLANTA

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING	FORM 990, PART VI, LINE 7B CHILDREN'S HEALTHCARE OF ATLANTA, INC (CHOA), A SECTION 501(C)(3) PUBLIC CHARITY, IS THE CORPORATE PARENT OF THE SUBORDINATES INCLUDED IN THIS GROUP RETURN UNDER THE SUBORDINATES' BYLAWS, CERTAIN CORPORATE ACTIONS ARE SUBJECT TO THE DIRECT OR INDIRECT APPROVAL OF CHOA THESE ACTIONS INCLUDE APPOINTMENT OR REMOVAL OF DIRECTORS, ADOPTION OR AMENDMENT OF A STRATEGIC PLAN, ADOPTION AND/OR AMENDMENT OF THE ANNUAL BUDGET, APPROVAL OF MAJOR CAPITAL EXPENDITURES, APPROVAL OR AMENDMENT OF MAJOR CONTRACTS, THE ADDITION OR DISCONTINUATION OF SIGNIFICANT HEALTHCARE SERVICES, INCURRENCE OF DEBT IN EXCESS OF \$1 MILLION, APPROVAL OF PURCHASES, LEASES OR DISPOSALS 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 DISPOSITIONS OF THE ORGANIZATION'S ASSETS, AND AMENDMENT OR RESTATEMENT OF THE ORGANIZATION'S GOVERNING DOCUMENTS

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW	FORM 990, PART VI, LINE 11B THE ORGANIZATION'S FORM 990 IS REVIEWED IN DETAIL BY THE MEMBERS OF THE AUDIT AND FINANCE COMMITTEES, AFTER WHICH THE ENTIRE BOARD OF DIRECTORS IS PROVIDED A COPY PRIOR TO FINAL APPROVAL AND FILING

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	<p>FORM 990, PART VI, LINE 12C 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, OFFICER OR "KEY MANAGEMENT EMPLOYEE" OF 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" ON 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 COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, SUCH INTERESTED PERSON SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT EXISTS AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER A) THE TRANSACTION OR ARRANGEMENT IS IN THE CHILDREN'S ORGANIZATION BEST INTEREST, AND IS FAIR AND REASONABLE OR 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, OR 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 ORGANIZATION'S FILING OF ITS IRS FORM 990 WITH THE INTERNAL REVENUE SERVICE RESULTS OF THE QUESTIONNAIRE ARE REVIEWED BY SENIOR LEADERSHIP OFFICES &amp; POSITIONS FOR WHICH PROCESS WAS USED, &amp; YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTIONS 15A AND 15B 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 COMPETIVENESS 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 RELATING TO THE PAY, BENEFITS AND PERQUISITES PAID TO FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS COMPARABLE TO CHILDREN'S HEALTHCARE OF ATLANTA, THE COMMITTEE PROVIDES TOTAL COMPENSATION RECOMMENDATIONS PAY RECOMMENDATIONS FOR "DISQUALIFIED PERSONS", AND OTHER EXECUTIVES AND LEADERS ARE MADE IN DECEMBER AND BOARD APPROVED CHANGES, IF ANY, ARE EFFECTIVE IN THE FIRST PAY PERIOD OF THE COMING YEAR INCENTIVE PAY OUTS 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</p>

Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19 THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE, CONSISTENT WITH IRS REQUIREMENTS

Return Reference	Explanation
DESCRIPTION OF PERSONS TITLES	FORM 990, PART VII, SECTION A ABBREVIATION DEFINITIONS CHOA - CHILDREN'S HEALTHCARE OF ATLANTA, INC FDN - CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC MAC - MARCUS AUTISM CENTER, INC ECH - EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC SRCH - SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC HSOC - HSOC, INC EAS - EGLESTON AFFILIATED SERVICES, INC EPG - EGLESTON PEDIATRIC GROUP, INC NAME AND TITLES RUTH FOWLER - SVP FINANCE & CFO AT CHOA, TREASURER FND/MAC/ECH/SRCH/HSOC/EAS/EPG DONNA HYLAND - PRESIDENT & CEO AT MAC/ECH/SRCH/EAS/EPG/HSOC - CHAIRMAN

Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII ALL MEMBERS OF CHILDREN'S HEALTHCARE OF ATLANTA EXECUTIVE TEAM WORK A MINIMUM OF 50 HOURS PER WEEK THE SPLIT OF THESE HOURS BETWEEN THE PARENT AND GROUP RETURNS IS DETERMINED BY THE INDIVIDUAL'S ROLE AND RESPONSIBILITIES AS WELL AS THE LOCATION OF THE INDIVIDUAL'S PAYROLL EXPENSE INDIVIDUALS WHOSE PAYROLL EXPENSE IS LOCATED AT THE PARENT SPEND 80% OR 40 HOURS OF THEIR WORK WEEK DEVOTED TO CARRYING OUT THE GOALS AND OBJECTIVES OF THE CHOA ORGANIZATION AS A WHOLE THE REMAINING 20% OR 10 HOURS IS DEVOTED TO SPECIFIC GOALS AND TASKS ASSOCIATED WITH ONE OR MORE OF THE ORGANIZATIONS REPRESENTED IN THE GROUP RETURN INDIVIDUALS WHOSE PAYROLL EXPENSE IS LOCATED AT THE SUPPORT ZONE SPEND 80% OR 40 HOURS OF THEIR WORK WEEK DEVOTED TO CARRYING OUT THE GOALS AND OBJECTIVES OF ONE OR MORE OF THE ENTITIES REPRESENTED IN THE GROUP RETURN THE REMAINING 20% OR 10 HOURS IN DEVOTED TO TASKS OR OBJECTIVES RELATED TO THE CHOA ORGANIZATION AS A WHOLE

Return Reference	Explanation
Other Changes in Net Assets or Fund Balances	Form 990, Part XI, Line 9 Transfers between Entities \$29,665,998 Other Reconciling Items \$1,103,150 Total Other Changes \$30,769,148

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Children's Healthcare of Atlanta Group Return

Employer identification number  
90-0779996

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S SEDATION SERVICES LLC 1584 Tullie Circle Atlanta, GA 30329 81-0582607	Phy Services	GA	1,241,692	0	Egleston Ped
(2) CHILDREN'S ANESTHESIA SERVICES LLC 1584 Tullie Circle Atlanta, GA 30329 20-0044124	Phy Services	GA	11,786,935	0	Egleston Ped
(3) CHOA CENTER FOR PAIN RELIEF LLC 1584 Tullie Circle atlanta, GA 30329 32-0185406	Phy Services	GA	499,600	0	Egleston Ped
(4) CHOA PEDIATRIC NEUROLOGY LLC 1584 Tullie Circle Atlanta, GA 30329 37-1575334	Phy Services	GA	0	0	Egleston Ped
(5) PEDIATRIC NEUROSURGERY ASSOCIATES 1584 Tullie Circle ATLANTA, GA 30329 26-0833842	Phy Services	GA	4,133,546	0	Egleston Ped

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Children's Healthcare of Atlanta Inc 1584 Tullie Circle  Atlanta, GA 30329 58-2367819	Hlthcre Mgmt	GA	501(c)(3)	11b	NA		No

Part II

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate 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  1584 Tullie Cir Atl, GA 30329 01-0723254	Surgery Center	GA	Scottish Rite	Related	6,831,825	13,286,066		No			No	51 000 %

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) THE CHILDREN'S HEALTH NETWORK INC  1584 Tullie Circle Atlanta, GA 30329 58-2133795	Healthcare Svcs	GA	CHOA	C Corp	0	0	100 000 %	Yes	
(2) Emory-Egleston Children's Heart Center  2835 BRANDYWINE ROAD SUITE 300 Atlanta, GA 30329 58-1871713	Cardiac Services	GA	CHOA	C Corp	0	0	100 000 %	Yes	
(3) The Children's Care Network Inc  1584 Tullie Circle Atlanta, GA 30329 47-1373158	Physician Svcs	GA	CHOA	C Corp	0	0	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

No

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

**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	

Part VII

Supplemental Information

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

Return Reference	Explanation
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